

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop N1-19-21  
Baltimore, Maryland 21244-1850



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## Notice of Corrective Action

Date of Notice: FULLDATE

CONTACTNAME  
JOBTITLE  
CENAME  
ADDRESS1  
ADDRESS2  
CITY, ST ZIP

Re: Compliance Review Number XXXXX

Dear TITLE LASTNAME,

On (month, day, year), the Department of Health and Human Services (HHS), Division of National Standards (DNS) within the Centers for Medicare & Medicaid Services' (CMS) sent **<Covered Entity Name>** a Notice of Draft Findings that included an opportunity to provide a response to each violation cited in the **<Covered Entity Name>** 2018 assessment.

As a follow up to that notice, DNS has opened a corrective action record so that **<Covered Entity Name>** can address the violations that warrant corrective action. Refer to the enclosed Interim Violations Summary Report for additional information, including a DNS reply for each citation.

**<Covered Entity Name>** is expected to resolve the violations that warrant corrective action by developing and executing a Corrective Action Plan (CAP). The CAP must include major milestones, planned start and completion dates, as well as the party responsible for each milestone. **<Covered Entity Name>** must provide the CAP within 30 days from the date of this notice, (month, day, year). As a courtesy, the enclosed CAP template may be used.

You may use the link below to submit your CAP via our secure ASETT portal.

**Link:** *<link>*

**Security Token:** *<Security Token>*

DNS will review the provided CAP and notify **<Covered Entity Name>** of its approval. Additionally, as part of the corrective action process, DNS will follow up at the planned completion date(s) of each milestone to verify its completion.

Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments, concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Prior to closing the corrective action record, DNS must verify that <**Covered Entity Name**> has fully executed the corrective action plan. <**Covered Entity Name**> will be asked to submit verification, such as screenshots from its change request system, test system, ticket system, or other applicable system(s) that demonstrates the CAP was executed.

If you have any questions regarding this notice, please send an email to [HIPAACompliance@cms.hhs.gov](mailto:HIPAACompliance@cms.hhs.gov). Please include the compliance review number located at the top of this notice.

Sincerely,  
Madhu Annadata, Director  
Division of National Standards  
Office of Information Technology

Enclosures - Interim Violations Summary Report, CAP Example and Template

Interim – Violations Summary Report

|                                            |           |
|--------------------------------------------|-----------|
| File Name(s):                              |           |
| Validation Tool Report File Name(s):       |           |
| Individual File Name(s):                   |           |
| Violation #1 –                             |           |
| Warrant Corrective Action: Choose an item. |           |
| Validation Error ID:                       | Category: |
| Violation Description:                     |           |
| Reference(s):                              |           |
| Covered Entity Response                    |           |
| DNS Reply to Covered Entity (DNS Only)     |           |

File Name(s):

Validation Tool Report File Name(s):

Individual File Name(s):

Violation #2 –

Warrant Corrective Action: Choose an item.

Validation Error ID:

Category:

Violation Description:

Reference(s):

Covered Entity Response

DNS Reply to Covered Entity (DNS Only)

File Name(s):

Validation Tool Report File Name(s):

Individual File Name(s):

Violation #3 –

Warrant Corrective Action: Choose an item.

Validation Error ID:

Category:

Violation Description:

Reference(s):

Covered Entity Response

DNS Reply to Covered Entity (DNS Only)

## Corrective Action Plan Example and Template

Table 1 – Complete all blank fields in this table.

|                                  |                           |                       |
|----------------------------------|---------------------------|-----------------------|
| <b>Assessed Entity Name:</b>     | <b>Submitted by Name:</b> | <b>Phone Number:</b>  |
| <b>Compliance Review Number:</b> | <b>Submission Date:</b>   | <b>Email Address:</b> |

Tables 2 and 3 – Example of a completed corrective action plan. A blank corrective action template is provided in Tables 4 & 5 below.

| <b>Violation Number</b> | <b>Transaction Type</b> | <b>Violation Error ID and Description from Enclosure</b>                                                                                   | <b>Root Cause of Violation (Optional)</b> | <b>Notes/Comments</b>                                         |
|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------|
| <i>1</i>                | <i>837P</i>             | <i>0x39393D2 ZIP Code is invalid in 2010BA, N403. It should be formatted as 5 or 9 digits for US Zip Code. This zip code was 4 digits.</i> | <i>Data Entry Error</i>                   | <i>Edit needs to be added to software program.</i>            |
| <i>2</i>                | <i>271</i>              | <i>0x3938BCE Minimum data requirements for response are not satisfied. Response did not include EB03 value of “30.”</i>                    | <i>Mapping issue</i>                      | <i>Maps need to be updated to provide EB03 value of “30.”</i> |

| <b>Violation Number(s)</b> | <b>Major Milestones</b>                           | <b>Planned Start Date</b> | <b>Planned Completion Date</b> | <b>Responsible Party or Position</b> |
|----------------------------|---------------------------------------------------|---------------------------|--------------------------------|--------------------------------------|
| <i>1, 2</i>                | <i>Code updates.</i>                              | <i>01/02/18</i>           | <i>01/10/18</i>                | <i>Developers</i>                    |
|                            | <i>Test changes.</i>                              | <i>01/11/18</i>           | <i>01/16/18</i>                | <i>Test Team</i>                     |
|                            | <i>Code revisions as a result of testing.</i>     | <i>01/17/18</i>           | <i>01/19/18</i>                | <i>Developers</i>                    |
|                            | <i>Retest.</i>                                    | <i>01/22/18</i>           | <i>01/23/18</i>                | <i>Test Team</i>                     |
|                            | <i>Promote to production environment.</i>         | <i>01/24/18</i>           | <i>01/24/18</i>                | <i>Database Team</i>                 |
|                            | <i>Monitor production environment for impact.</i> | <i>01/24/18</i>           | <i>01/31/18</i>                | <i>Business Analyst</i>              |

## Corrective Action Plan Template

Table 4 & 5 – Complete all blank fields in the tables below. Additional rows may be inserted as needed.

| Violation Number | Transaction Type | Violation Error ID and Description from Enclosure | Root Cause of Violation (Optional) | Notes/Comments |
|------------------|------------------|---------------------------------------------------|------------------------------------|----------------|
|                  |                  |                                                   |                                    |                |
|                  |                  |                                                   |                                    |                |

| Violation Number(s) | Major Milestones | Planned Start Date | Planned Completion Date | Responsible Party or Position |
|---------------------|------------------|--------------------|-------------------------|-------------------------------|
|                     |                  |                    |                         |                               |
|                     |                  |                    |                         |                               |
|                     |                  |                    |                         |                               |
|                     |                  |                    |                         |                               |
|                     |                  |                    |                         |                               |
|                     |                  |                    |                         |                               |

Table 6 – For DNS official use only.

|                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>*For DNS Official Use Only*</b></p> <p>Assessor 1 Signature: _____<br/> <i>Assessor 1</i></p> <p>Approval Date: _____<br/> <i>Month Day Year</i></p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|