

Attachment 2: Corrective Action Plan Template for 2016

Carriers must submit a Corrective Action Plan (CAP) using this template for each FEHB Plan Performance Assessment Priority Level 1 measure below the 25th percentile. Within the CAP, please specify a 90 day implementation plan to improve the care associated with the identified measure.

In the table below, please indicate the measure(s) that require a CAP.

Measures	CAP Submission (check all that apply)
Prenatal and Postpartum Care (Timeliness of Prenatal Care) – PPC	<input type="checkbox"/>
Controlling High Blood Pressure – CBP	<input type="checkbox"/>
Plan All-Cause Readmissions - PCR	<input type="checkbox"/>

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

1. HEDIS Measure: _____

2. Plan Analysis

- Analysis: Strengths and weaknesses of current quality practices related to this measure.
- Barriers: Identify potential barriers to improvement in results. If this is a second or third CAP for this measure, include an evaluation of why you have not achieved expected results to date.
- Outreach: Estimate the number of health plan members that need to be engaged to increase the score to at least the 25th percentile.

3. Action Steps

- Action Outline: List in-depth steps in your Corrective Action Plan to raise the score to at least the minimum threshold. If your score has fallen below the threshold for 2 or more years, discuss new or different actions this year to improve performance to the minimum threshold.
- Classification: OPM strongly encourages Carriers with performance below the 10th percentile benchmark to develop *novel*¹ actions, rather than *reinforcement*² actions, to increase quality performance.
- Action Timeline: Identify the start date, and if applicable, end date of each action step.
- Progress Projection: Identify the projected improvement results including a timeline of when improvement can be expected.

¹ Introduction of a new practice.

² Modification of an existing practice.

Corrective Action Plan Template Submission

Each Carrier submitting one or more CAPs needs to complete the below information one time.

CAP Point of Contact: _____

Certification

The undersigned have read the attached Corrective Action Plan(s) and agree to the terms.

FEHB Carrier Quality Improvement POC:

Printed Name

Signature

Date

The undersigned have read the attached Corrective Action Plan(s) and agree to the terms.

The undersigned have read the attached Corrective Action Plan(s) and do not agree to the terms. Further clarification may be required; the Contract Specialist will schedule a meeting to discuss the resolution of issues.

OPM Contract Specialist:

Printed Name

Signature

Date

OPM Health Insurance Chief:

Printed Name

Signature

Date

END