

Corrective Action Plan Form

Identification			LOB & Department			Vendor (if applicable)		Issue Analysis		Regulatory Reporting			Issue Remediation Process				Beneficiary Outreach Remediation				Deliverables					Dept. Approvals	Compliance Validation		
Date of Identification	Source of Identification (Hotline, Monitoring, Complaint, Audit, CMS Identified)	Compliance Notification Date	Product	Business Owner	Business Lead	FDR / Delegate Name	FDR / Delegate Contact	Description of the Issue (explain what happened)	Root cause analysis of the issue (explain why it happened)	Self-Report Y/N If (Y) Enter Date in the next column	If (Y) Date of Report	If Regulatory body (i.e. CMS/State) has provided Plan additional directions please state here	Description of system/operational remediation steps	Policy & Training Provided (Individual, Department) Attach FDR, Agenda, Sign-In sheets, and other documents provided	Date system/operational remediation initiated (MM/DD/YY)	Date system/operational remediation Target / Completion (MM/DD/YY)	# of members impacted	Description of remediation for negatively impacted beneficiaries	Date beneficiary outreach and remediation initiated (MM/DD/YY)	Date beneficiary outreach and remediation completed (MM/DD/YY)	Deliverables agreed upon	30th Day	60th Day	90th Day	Completion Date	Approval: Name Title Phone Number Email Date	Effectiveness Validation Method (Monitoring, testing, re-audit, etc.)	Effectiveness Validation Results	

Please contact the Compliance Dept. with any questions.