Developing an Effective Plan of Correction (POC)
Objectives

• Provider will gain a better understanding of POC procedures

• Provider will gain strategies to review the POC prior to submission

• Provider will review problem analysis tools to assist in POC development
What is a Plan of Correction?

Alliance Health BH I/DD Tailored Plan/PIHP Provider Manual:

“Plan of Correction/Corrective Action Plan: This is a written document developed by the provider that specifies how the provider will address each out-of-compliance finding, violation or deficiency identified by Alliance. Alliance will allow a minimum of thirty (30) calendar days for the provider to implement corrective action.

Alliance will conduct implementation review(s) to ensure that the plan has been implemented and fully integrated into the provider’s operation and that all deficiencies have been corrected and are unlikely to re-occur.”
What May Necessitate a POC?

• Alliance is responsible for conducting the following:
  o Claim audits
  o Routine monitoring/evaluation reviews
  o Complaint investigations
  o Fraud and abuse investigations
  o NC-TOPPS reviews
  o Block grant audits

• Out-of-compliance findings that result from these activities may necessitate a POC
Statement of Deficiencies

• On the next page is an example of the document you will receive from Alliance detailing the out-of-compliance findings

• You will use this form to document your POC, including corrective action steps, responsible parties, implementation and completion dates
# Statement of Deficiencies

## Statement of Deficiencies/ Plan of Correction

| Please complete all requested information and mail or email completed Plan of Correction to: | Jane Doe, LCAS  
Alliance Health  
5200 W. Paramount Parkway, Suite 200  
Morrisville, NC 27560  
jdoc@alliancehealthplan.org |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Type of Review:</strong></td>
<td>Post-Payment Review</td>
</tr>
<tr>
<td><strong>Date of Review:</strong></td>
<td>April 5, 2023</td>
</tr>
<tr>
<td><strong>Service(s) Reviewed:</strong></td>
<td>Behavioral Health Outpatient Services</td>
</tr>
<tr>
<td><strong>Provider Name:</strong></td>
<td>ABC Provider Agency, Inc.</td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
<td>919-555-5555</td>
</tr>
<tr>
<td><strong>Provider Contact Person for follow-up:</strong></td>
<td>Betty Lou Who</td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>123 Oak Street, Raleigh, NC 27607</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:blouwho@abc.com">blouwho@abc.com</a></td>
</tr>
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<table>
<thead>
<tr>
<th>Finding</th>
<th>Corrective Action Steps</th>
<th>Responsible Party</th>
<th>Timeline</th>
</tr>
</thead>
</table>
| **Finding:**  
Service Plans  
7 of 8 records reviewed did not contain service plans as required  
**Regulatory Reference:**  
Clinical Coverage Policy 8C | | | Implementation Date  
Projected Completion Date |

Provider enters into these four areas
POC Minimum Requirements

The Provider’s POC must include, at a minimum:

• A reference to the out-of-compliance finding(s)
• A description of how corrections are to be made
• A timetable for the implementation and completion of corrective action(s)
• The responsible person(s) who will ensure that the POC is followed
General Timeframes

- Provider submits POC to Alliance reviewer within 10 business days from receipt/attempted delivery of out-of-compliance findings
- Alliance acknowledges receipt of the POC and notifies provider of implementation review (to occur in 30-60 days)
- Providers will be advised to notify the identified Alliance reviewer of intent to appeal the decision to request a POC.
- If provider does not successfully demonstrate implementation of the POC, final implementation review will occur within 30 days
Check your POC prior to submission

The next several slides are a “POC Self-Check”
Accurately stated issue?
Appropriate to address issue to be corrected?

✓ All findings are addressed
✓ Findings are not disputed
✓ Corrective actions are relevant
✓ Corrective actions address all deficiencies as detailed on the Statement of Deficiencies form
Accurately stated issue?
Appropriate to address issue to be corrected?

✓ Contains a description of how the corrections are to be made:
  o Review of systems/internal processes
  o Supervision and/or training
  o Record reviews/audits
  o Revisions in policies and/or procedures
  o Contains ongoing monitoring and maintenance of corrective actions
Accurately stated issue?  
Appropriate to address issue to be corrected?

✓ Ongoing supervision and/or training
✓ Ongoing record reviews/audits
Realistic corrective actions?
Timetable realistic, compact?

✓ Corrective action steps are attainable/manageable/sustainable
✓ Timetable for corrective actions is attainable/manageable/sustainable
✓ Corrective actions will substantially correct or eliminate deficiencies within 60 calendar days
✓ Deficiencies related to consumer health and/or safety are corrected immediately
Sufficient detail to indicate a thoughtful and planful response?

✓ All relevant persons responsible for corrective actions are clearly identified

✓ Contains a comprehensive approach to addressing the deficiencies:
  o Details surrounding review of systems/internal processes
  o Details surrounding revisions in policies and/or procedures
  o Details surrounding supervision and/or training
Sufficient detail to indicate a thoughtful and planful response?

