

Please review the Corrective Action Plan (CAP) below which outlines issues identified and timeframes for improvement. For each CAP item, describe how the issue will be corrected in the Delegate/ Vendor Response section. Please include the following in your response:

1. Detailed explanation of the steps (i.e., training, creation/ revision of policies and procedures, system enhancements, detailed work plans, etc.) that will be taken to correct the noted issue; and
2. Dates of when corrective action steps will be taken.

Delegate/ Vendor Name: Enter Delegate Name

Market(s): Enter Market

Response Due Date: <14 days from issuance>

Delegate/ Vendor Responsible Party: Enter Delegate Contact

Auditor Name: Enter Auditor Name

Response Received Date: <for UM Consultant to populate>

Audit Date: 3/5-7/19

Audit Period/Type:

CAP Resolution Due Date: <CAP due date>

Delegated/ Contracted Function:

CAP Issue Date:

CAP Resolution Date: <for UM Consultant to populate>

Item	Compliance Requirement Not Being Met (To include file #s if applicable)	Actions To Be Taken	Delegate/Vendor Response To Include Root Cause Analysis	Steps taken to Close CAP (Delegation Consultant Comments)	Document Due Date	Document Receipt Date	Review Date	Resolved Date
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								