**CORRECTIVE ACTION PLAN**

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| --- | --- | --- |
| **MCO Name:** | **Date:** | **Contract Cycle:** |
| **MCO Instructions:** Please provide detail on each of the non-compliance item(s) and how the MCO will address issues relating to this area in the future. | | |

**I. ISSUE / PROBLEM DEFINITION (Be specific – quantify if possible)**

**II. DESCRIPTION OF ROOT CAUSE EVALUATION PROCESS AND RESULTS**

**III. ACTION STEPS AND TIMEFRAME(S)**

**IV. IMPROVEMENT BENCHMARK(S) AND TIMEFRAME (S)**

**V. CERTIFICATION**

The undersigned have reviewed this Corrective Action Plan.

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MCO Signature and Title: Date

**VI. DEPARTMENT APPROVAL**

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Department Signature and Title: Date