



KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 4.40-P Corrective Action Plans has been updated and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	1/10/21	<i>DHL + H L</i>
Dr. Tasinga	1/7/2021	<i>M Tasinga</i>
Alan Avery	12/21/2020	Approved without corrections-Alan Avery
Carmen Dobry	12.21.20	Carmen Dobry
Deb Murr	12/18/2020	<i>Debra Murr RD</i>
Nate Scott	12/8/2020	Approved via email
Emily Duran	12/07/2020	<i>Approved via email - Emily Duran</i>

(CEO decision(s))

Board approval required: Yes ___ No ___ QI/UM Committee approval: Yes ___ No ___
 Date approved by the KHS BOD: _____ Date of approved by QI: _____
 PAC approval: Yes ___ No ___ Date of approval by PAC: _____
 Approval for internal implementation: Yes ___ No ___
 Provider distribution date: Immediately _____ Quarterly _____

Effective date: _____
 DHCS submission: _____
 DMHC submission: _____
 Provider distribution: _____



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Corrective Action Plans				POLICY #: 4.40-P	
DEPARTMENT: Provider Relations					
Effective Date: 2004-06	Review/Revised Date: 01/11/2021	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____ Date _____
 Douglas A. Hayward
 Chief Executive Officer

_____ Date _____
 Chief Medical Officer

_____ Date _____
 Chief Operating Officer

_____ Date _____
 Director of Compliance

_____ Date _____
 Chief Health Services Officer

_____ Date _____
 Director of Member Services

_____ Date _____
 Chief Network Administration Officer

POLICY:
 Kern Health Systems (KHS) will issue Corrective Action Plans (CAPs) to contracted providers or follow up with tracking and trending of concerns and issues raised as deemed necessary. CAPs will be subject to the approval of the CEO or designee (Chief Medical Office and/or Medical Director) and subsequent acceptance by the Physician Advisory Committee (PAC). Results of CAP follow up

activities will be reported to the PAC Committee and Board of Directors. Providers who fail to comply with a CAP may be subject to disciplinary action as outlined in *KHS Policy and Procedure #2.04-P Provider Disciplinary Action*.

The guidelines in this policy and procedure do not apply to those Corrective Action Plans that initiate from the deficiencies identified through Medi-Cal PCP Facility Site and/or Medical Record Reviews. CAPs resulting from these reviews are subject to the guidelines outlined in *KHS Policy and Procedure #2.22 – Facility Site Review*

PROCEDURE:

1.0 SITUATIONS THAT MAY WARRANT A CAP OR FOLLOW UP TRACKING

KHS processes that may identify the need for a CAP or follow up tracking include, but are not limited to, the following:

- A. Grievance process
- B. Departmental audits
- C. Recommendation for corrective action from the Board of Directors or any of the Board's subcommittees (These corrective action plans are not required to be in the format of Attachment "A")

2.0 CREATION OF PROPOSED CAP

The responsible Department Manager, initiating or recommending the CAP is responsible for the creation of the proposed CAP within 30 calendar days (or sooner if requested by the CEO or designee) of identification of the deficiency. The *Provider Corrective Action Plan* form should be used to document the proposed CAP. (See Attachment A) The following elements should be completed by the Department Manager prior to submission for approval:

- A. Provider
- B. Description of the deficiency
- C. Date of identification
- D. Description of process that identified the deficiency
- E. Related policy and/or contract section
- F. Corrective action requested. (Must be a detailed description of the desired response).
- G. Date of required completion

3.0 APPROVAL OF PROPOSED CAP

All proposed corrective action plans are presented to the CEO and Chief Medical Office, as appropriate, for review and approval. Upon approval, the CAP is submitted to the PAC for approval and then sent to the provider. Approval is documented on the *Provider Corrective Action Plan* form.

4.0 ISSUANCE OF CAP

Upon approval by the PAC, , the responsible Department Manager presents the CAP to the deficient provider. The provider is given a copy of the approved *Provider Corrective Action Plan* form, and all items listed on the form are thoroughly discussed with the provider. The provider is made aware that KHS will conduct follow up activities to ensure compliance. The provider is also made aware that failure to comply with the CAP may result in disciplinary action as outlined in *KHS Policy and Procedure #2.04-P Provider Disciplinary Action*.

The provider, or an individual authorized to sign the provider contract, must sign the receipt and acceptance of *Provider Corrective Action Plan* form and return it to KHS within 5 business days of receipt.

Upon direction from the CEO or designee, the CAP may be issued to the provider prior to approval by the PAC.

5.0 CAP FOLLOW UP ACTIVITIES

A plan for follow-up activities is documented and presented to the PAC, and Board or Directors, if applicable, for approval using the *Provider Corrective Action Plan – Follow-Up Activities* form. (See Attachment B). Such activities are conducted in a timely manner appropriate to the severity of the deficiency.

Upon completion, follow-up activities are described and documented on the *Provider Corrective Action Plan – Follow-Up Activities* form.

Results of the follow-up are presented to the PAC for discussion and appropriate action.

Any additional corrective action deemed necessary is issued, approved, and monitored as outlined in this policy. Additional action may include, but is not limited to:

- Taking no further action (matter closed or track and trend);
- The Department Manager provides appropriate education and resources to the provider;
- The CMO discusses with the provider the identified problem and the recommendations of the Committee, in person or in writing;
- The provider attends PAC, or a meeting of a subset of the Committee composed for that purpose, for an open discussion of the issues identified and any necessary remedial measures;
- An appropriate letter is reviewed by the Committee and entered into the provider's credentialing file; or
- The provider's contract is terminated, per the terms of the applicable contract provisions.

6.0 DEPARTMENT MANAGER RESPONSIBILITIES FOR CAP

The Department Manager issuing the CAP recommendation does all of the following:

- A. Ensures all phases of the CAP process are completed in a timely manner
- B. Presents the CAP and follow-up activities to the PAC
- C. Ensures the CAP is submitted to the PAC for presentation, discussion, and action on the CAP
- D. Retains documentation of the CAP and ensures that such documentation is complete and accurate

7.0 TRACKING AND MONITORING OF ISSUES AND CONCERNS NOT REQUIRING A CAP

It is the responsibility of the Department Manager to track and monitor issues or concerns raised with contracted providers not requiring a CAP. These issues or concerns may be presented during the contracted providers performance review when requested at their recredentialing cycle.

ATTACHMENTS:

- ❖ Attachment A - *Provider Corrective Action Plan* form
- ❖ Attachment B - *Provider Corrective Action Plan – Follow-Up Activities* form

REFERENCE:

Revision 2020-10: Policy updated to reflect current practice within the organization; CAPs due to FSR are not part of this policy as noted in paragraph 2 of “Policy”. PR Manager removed and replaced with Department Manager who shall be responsible for initiating the CAP, completing the forms and presenting to PAC. Remove Attachment C “Tracking Log” to prevent breach of confidentiality and/or discovery of peer review cases.

Revision 2016-12: Policy renumbered to fit under Provider Relations ownership. References to QI/UM Committee replaced with Physicians Advisory Committee (PAC). Compliance Department requests review and update of policy by Provider Relations Department. Titles updated.

Revision 2006-08: Routine Review.

Revision 2004-05: Created in response to DHS/DMHC Medical Audit (YEOct03). **Formerly: #10.10 – Corrective Action Plans (2004-05).** Policy was renumbered during 06/2006 review period.

