

CCIP - Annual Update

**MAO Name:** EXAMPLE CONTRACT 1  
**Contract Number:** Z0001  
**Identification Number:** Non-SNP  
**Chronic Care Improvement Program (CCIP) Topic:** Demo for meeting  
**Project Cycle:** Contract Year 2013 - Annual Update 1

Enter/Edit - ACT Section (F) - F. Next Steps

- F1. Action Plan:** (check all that apply)
- Revise intervention
  - Revise methodology
  - Change goal
  - Other

**Other:**

**F2. Action Plan Description:**

**F3. Describe "Best Practices":**

**F4. Describe "Lessons Learned":**