



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:
 - Claim audits
 - Routine monitoring/evaluation reviews
 - Complaint investigations
 - Fraud and abuse investigations
 - NC-TOPPS reviews
 - 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 jdoe@alliancehealthplan.org
Type of Review:	Post-Payment Review	Date of Review: April 5, 2023
Service(s) Reviewed:	Behavioral Health Outpatient Services	
Provider Name:	ABC Provider Agency, Inc.	Phone: 919-555-5555
Provider Contact Person for follow-up:	Betty Lou Who	
Address:	123 Oak Street, Raleigh, NC 27607	Email: blouwho@abc.com

Finding	Corrective Action Steps	Responsible Party	Timeline
Finding: <u>Service Plans</u> 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:
 - Review of systems/internal processes
 - Supervision and/or training
 - Record reviews/audits
 - Revisions in policies and/or procedures
 - 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:
 - Details surrounding review of systems/internal processes
 - Details surrounding revisions in policies and/or procedures
 - 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):
 - Audit of all existing forms and policies
 - Information will be revised to adhere to regulatory requirements; former blank forms/templates/policies destroyed or archived
 - Revised information will be distributed to new and existing staff and/or members
 - Tracking system put in place to ensure all parties were informed of new/revised information

Common Deficiencies

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

Common Deficiencies

- Sample corrective action (not exhaustive):
 - Policies/procedures revised as needed to eliminate future deficiencies
 - Review all records and to determine what needs correcting going forward
 - 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):
 - 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 qualitative chart audits to include review of requirements
 - 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:
 - Qualified Professionals missing verification of education/experience
 - Clinicians not enrolled through NCTracks and/or Alliance

Common Deficiencies

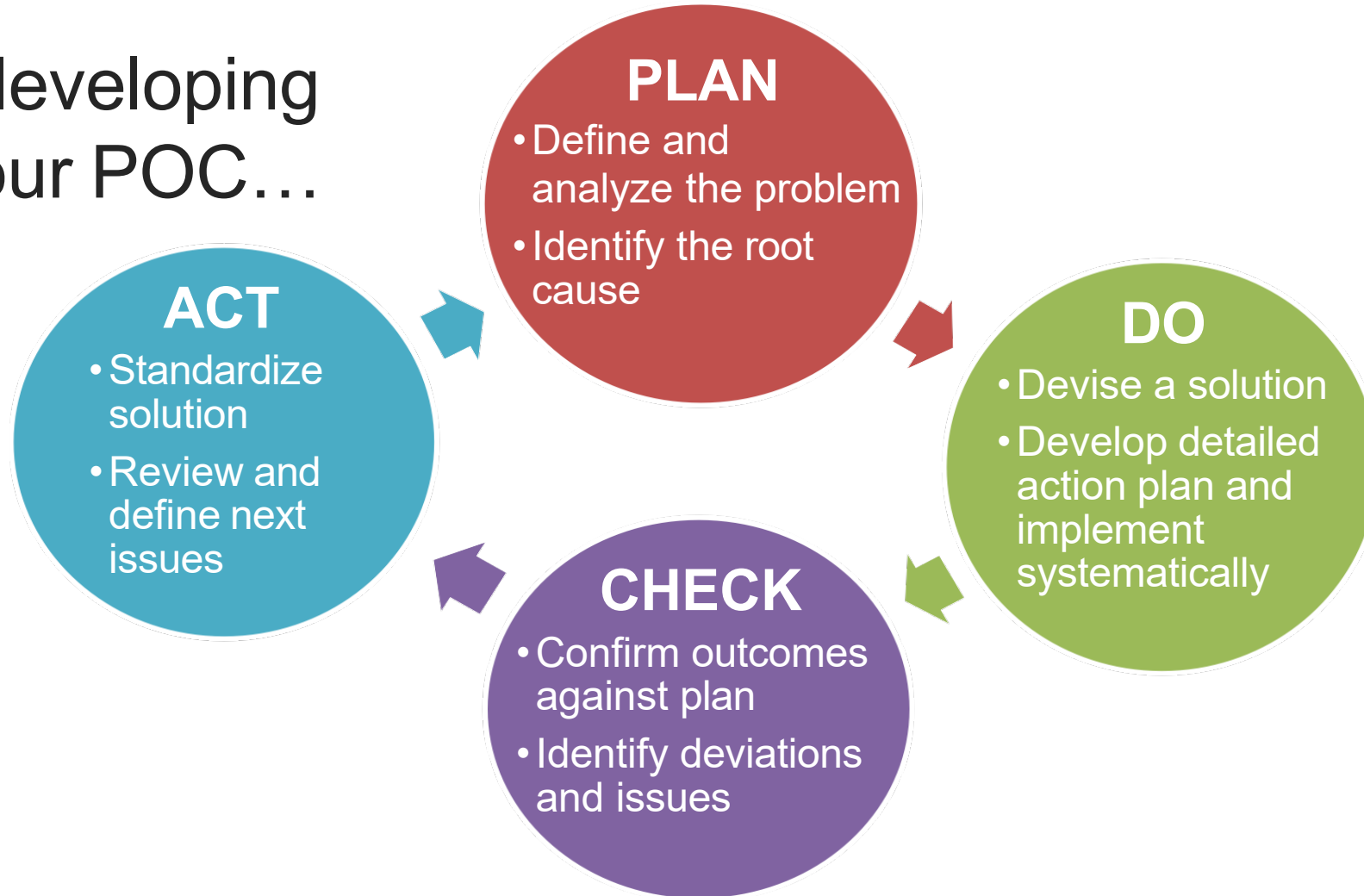
- Sample corrective action (not exhaustive):
 - Policies/procedures revised as needed to eliminate future deficiencies
 - Review all records (i.e. personnel) and to determine what info needed to be obtained to complete the file and what needs correcting going forward
 - Staff/HR will be trained to prevent 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

