



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Corrective Action Plans			POLICY #: 4.40-P		
DEPARTMENT: Provider Relations					
Effective Date: 2004-06	Review/Revised Date: 12/21/2016	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	



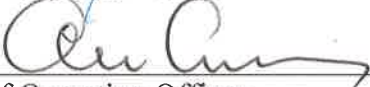
 Douglas A. Hayward
 Chief Executive Officer

Date 12/21/16



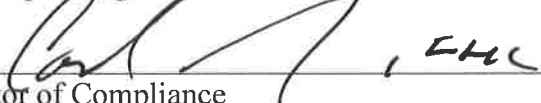
 Chief Medical Officer

Date 12/21/16



 Chief Operating Officer

Date 12/20/16



 Director of Compliance

Date 12/20/16

 Administrative Director of Health Services

Date _____



 Director of Marketing and Member Services

Date 12/15/16



 Director of Provider Relations

Date 12/7/16

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

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 PAC. Approval is documented on the *Provider Corrective Action Plan* form.

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 #4.33-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 PAC.

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 PAC 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 Manager 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 PAC 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 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*

REFERENCE:

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.

Kern Health Systems Provider Corrective Action Plan

Date: _____

Responsible Department Manager: _____

Provider	
Deficiency	
Date of identification	
Process that identified the deficiency	
Related policy and/or contract section	
Corrective action requested	
Date of required completion	
CEO Approval	_____ Signature
	_____ Date
PAC Acceptance	Acceptance is documented in the Physicians Advisory Committee (PAC) Meeting Minutes for the following date: _____

I, the provider, have received and agreed to comply with the above Corrective Action Plan (CAP). The information above was discussed with me, and I was provided the opportunity to ask questions and seek clarification. I understand that I may discuss this CAP with the KHS Medical Director, Provider Relations Manager or CEO. I further understand that failure to comply with this CAP may result in disciplinary action as outlined in *KHS Policy and Procedure #2.04 – Provider Disciplinary Action*.

Individual authorized to sign provider contract

Date

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	<hr style="display: inline-block; width: 30%; vertical-align: middle;"/> Signature Date

Completed Follow-Up

Description of activities	
Date of Completion	
Results	
PAC Presentation	Presentation is documented in the PAC Meeting Minutes for the following date: _____
PAC 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