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

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.

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. 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):
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):
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.

Assessed Entity Name:	Submitted by Name:	Phone Number:
Compliance Review Number:	Submission Date:	Email Address:

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

Violation Number	Transaction Type	Violation Error ID and Description from Enclosure	Root Cause of Violation (Optional)	Notes/Comments
1	837P	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.	Data Entry Error	Edit needs to be added to software program.
2	271	0x3938BCE Minimum data requirements for response are not satisfied. Response did not include EB03 value of "30."	Mapping issue	Maps need to be updated to provide EB03 value of "30."

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

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.

For DNS Official Use Only

Assessor 1 Signature: _____
Assessor 1

Approval Date: _____
Month Day Year