

CCIP Plan Section – Template

Medicare Advantage Organization (MAO) Information

*Plan information auto-populated as it was in the previous Plan Section

CCIP Title:

Provide a brief summary of the CCIP:

A. Basis for Selection

A1. Disease State: *(ICD-9 Code(s))*

A2. Rationale for Selection

A3. Relevance to the Plan Population:

A4. Anticipated Outcomes

A5. Data Source(s) for Selected Chronic Condition: *(check all that apply)*

- Medical Records
- Claims (Medical, Pharmacy, Laboratory)
- Appointment Data
- Plan Data (complaints, appeals, customer service)
- Encounter Data
- Health Risk Assessment (HRA) Tools
- Health Effectiveness Data Information Set (HEDIS®)
- Health Outcomes Survey (HOS)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
- Surveys (enrollees, bene satisfaction, other)
- Minimum Data Set (MDS)-I-SNP
- Encounter Data
- Other: *(character limit 1200)*

B. Program Design

B1. Population Identification Process:

B1a. Describe the Target Population:

Character Limit: 1500

B1b. Method of identifying members: *(check all that apply)*

- Health risk assessment
- Claims Data (Medical, Pharmacy, Laboratory)
- Encounter Data
- Enrollment Data
- Utilization Management Data
- Case Management Referrals
- Surveys
- Registry
- Other: *(character limit 1500)*

B1c. Risk Stratification: *(patient acuity level)(check one)*

- High
- Medium
- Low

B1d. Enrollment Method: *(check one)*

- Opt in
- Opt out

B2. Evidence Based Medicine:

Character Limit: 1500

B3. Care Coordination Approach:

Character Limit: 1500

B4. Provider Education: (select the type of education and then describe the method of education and the topics covered.)

Types of Education: (check one)

- Patient Self Management
- Provider Education
- Both

B4a. Patient Self Management:

	Method	Topics Covered
Training	<i>Character Limit: 1500</i>	<i>Character Limit: 1500</i>
Support	<i>Character Limit: 1500</i>	<i>Character Limit: 1500</i>
Monitoring	<i>Character Limit: 1500</i>	<i>Character Limit: 1500</i>
Follow-up	<i>Character Limit: 1500</i>	<i>Character Limit: 1500</i>
Other	<i>Character Limit: 1500</i>	<i>Character Limit: 1500</i>

B4b. Provider Education:

	Method	Topics Covered
Training	<i>Character Limit: 1500</i>	<i>Character Limit: 1500</i>
Support	<i>Character Limit: 1500</i>	<i>Character Limit: 1500</i>
Monitoring	<i>Character Limit: 1500</i>	<i>Character Limit: 1500</i>
Follow-up	<i>Character Limit: 1500</i>	<i>Character Limit: 1500</i>
Other	<i>Character Limit: 1500</i>	<i>Character Limit: 1500</i>

B5. Outcome Measures and Interventions:
(Repeat fields B5d-B5g for up to 3 Interventions)

B5a. Goal:

Character Limit: 1500

B5b. Goal: (*check one*)\

- Clinical
- Utilization Access
- Satisfaction Survey
- Other: (*Character Limit: 1500*)

B5c. Benchmark:

Character Limit: 1500

Benchmark: Baseline Internal External

B5d. Interventions:

Character Limit: 1500

B5e. Rationale for Specific Intervention Related to Goal or Benchmark:

Character Limit: 1500

B5f. Measurement Methodology:

Character Limit: 1500

B5g. Timeline:

Character Limit: 1500

B6. Communication Sources including the Interdisciplinary Care Team and Patients:
Describe how the program integrates continuous feedback among all parties.

B6a. Sources: *(check all that apply)*

- Electronic Communications (website, portal, email, etc.)
- Surveys (satisfaction survey, comment cards, compliant tracking, etc.)
- Telecommunications (phone calls, phone text messages, public media, etc.)
- Face-to-face Patient Education
- Written Materials (brochures, provider newsletters, member newsletters, flyers, etc.)
- Other: (character limit: 1500)

B6b. Target Audience: *(check all that apply)*

- Providers
- Case Manager
- Patients
- Care Team
- Family Members
- Educator
- Other: (character limit 1500)

C. Plan Section Approval *(This section needs to be completed by the MA plan's Medical Director, a person designated by the Medical Director, or other person of authority)*

Name of Individual: _____

Title: _____

Email Address: _____

Phone: _____

Date of Approval: (MM/DD/YYYY) _____