

# ORGANIZATIONAL PROCEDURE

<b>PROCEDURE # 4.9A</b>	<b>EFFECTIVE DATE</b>	<b>REVISED DATE</b>
<b>TITLE: Corrective Action Plan/Performance Improvement</b>	<b>4/18/23</b>	
<b><u>ATTACHMENT TO</u></b>	<b>REVIEW DATES</b>	
<b>POLICY #: 4.9</b>		
<b>POLICY TITLE: Corrective Action Plan/Performance Improvement</b>		
<b>CHAPTER: Provider Network</b>		

## I. PROCEDURES

- A. In the event the Member or any Contracted Provider fails to meet any standard of performance, remedial action must be taken.
- B. Upon discovery or being made aware of the Member or the Contracted Provider not meeting an established performance standard, LRE will issue a Notice of Non-Compliance to the Member, clearly explaining:
  1. The statutory or regulatory basis and objective evidence upon which the finding of fault is based.
  2. A date by which the Member must respond, in writing, to LRE.
  3. The Member's opportunity to contest LRE's findings.
- C. Depending on the nature of noncompliance, LRE may require a Quality Corrective Action Response ("QCAR") or a Corrective Action Plan ("CAP").
- D. A QCAR may be in the form and format as determined by the respondent, unless another format is prescribed by LRE, and must, at minimum:
  1. Identify the specific action(s) to be taken to remediate the deficiency(ies).
  2. Document how successful remediation will be determined or measured.
  3. Include a timeframe for remediation no more than thirty (30) days from the date of the Notice of Non-Compliance, unless LRE approves, in advance, an extension of this timeline.
  4. Ensure evidence of remediation is provided to LRE within the established timeframe.
- E. QCAR responses will be distributed and monitored by LRE staff responsible for that specific Member function or performance area (i.e. quality, IT, operations).
- F. In the event the deficiency(ies) LRE determines any deficiency(ies) requires a CAP, the CAP must address, for each deficiency:
  1. The specific action(s) taken for remediation based on analysis of the causes of the deficiency(ies).
  2. Measurement and monitoring for each action(s).
  3. The staff responsible for monitoring and evaluating the effectiveness of each action to remediate the deficiency(ies).

- 4. Anticipated timeframe for action(s) to be effective at remediation, including regular intervals to monitor and report progress.
- 5. Anticipated outcomes for each identified action.
- G. A CAP must be completed in the form and format as provided by LRE CAP Template.
- H. The CAP shall remain in place until such time the deficiency(ies) have been remedied.
- I. If the identified action(s) in the CAP fail to remedy the deficiency(ies) in a reasonable time, LRE may impose specific action(s) and remediation steps that must be incorporated into the CAP.
- J. The CAP will be in accordance with LRE Policy and Procedure.
- K. LRE Provider Network Manager will be responsible for monitoring the CAP in collaboration with LRE’s Quality Improvement Council (“QIC”).
- L. The following are examples of compliance or performance problems for which a CAP might be required. This list is not meant to be exhaustive but only representative:
  - 1. Failure to meet reporting timeliness as defined by LRE, including quality and accuracy of data reporting.
  - 2. Failure to meet established performance indicator standards.
  - 3. Repeated or recurring deficiencies of the same or similar nature.
  - 4. Not meeting critical incident reporting timeliness.
  - 5. Where recurrence might be reasonably construed to pose a risk to the safety, health, or welfare of a recipient.

**II. CHANGE LOG**

Date of Change	Description of Change	Responsible Party
	New Policy	CEO or Designee