

Medical Review Corrective Action Plan (CAP) Form

| Problem | Intervention | Expected Outcome | Responsible Individuals | Evaluation Methodology | Time Line |
|---------------------------------|--|---|---|---|---|
| Denial reason or specific issue | In-services, policy/ procedure changes, new/ changed forms, etc. | What do you expect to see as a result of the interventions? | Who performs specific tasks? Who provides training? Who receives training? | How will you monitor the effectiveness of your interventions? | When do you expect each intervention to be completed? |
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