

# ORGANIZATIONAL PROCEDURE

<b>PROCEDURE # 4.9A</b>	<b>EFFECTIVE DATE</b>	<b>REVISED DATE</b>
<b>TITLE: CORRECTIVE ACTION PLAN/ PERFORMANCE IMPROVEMENT</b>	4/18/23	5/28/2024
<b><u>ATTACHMENT TO</u></b>	<b>REVIEW DATES</b>	
<b>POLICY #: 4.9</b>	2/11/25	
<b>POLICY TITLE: CORRECTIVE ACTION PLAN/ PERFORMANCE IMPROVEMENT</b>		
<b>CHAPTER: PROVIDER NETWORK</b>		

## I. PURPOSE

To define a formal corrective action process focused on remediation or elimination of non-conformities or other adverse outcomes.

## II. PROCEDURES

- A. Upon identification of contractual non-compliance and/or performance problems, LRE Chief Executive Director "CEO" (or designee) will provide timely written contract compliance notice to Member or Network Provider, that explains the following:
  1. The compliance issue along with its statutory/regulatory/contractual basis and the objective evidence upon which the finding of fault is based. 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:
    - a. Failure to meet reporting timeliness as defined by LRE, including quality and accuracy of data reporting.
    - b. Failure to meet established performance indicator standards.
    - c. Repeated or recurring deficiencies of the same or similar nature.
    - d. Not meeting critical incident reporting timeliness.
    - e. Where recurrence might be reasonably construed to pose a risk to the safety, health, or welfare of a recipient.
  2. A date by which the Member or Network Provider must respond, in writing, to LRE.
  3. The process for contesting or disputing LRE's findings.
- B. LRE may require a Corrective Action Plan ("CAP") which 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) which may include submission documents and/or proof of remediation.
  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.

- C. CAPs must be completed in the form and format as provided by LRE.
- D. The CAP shall remain in place until such time as LRE has determined that the deficiency(ies) has been remedied.
- E. If the identified action(s) in the CAP fails 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.
- F. To LRE Subject Matter Expert “SME” will be responsible for monitoring the CAP in collaboration with LRE’s Quality Improvement Council (“QIC”).
- G. LRE will provide written notification when all CAP requirements have been met.

**III. CHANGE LOG**

Date of Change	Description of Change	Responsible Party
4/18/2023	New Policy	CEO or Designee
2/11/2025	Streamline CAP Requirements and alignment with Contract Language	CEO or Designee