

CCIP - Annual Update

**MAO Name:** Example Contract 1  
**Contract Number:** Z0001  
**Identification Number:** Non-SNP  
**Chronic Care Improvement Program (CCIP) Topic:** Sample Program  
**Project Cycle:** Contract Year 2013 - Annual Update 1

Enter/Edit - DO Section (D) - D. Program Implementation

**D1. Education**

Type of Education: Both

**Patient Self Management Entry #1**

**Method Training:** Sample Text  
**Method Support:** Sample Text  
**Method Monitoring:** Sample Text  
**Method Follow-up:** Sample Text  
**Method Other:** Sample Text

**Provider Education Entry #1**

**Method Training:** Sample Text  
**Method Support:** Sample Text  
**Method Monitoring:** Sample Text  
**Method Follow-up:** Sample Text  
**Method Other:** Sample Text

**D1a. Patient Self Management from Plan**

**Topic Covered Training:** Sample Text  
**Topic Covered Support:** Sample Text  
**Topic Covered Monitoring:** Sample Text  
**Topic Covered Follow-up:** Sample Text  
**Topic Covered Other:** Sample Text

**D1b. Provider Education from Plan**

**Topic Covered Training:** Sample Text  
**Topic Covered Support:** Sample Text  
**Topic Covered Monitoring:** Sample Text  
**Topic Covered Follow-up:** Sample Text  
**Topic Covered Other:** Sample Text

D1c. Did you conduct proposed education:  Yes  No

If NO, explain:

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**D2. Intervention:**

**Intervention 1**  
**Planned Intervention:** intervention

D3. Barriers Encountered:  Yes  No

If YES: What barrier(s)?

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If YES: Mitigation: How did you address the barrier(s) encountered?

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