

CCIP - Annual Update

Your data has been submitted.

Contracts included with Submission		
Contract Number	Plan Number	Contract Name
Z0001	Non-SNP	EXAMPLE CONTRACT 1

Individuals that will be Notified of Submission			
Contract Number	Role	Name	Email
Z0001	Medicare Compliance Officer	John Smith	test@test.com
Z0001		John Smith	test@test.com
Z0001		John Smith	test@test.com

Thank you for submitting your CCIP Information. An email will be sent to confirm your submission.

OK

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