

Use of this form to complete a Corrective Action Plan is optional. Suppliers may use other formats of their choosing, as long as the plan addresses all of the steps listed below.

Date:				
Provider Name:				
Physical Address:				
City:		State:		Zip Code:
Telephone #:				
NPI #:				
PTAN #:				
Payee/Group PTAN				

Directions: Implement a Corrective Action Plan by following the steps listed below and then the plan in the accompanying table.

1. Define the problem (see probe review findings letter).
2. Identify the cause(s).
3. Determine solutions.
4. Set achievable due dates.
5. Explain how the corrective action plan will be monitored.
6. Assign an owner who is accountable for implementing each solution in the corrective action plan.

1	Problem		Cause	
	Solutions		Due Date	
	Monitoring Process		Owner	

Name of Person with Overall Responsibility for the CAP:			
Title:		Telephone #:	

CGS PCA Corrective Action Plan

2	Problem		Cause	
	Solutions		Due Date	
	Monitoring Process		Owner	

3	Problem		Cause	
	Solutions		Due Date	
	Monitoring Process		Owner	

4	Problem		Cause	
	Solutions		Due Date	
	Monitoring Process		Owner	

5	Problem		Cause	
	Solutions		Due Date	
	Monitoring Process		Owner	

Name of Person with Overall Responsibility for the CAP:			
Title:		Telephone #:	