HCPF Improvement Action Plan Template- Draft

This form is used for a Improvement Action Plan (IAP) issued by the Department of Health Care Policy and Financing to an Eligibility Site. This form is to be completed by the Eligibility Site within 10 business days of receipt of Management Decision Letter. You'll be required to define the problem, identify the root cause(s) of the problem, develop possible solutions (countermeasures) to reduce or eliminate the root cause(s) and implementation of selected possible solutions.

* Required

1. Email address *

   _____

2. Citation *

   What performance measure or citation of non-compliance is this IAP for?

   _____

3. Are the problem and its root cause(s) known? *

   If the problem and root cause(s) are known, the solution should be clear. Select 'Yes' if the problem and solution are clear. For example, if your citation is "Do not have a HIPAA training in place", your solution is to implement a HIPAA training. This type of improvement project is known as a Just Do It. If it is not clear, select 'No'. For example, if your citation is not making substantial progress toward the performance measure target for Timely Applicants with Disability Determination, the root cause(s) may not be known or there may be more than one which will require prioritization.

   Mark only one oval.

   ◯ Yes   *Skip to question 4*

   ◯ No   *Skip to question 11*

Just Do It	A "Just Do It" improvement project is one where the problem is clear, the root cause is known and the solution is also known.

4.   Identify the problem. *

State what the problem is. This should identify what was the expectation and what is the reality. Example: "Workers of Eligibility Sites are required to attend HIPAA training annually, but County X does not have a training in place at this time".

_____

_____

_____

_____

_____

5.   Why does this problem exist? *

Explain why this problem exists. This is also known as the root cause. Example: "County X was not aware workers of Eligibility Sites were required to attend a HIPAA training Annually".

_____

_____

_____

_____

_____

6.   Solution *

Please explain what the solution to this problem will be. Example: "County X will find a suitable HIPAA training and build it into new worker training as well as have all staff attend it".

_____

_____

_____

_____

_____

7.   Solution Start? *

Please provide tentative start date of when this solution will be implemented. Example: " 8/1/2021".

_____

Example: January 7, 2019

8. **Solution End** *

Please provide a tentative end date of when this solution will be done. Example: "9/30/2021".

_____

Example: January 7, 2019

9. **Who is responsible for ensuring this solution is implemented?** *

Provide the name, title, and contact information of who is responsible for implementing this solution. Example: "Suzy Jones, Training Manager of County X, 303-555-5555, suzy.jones@countyx.co.us".

_____

_____

_____

_____

_____

10. **Solution Complete** *

Have you completed your solution? Your response to this should be 'No' if you are submitting this IAP for approval. Once approved and the solution is implemented, update your response to 'Yes' to be taken to the IAP Closeout section.

Mark only one oval.

◯ Yes

◯ No

Root Cause Analysis	Improvement projects that do not have clear root cause(s) or solution(s) require some analysis. Please complete the following to show analysis was done to find the root cause of the problem and solutions were developed to reduce or eliminate the root cause(s).

11. Current and Target Performance *

What is your current performance and what is the target of performance? Example: "No substantial movement toward the 95% target for Timely Applicants with Disability Determination". If it is not a performance measure, but a citation of non-compliance, an example may be: "County X has not been able to produce all individual case records to auditors; these documents must be maintained and stored for review to evaluate Medicaid eligibility determinations".

12. Performance Gap *

Define the problem. The problem is the gap in the expected performance and the current performance. Example: "Applications requiring a disability determination have not met timeliness requirement of 95% timeliness for 7 consecutive months at County X." Or "Not all case file documents can be found in time to be sent for eligibility reviews."

Find the Cause

In this section you will explore the cause or causes of the performance gap.

13. Current Business Process *

Draw out your business process with at least one person from each section. Below, write down each step of the process in which the performance gap is occurring. For assistance with this step, please contact hcpf_performance.improvement@state.co.us.

14.   Cause *

Where in your process is the problem occurring? What are the cause(s) of the problem occurring in this part of the process? For assistance with this step, please contact hcpf_performance.improvement@state.co.us.

_____

_____

_____

_____

_____

15.   Solutions (Countermeasures) *

Describe possible solutions for the root cause(s) identified in the question above.

_____

_____

_____

_____

_____

16.   Selected Solutions *

What solutions have been selected? Why these solutions and not the others (if others were not selected from above).

_____

_____

_____

_____

_____

17.   Implementation Start *

Please provide a tentative start date for your selected solution(s).

_____

Example: January 7, 2019

18.   Implementation End *

Please provide a tentative end date for your selected solution(s).

_____

Example: January 7, 2019

19.   Implementation Owner *

Provide the name, title, and contact information of who is responsible for implementing this solution. Example: "Suzy Jones, Training Manager of County X, 303-555-5555, suzy.jones@countyx.co.us".

_____

_____

_____

_____

_____

20.   Solution Complete *

Have you completed your solution? Your response to this should be 'No' if you are submitting this IAP for approval. Once approved and the solution is implemented, update your response to 'Yes' to be taken to the IAP Closeout section.

Mark only one oval.

◯ Yes

◯ No

This content is neither created nor endorsed by Google.

Google Forms