

QIP Plan Section - Template

A. Medicare Advantage Organization (MAO) Information

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

B. Summary of QIP

B1. QIP Title:

B2. Implementation Date: January 2016

B3. Target Diagnosis (*check one*):

<ul style="list-style-type: none"><input type="checkbox"/> *Atrial Arrhythmias<input type="checkbox"/> Behavioral Health Condition-Anxiety Disorders<input type="checkbox"/> Behavioral Health Condition-Bipolar Disorder<input type="checkbox"/> Behavioral Health Condition-Depression<input type="checkbox"/> Behavioral Health Condition-Major Depression<input type="checkbox"/> Behavioral Health Condition-Schizophrenia<input type="checkbox"/> Cancer<input type="checkbox"/> Chronic Kidney Disease (CKD) Stages 4 or 5<input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) and or Asthma<input type="checkbox"/> *Congestive Heart Failure (CHF)<input type="checkbox"/> *Coronary Artery Disease (CAD)<input type="checkbox"/> Artery Disease (CAD)<input type="checkbox"/> Dementia<input type="checkbox"/> *Diabetes<input type="checkbox"/> End Stage Renal Disease (ESRD)<input type="checkbox"/> HIV/AIDS<input type="checkbox"/> *Hypertension<input type="checkbox"/> Osteoporosis<input type="checkbox"/> Parkinson Disease <p>*These conditions may only be selected if they are not part of a current CCIP initiative</p>
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B4. Description of QIP:

<p>Character Limit: 1500</p>

B5. Clinical Guidelines Used to Shape QIP:

Character Limit: 1500

C. Enrollee Population

C1. Total Enrollment:

C2. Population Description:

Character Limit: 1500

D. Goal of QIP

D1. Target Goal:

Character Limit: 1500

D2. Baseline:

Character Limit: 1500

D3. National Standard (if applicable):

Character Limit: 1500

D4. Data Source(s) Used to Measure Goal (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
- Other: [Character Limit 1200]

E. Planned Intervention(s)

E1. Intervention Type (*check up to three*)

<input type="checkbox"/> Provider Education	<input type="checkbox"/> Enrollee Education
<input type="checkbox"/> Medication Adherence	<input type="checkbox"/> Reward and Incentive Program
<input type="checkbox"/> Care Coordination	<input type="checkbox"/> Enrollee Outreach
<input type="checkbox"/> Plan Outreach to Providers	<input type="checkbox"/> Disease Management
<input type="checkbox"/> Home Visits	<input type="checkbox"/> Promoting Lifestyle Changes
<input type="checkbox"/> Other: <u>[Character Limit 1200]</u>	

Intervention 1:

E2a. Description of Intervention:

<i>Character Limit: 1500</i>

E3a. Measurement Methodology:

<i>Character Limit: 1500</i>

Intervention 2 (if applicable):

E2b. Description of Intervention:

<i>Character Limit: 1500</i>

E3b. Measurement Methodology:

<i>Character Limit: 1500</i>

Intervention 3 (if applicable):

E2c. Description of Intervention:

<i>Character Limit: 1500</i>

E3c. Measurement Methodology:

<i>Character Limit: 1500</i>

F. 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)_____