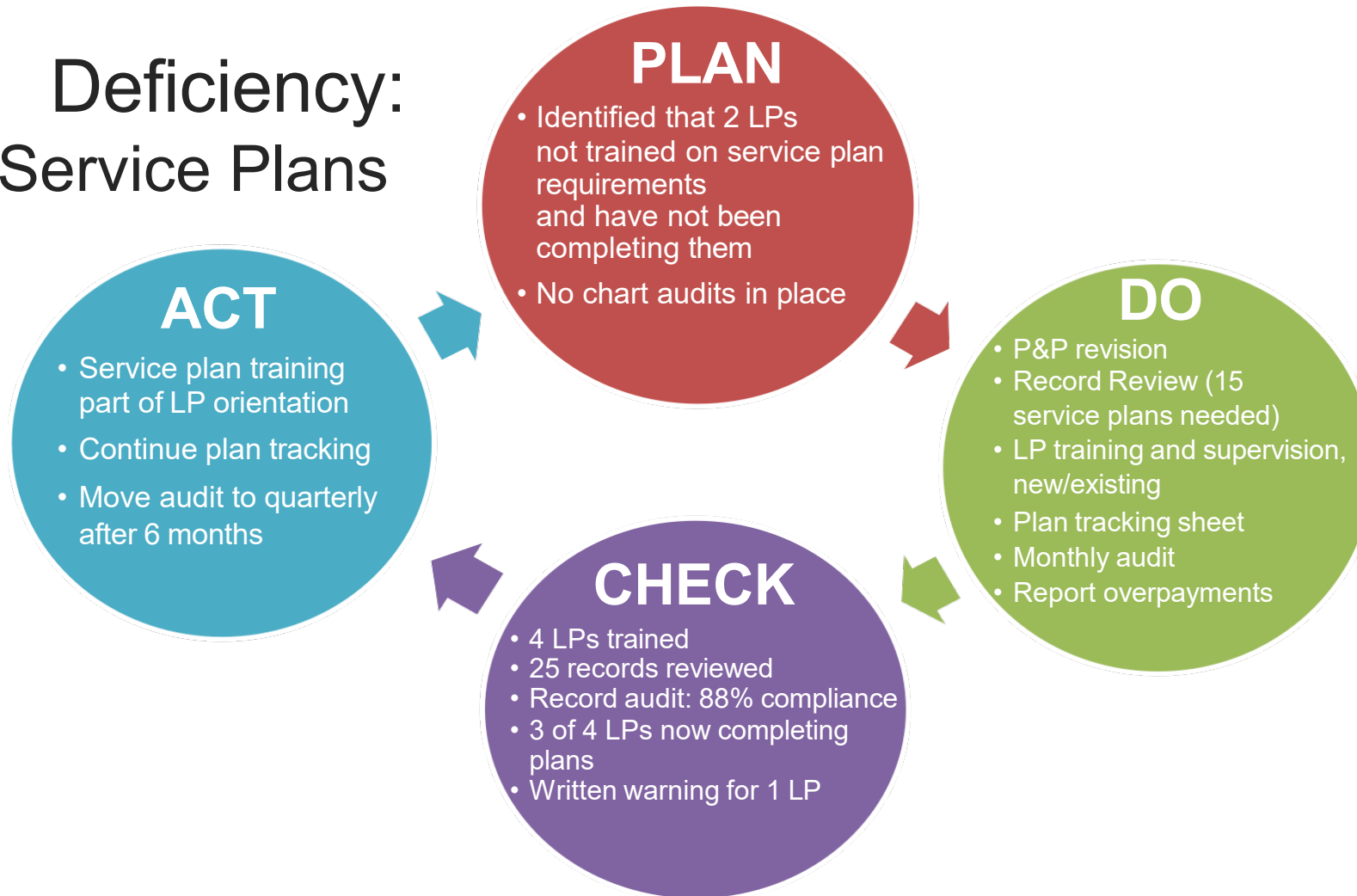
Feedback Loop: Plan-Do-Check-Act

When developing your POC...



Feedback Loop in Action

Deficiency:
Missing Service Plans



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](#)