


<b>COMPLIANCE</b>	 From DentaQuest			
	<i><b>Policy and Procedure</b></i>			
	Policy Name:	<b>Corrective Action Plan Management</b>	Policy ID:	<b>PLANCG-73</b>
	Approved By:	Courtney Barnes Ransom, Head of Risk Management, Ethics & Compliance	Last Revision Date:	09/12/2023
	States:	Oregon	Last Review Date	11/30/2023
Application:	Medicaid	Effective Date:	11/30/2023	

## PURPOSE

This policy describes a framework by which the DCO coordinates and responds to external audits and ongoing client oversight of delegated services requiring Corrective Action Plan (CAP). Compliance may issue CAPs when deficiencies are identified internally for tracking and monitoring to resolution.

## POLICY

It is the DCO's policy to ensure coordination and implementation of timely, effective actions when there is an identified and agreed upon need for improved performance, in order to allow continued adherence to statutory and contractual obligations and guidelines.

## DEFINITIONS

- **“Corrective Action Plan”** means a formally defined process intended to the DCO back into compliance with performance standards established by statute, regulation, or contractual agreement during which, for a specified period of time, restrictions can be imposed. This policy does **not** consider CAPs related to individual workforce members' performance, which are managed by operational area and Human Resources (HR).

## PROCEDURE

### A. CAP Identification and Development

The process for tracking and responding to Corrective Action Plans is housed in Compliance 360. Compliance 360 requires that the business owner of the CAP provide detailed information to ensure complete and accurate client facing responses. The CAP details required are as follows:

1. Standard: Performance Standard (What is the required standard or performance measure?)
2. Issue: Performance Deficiency (How was the standard or performance measure missed that caused this CAP?)
3. Root Cause: Root Cause Evaluation (What caused the deficiency of standard or performance measure?)
4. Correct: Path to CAP Closure by Client (What is the path to CAP closure by the client?)

5. Prevent: Prevention (What is DentaQuest doing to prevent this issue from happening in the future?)
6. Detect/Monitor: Detection/Monitoring (What tools, process or systems were put in place to monitor?)

Compliance along with Client Engagement reviews the CAP response before submission to the client. CAPs issued internally will follow the same process.

**B. Internal CAP Monitoring**

The Compliance Department sends regular inquiries to the Client Partner who owns the relationship with the client, in order to monitor the status of CAPs and the DCO’s progress toward implementation and resolution of issues identified for corrective action.

The Compliance Department will escalate CAPs being monitored that do not appear to be moving towards resolution to the Head of Risk Management, Ethics & Compliance, to be addressed with the management team of the responsible business owners in order to bring those CAPs to completion.

In those instances in which the client does not provide official closure letters related to CAPs, we administratively close the CAP after the following has occurred: (1) All information requested by the client has been revised and provided to the client; (2) All issues identified by the client have been resolved; (3) Any fines or penalties associated with the findings have been paid; and (4) At least 90 days has elapsed. If, after that 90-day period, the client indicates that the CAP either remains open or should be re-opened, Compliance will reassign the CAP to an appropriate owner for further action, if necessary.

***Revision History***

Date	Description
7/12/2018	Policy drafted
7/19/2018	Compliance updates
11/12/2018	Corporate Compliance Committee approval
11/25/2019	Annual Review
11/10/2020	DCO Compliance Committee approval
10/5/2021	Updates based on annual review.
12/31/2022	Updates based on annual review.