

## 2025 Plan Performance Assessment Procedure Manual

### Attachment 5: Quality Improvement Corrective Action Plan Follow-up Template

Please complete the below follow-up report for each CAP you submitted following the 2025 QCR Scoring process. Return the completed report to your Health Insurance Specialist by June 30, 2026.

**Contract Number:** \_\_\_\_\_

**Plan Name:** \_\_\_\_\_

**Carrier Codes:** \_\_\_\_\_

**For each CAP, provide the following information in 750 words or less.**

**1. Measure:** \_\_\_\_\_

**2. Action Steps**

- What steps have been taken by your health plan in support of the Action Outline submitted to your FEHB Health Insurance Specialist?
- Are actions on track to meet the dates provided in the timeline? If not, what remedies are you taking?
- What progress metrics are you using to track projected improvement results? Are these metrics on track with expected progress to date?

*FEHB Carrier Quality Improvement POC:*

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Printed Name

Signature

Date