

**Oregon Health Authority (OHA)
Coordinated Care Organization (CCO)
Subcontractor Corrective Action Plan Results Report**

*Notice: These results are provided to the CCO pursuant to Exhibit D, Section 5 of the contract.
Please review them carefully*

Contract #:		CCO's Contract Administrator:	
CCO:		Type of Review:	<60 day plan> <Progress Report #1> <Progress Report #2>
Deliverable Name	Notice of lack of provider capacity and '60 Day Plan' to increase provider capacity		
Contract or Rule Citation:	Exhibit M Sec 22 (a)(1)(a-c)		
Notice of Lack of provider capacity received date:	DATE		
60 Day Plan submission date:	(The date should be 7 business days of receiving the Admin Notice)		
Due Date of Progress Report #1:	(30 days from submission of 60 Day Plan)		
Due Date of Progress Report #2:	(60 days from submission of 60 day plan)		
60 Day Plan Requirements			
Reviewers/Review Date(s): Name, Date			
60 day plan submitted within 7 business days of receiving Administrative Notice	Plan includes the name of the IIBHT contracted provider lacking capacity and the date lack of provider capacity began		
MET/PARTIALLY MET/UNMET	MET/PARTIALLY MET/UNMET		
Plan addresses the root cause/barriers impacting capacity (See Guidance Below)	Plan identifies activities, timelines and milestones that address the root cause leading to limited capacity to provide service		
MET/PARTIALLY MET/UNMET	MET/PARTIALLY MET/UNMET		

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Guidance/Feedback and Reminders for 60 Day Plan	
1.	
2.	
Progress Report #1 Requirements (WHEN APPLICABLE):	
Reviewers/Review Date(s): Name, Date	
Plan identifies activities, timelines and milestones that address the root cause leading to limited capacity to provide service	Does progress continue to be achievable? If not, did CCO identify new actions and milestones?
MET/PARTIALLY MET/UNMET	MET/PARTIALLY MET/UNMET
Guidance/Feedback and Reminders for Progress Report #1	
1.	
Progress Report #2 Requirements (WHEN APPLICABLE):	
Reviewers/Review Date(s): Name, Date	
Plan identifies activities, timelines and milestones that address the root cause leading to limited capacity to provide service	Did CCO make sustainable progress towards improving Provider Capacity?
MET/PARTIALLY MET/UNMET	MET/PARTIALLY MET/UNMET
Findings / Required Corrections for Progress Report #2:	
1.	Finding:
	Required Correction:
	CCO Response:
Clarification Needed for Progress Report #2:	
1.	Clarification:
	CCO Response:
Your CCO must make the required correction(s)/respond to clarifying question(s) and re-submit this item no later than: <DATE OR N/A>	
If applicable, please submit the corrected item to the CCO Contract Deliverables portal: <a href="https://oha-ccu-
uat.powerappsportals.us/">https://oha-cco- uat.powerappsportals.us/	

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If you have questions about the results report or otherwise need assistance regarding this item, please contact Beth Holliman, Intensive Community Based Services Coordinator, at Beth.Holliman@dhsoha.state.or.us or Cheryl Henning, CCO Contracts Administrator, at Cheryl.L.Henning@oha.oregon.gov.

Thank you for your continued support of the Oregon Health Plan (OHP) and the services you provide to OHP members.