Please review the Corrective Action Plan (CAP) below which outlines issues identified and timeframes for improvement. For each CAP item, describe how

the issue will be corrected in the Delegate/ Vendor Response section. Please include the following in your response:

1. Detailed explanation of the steps (i.e., training, creation/ revision of policies and procedures, system enhancements, detailed work plans, etc.) that will be taken to correct the noted issue; and

2. Dates of when corrective action steps will be taken.

Response Due <14 days from

Date: issuance>

Response <for UM Consultant to

Received Date: populate>

Delegate/ Vendor Name: Enter Delegate Name

Market(s): Enter Market

Enter Auditor Name

Delegate/ Vendor Responsible Party: Enter Delegate Contact

Auditor Name:

CAP Resolution

<CAP due date>

Due Date:

CAP Resolution <for UM Consultant to

Date: populate>

Audit Date: 3/5-7/19

Audit Period/Type:

Delegated/ Contracted Function:

CAP Issue Date:

MCO RFP #758 2000000202

Attachment I.C.1-4

1 of 1

Item

CoCmopmlipalniacnecReeRqeuqirueimremenetnNtoNtoBteBineigngMet Me(tTo(Tioncinlucdluedfeilefil#es#isf aifpapplipclaicbaleb)le)

AAccttiioonnss TToo BBee TTaakkeenn

DDeelleeggaattee//VVeennddoorr RReessppoonnssee To Include Root Cause Anallysis

SStteeppss ttaakkeenn ttoo CClloossee CCAAPP (Delegation Consultant Commenttss))

DDooccuummeenntt Due Date

DDooccuummeenntt Receipt Date

RReevviieeww Date

RReessoollvveedd Date

1

2

3

4

5

6

7

8

9

10

Delegation

Attachement I.C.1-4 Corrective Action Plan Template

Corrective Action Plan