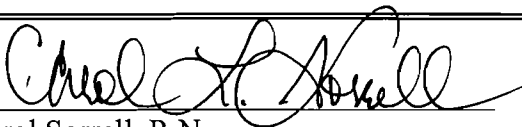

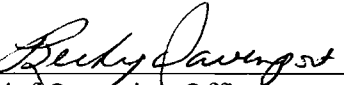

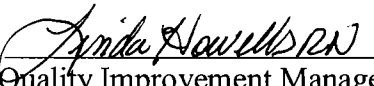
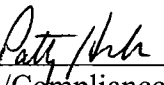

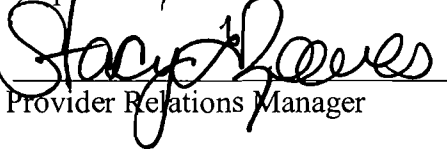


**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Corrective Action Plans		INDEX NUMBER 10.10-P	Page 1 of 4			
SECTION: Quality Improvement System SUBSECTION: Provider Monitoring, Corrective Action, and Discipline		RESPONSIBLE DEPARTMENT HEAD: Provider Relations Manager				
Review Date		06/2006				
Effective Date	06/01/2004	04/05/07				
Revision No.	2004-05	2006-08				

Approved		Date	8/6/06
	Carol Sorrell, R.N. Chief Executive Officer		
Approved		Date	7/19/06
	Medical Director		
Approved		Date	7/14/06
	Chief Operating Officer		
Approved		Date	7/13/06
	Utilization Management Manager		
Approved		Date	7/13/06
	Quality Improvement Manager		
Approved		Date	7/7/06
	AIS/Compliance Manager		
Approved		Date	7/12/06
	Corporate and Member Services Manager		
Approved		Date	7/11/06
	Provider Relations Manager		

POLICY¹:

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 and subsequent acceptance by the Quality Improvement/ Utilization Management (QI/UM) Committee. Results of CAP follow up activities will be reported to the QI/UM 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- Provider Disciplinary Action*.

**KERN HEALTH SYSTEMS
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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* or *KHS Policy and Procedure #233-IC: Facility Site Review – Corrective Action Plans* as appropriate.

PURPOSE:

To provide guidelines for the issuance, approval, and monitoring of provider CAPs. Along with providing guidelines for the tracking and monitoring for issues and concerns deemed inappropriate for a CAP.

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. Mystery caller survey
- C. Member satisfaction survey
- D. Departmental audits
- E. 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 Provider Relations Manager is responsible for the creation of the proposed CAP within 30 calendar days (or sooner if requested by the CEO) 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 Medical Director by the Provider Relations Manager, as appropriate, for review and approval. Upon approval, the CAP is submitted to the provider and reported to the Quality Improvement/Utilization Management Committee. Approval is documented on the *Provider Corrective Action Plan* form.

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POLICIES AND PROCEDURES**

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4.0 ISSUANCE OF CAP

Upon approval, the Provider Relations Manager and/or the Medical Director, as appropriate, 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 #2.47-P: Provider Disciplinary Action*.

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, the CAP may be issued to the provider prior to approval by the QI/UM Committee.

5.0 CAP FOLLOW UP ACTIVITIES

A plan for follow-up activities is documented and presented to the CEO 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 QI/UM Committee for discussion and appropriate action.

Any additional corrective action deemed necessary is issued, approved, and monitored as outlined in this policy.

6.0 DEPARTMENT MANAGER RESPONSIBILITIES FOR CAP

The Provider Relations Manger 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 QI/UM Committee
- C. Ensures the QI/UM Minutes accurately reflect 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

Issues or concerns raised with contracted providers not requiring a CAP will be tracked and evaluated for frequency of occurrence and evidence of self correction. To support the

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documentation of these efforts, the *Tracking Log* (Attachment C) has been developed along with the tracking number to allow for reporting of de-identified information if needed. This log is maintained by the Provider Relations Department and notes the actions taken by the Plan.

Attachments:

- Attachment A - *Provider Corrective Action Plan* form
- Attachment B - *Provider Corrective Action Plan – Follow-Up Activities* form
- Attachment C – *Tracking Log*

¹ **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.

**Kern Health Systems
Provider Corrective Action Plan – Follow-Up Activities**

Provider	
Deficiency	
Corrective action requested	
Date of required completion	

Follow-Up Plan

Description of activities	
Target date	
CEO Approval	_____ Signature _____ Date

Completed Follow-Up

Description of activities	
Date of Completion	
Results	
QI/UM Committee Presentation	Presentation is documented in the QI/UM Committee Meeting Minutes for the following date: _____
QI/UM Committee Action	

**Kern Health Systems
Tracking of Issues and Concerns**

De-Identified Tracking Number	Provider	Description of Issue or Concern	Date Reported	Reported To	Source of Concern (grievance/member tip)	Date and Action Taken by Plan (QI dept/Committee Reporting)

Reported To:
 QI Quality Improvement
 UM Utilization Management
 MS Member Services
 PR Provider Relations
 OT Other

Member Tips:
 QC Quality of Care
 PC Provider Complaints
 AF Access to Facility

Action by Plan:
 N/A Not Applicable