ATRIO HEALTH PLANS

Potential and Actual Non-compliance Reporting Form (IR)

Individuals are expected to report potential and actual incidents of non-compliance, FWA, and/or HIPAA incidents. *ATRIO has a zero-tolerance policy for intimidation and/or retaliation of persons who, in good faith, report suspected or actual Non-compliance, FWA or HIPAA violations or concerns.*

DO NOT HESITATE TO CONTACT COMPLIANCE IF YOU NEED ASSISTANCE.

See definitions at the end of this form.

Section #1 – Required within 72 hours of discovery
Description of the issue as you understand today: Click or tap here to enter text.
Submitter Information (if anonymous, skip to Section #2)
Your Name: Click or tap here to enter text. **Phone:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

Section #2 – Required within 72 hours of discovery	
Incident type (check all that may apply): ☐ Non-Compliance ☐ FWA ☐ HIPAA	
Date incident discovered: Click or tap here to enter text.	
Operational area affected: Click or tap here to enter text.	**Operational area that made the error:** Click or tap here to enter text.
How incident was discovered (monitoring, auditing, member-reported, provider-reported): Click or tap here to enter text.	
Describe oversight of this area, prior to discovery of issue: **If none, check this box:** ☐ **None** Click or tap here to enter text.	
Type of Issue: ☐ Technical ☐ Process ☐ Resources ☐ Third Party ☐ Training ☐ Human Error (please provide explanation): Click or tap here to enter text. Is an FDR involved? ☐ No ☐ Yes - Name of FDR: Click or tap here to enter text.	

Root cause (How did this occur despite preventive measures in place): Click or tap here to enter text.

Section #3 – Required as soon as the information is available, but no later than 14 calendar days from the date the incident is discovered	
Stakeholder(s) affected: ☐ Member(s) ☐ Provider(s) ☐ Other Click or tap here to enter text.	
(If applicable) Member Name(s): 1. Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text.	Member ID #(s): 1. Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text.
Total Number Affected: Click or tap here to enter text. **Members:** Click or tap here to enter text. **Providers:** Click or tap here to enter text. **Claims:** Click or tap here to enter text.	

Corrective Action(s) (Department Head Only):

In detailed actions, below explain the actions taken to correct this noncompliance incident and actions that have been taken, or will be taken, to prevent reoccurrences: ***(example: system remediation, training, policy/procedure updates, member remediation/outreach or notification, etc.).***

Notify Compliance when each Corrective Action below is complete.

Describe Action	Responsible Individual & Entity	Due Date	Actual Date Completed	Status/Barriers
Example: Refresher training conducted reiterating the importance of date stamping forms	Marky Medicareson – ATRIO Supervisor	1/1/1900	TBD	Enrollment and Pharmacy are working to determine root cause and corrective actions
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

ATRIO Employees – File path where your department saves evidence of completed corrective actions:

Click or tap here to enter text.

**If you are not an ATRIO employee, please ensure evidence of completed corrective actions are available upon ATRIO's request*

Definitions
Non-compliance: Failure to adhere to any laws, regulations, CMS requirements, contractual requirements, company policies and procedures, and/or ATRIO's Code of Conduct. Noncompliance also means actions that may result in adverse impact to ATRIO members. Non-compliance includes but is not limited to: • Members receiving untimely services or inaccurate plan information • Inappropriate denial of benefits, services, medications • Members being inappropriately held responsible for cost-sharing • Failure to provide member access to due process (appeal) • Failure to adhere to regulatory timeframes Issues that fall outside of the above parameters should still be reported as a so that we have it documented and addressed by the applicable operational owner(s) in a Process Improvement Plan (PIP).
FDR: any party that contracts with ATRIO to provide health care or administrative services to members (Allymar, P3, MedImpact, GA Foods, etc)
Root Cause: ***A root cause is the core issue, at the lowest level, that sets in motion the entire cause and effect reaction that ultimately leads to the problem. See the Root Cause Analysis tool-the Five Whys at Compliance at: S:\COMPLIANCE\FORMS-Compliance forms***