

2024 Plan Performance Assessment Procedure Manual

Attachment 5: Quality Improvement Corrective Action Plan Follow-up Template

Please complete the below follow-up report for each CAP you submitted following the 2024 QCR Scoring process. Return the completed report to your Health Insurance Specialist by June 30, 2025.

Contract Number: _____

Plan Name: _____

Carrier Codes: _____

For each CAP, provide the following information in 750 words or less.

1. Measure: _____

2. Action Steps

- What steps have been taken by your health plan in support of the Action Outline submitted to your FEHB Health Insurance Specialist?
- Are actions on track to meet the dates provided in the timeline? If not, what remedies are you taking?
- What progress metrics are you using to track projected improvement results? Are these metrics on track with expected progress to date?

FEHB Carrier Quality Improvement POC:

Printed Name

Signature

Date