✓ Contains ongoing monitoring and maintenance of corrective actions to minimize/eliminate reoccurrences:
  - Details surrounding record reviews/audits (who will conduct the reviews, what elements will be reviewed, quantitative vs. qualitative, frequency of reviews, sample size, how findings will be used, process for detecting and managing overpayments)
Sufficient training details? Sufficient scope?

✓ Details surrounding training curriculum/content, training date(s), location, trainers, and attendees

✓ The root cause(s) of the deficiencies have been assessed and identified

✓ Corrective actions differ from current processes that led to the out-of-compliance finding

✓ Corrective actions are inclusive of all relevant staff to address the problem
Sufficient training details?  
Sufficient scope?

✔ Addresses **systemic issues** and includes **specific details** surrounding the monitoring of each corrective action
Common Deficiencies

- Forms/templates and/or policies don’t align with regulatory requirements:
  - Consent forms are missing required information
  - Client rights notification doesn’t include all required information
  - Provider policy doesn’t reflect regulatory requirements
Common Deficiencies

• Sample corrective action (not exhaustive):
  o Audit of all existing forms and policies
  o Information will be revised to adhere to regulatory requirements; former blank forms/templates/policies destroyed or archived
  o Revised information will be distributed to new and existing staff and/or members
  o Tracking system put in place to ensure all parties were informed of new/revised information
Common Deficiencies

• Documentation does not include all required elements:
  o Incomplete Release of Information forms (signature/info to be released)
  o Service plans missing required signatures/target dates/service
  o Service notes missing service performed/signature/intervention
Common Deficiencies

• Sample corrective action (not exhaustive):
  o Policies/procedures revised as needed to eliminate future deficiencies
  o Review all records and to determine what needs correcting going forward
  o New and existing staff members will be trained on information (i.e. documentation requirements) to prevent reoccurrence of the deficiency
  • Include training agenda/curriculum, date, time, location, attendees, trainer info
Common Deficiencies

• Sample corrective action (not exhaustive):
  o Ongoing supervision of staff to prevent reoccurrence; tracking system put in place to ensure all parties were informed of new/revised information and supervision is ongoing
  o Monthly qualitative chart audits to include review of requirements
  o Discovered overpayments will be reported; additional staff training/discipline if deficiencies continue
Common Deficiencies

• Staff are not eligible to provide service billed/do not meet minimum requirements for service provided:
  o Qualified Professionals missing verification of education/experience
  o Clinicians not enrolled through NCTracks and/or Alliance
Common Deficiencies

• Sample corrective action (not exhaustive):
  o Policies/procedures revised as needed to eliminate future deficiencies
  o Review all records (i.e. personnel) and to determine what info needed to be obtained to complete the file and what needs correcting going forward
  o Staff/HR will be trained to prevent reoccurrence of the deficiency
    • Include training agenda/curriculum, date, time, location, attendees, trainer info
Common Deficiencies

• Sample corrective action (not exhaustive):
  - Ongoing supervision of staff to prevent reoccurrence; tracking system put in place to ensure all parties were informed of new/revised information and supervision is ongoing
  - Monthly billing audit
  - Discovered overpayments will be reported; additional staff training/discipline if deficiencies continue
Feedback Loop: Plan-Do-Check-Act

When developing your POC...

**PLAN**
- Define and analyze the problem
- Identify the root cause

**DO**
- Devise a solution
- Develop detailed action plan and implement systematically

**CHECK**
- Confirm outcomes against plan
- Identify deviations and issues

**ACT**
- Standardize solution
- Review and define next issues
Feedback Loop in Action

Deficiency: Missing Service Plans

PLAN
- Identified that 2 LPs not trained on service plan requirements and have not been completing them
- No chart audits in place

DO
- P&P revision
- Record Review (15 service plans needed)
- LP training and supervision, new/existing
- Plan tracking sheet
- Monthly audit
- Report overpayments

CHECK
- 4 LPs trained
- 25 records reviewed
- Record audit: 88% compliance
- 3 of 4 LPs now completing plans
- Written warning for 1 LP

ACT
- Service plan training part of LP orientation
- Continue plan tracking
- Move audit to quarterly after 6 months

LP = Licensed Practitioner
What if the POC Successfully Implemented?

If the provider…
- Fails to submit a POC
- Fails to implement the POC and/or minimize/eliminate the deficiencies after two attempts

Then…
- Refer to Compliance Committee (CC) for review
- CC will make a recommendation of potential additional actions or sanctions, up to and including termination of contract
Technical Assistance

• Please contact Alliance staff indicated on Statement of Deficiencies for questions and technical assistance as needed

• We want you to be successful!
Please click on the link below to evaluate our training and to allow us to track who has participated.

Please be sure to click “Submit” upon completion.

Attestation and Evaluation