2022 Plan Performance Assessment Procedure Manual

Attachment 6: Quality Improvement Corrective Action Plan Follow-up Report

Please complete the below follow-up report for each CAP you submitted following the 2022 QCR Scoring process. Return the completed report to your Health Insurance Specialist by June 30, 2023.

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:

______________________________________________
Printed Name        Signature        Date