

**First Tier, Downstream, Related Entity (FDR)
Non-Compliance Self-Reporting**

FDR REPORTING INFORMATION	
FDR Name	
Individual Reporting the Issue/Incident	Name:
	Title:
	Phone:
	Email:
Date Submitted to CareFirst Compliance Officer	

ISSUE/INCIDENT INFORMATION	
Issue/Incident Title	
Describe in detail the issue/incident	
Date Issue/Incident Discovered by FDR	
Date Range of the Issue/Incident	
Root Cause Analysis <i>(Describe in detail what caused the issue/incident to occur)</i>	
FDR Description of Impact <i>(How does this issue/incident impact the health plan? How many members are/were impacted and how were they impacted?)</i>	

REMEDIATION CONTACT INFORMATION	
Key FDR Management Personnel Overseeing Remediation	Name:
	Title:
	Phone:
	Email:
CareFirst Compliance Officer Monitoring Remediation Plan	Name: Mary-Paul Snapp-Borleis
	Title: Medicare & Medicaid Compliance Officer
	Phone: 410-605-2579
	Email: mary-paul.snapp-borleis@carefirst.com

LIST OF REMEDIATION ACTIONS TO BE TAKEN					
<i>(Please provide in detail and indicate if the action is directly related to a system/data remediation or a beneficiary/provider remediation. Please include the date you will begin to initiate the action and then add the date the action is completed once it is completed. You will provide an updated copy of this Issue/Incident Report on a weekly basis until all remediation is complete)</i>					
#	Action/Task IN DETAIL	Data/ System Remediation	Beneficiary/ Provider Remediation	Date to be Initiated	Date Completed
1.		<input type="checkbox"/>	<input type="checkbox"/>		
2.		<input type="checkbox"/>	<input type="checkbox"/>		
3.		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.		<input type="checkbox"/>	<input type="checkbox"/>		
5.		<input type="checkbox"/>	<input type="checkbox"/>		
6.		<input type="checkbox"/>	<input type="checkbox"/>		
7.		<input type="checkbox"/>	<input type="checkbox"/>		
8.		<input type="checkbox"/>	<input type="checkbox"/>		
9.		<input type="checkbox"/>	<input type="checkbox"/>		
10.		<input type="checkbox"/>	<input type="checkbox"/>		

LIST ALL REMEDIATION ACTIONS ALREADY COMPLETED AT THE TIME ISSUE/INCIDENT IS REPORTED TO CAREFIRST COMPLIANCE OFFICER					
#	Action/Task	Data/ System Remediation	Beneficiary/ Provider Remediation	Date Initiated	Date Completed
1.		<input type="checkbox"/>	<input type="checkbox"/>		
2.		<input type="checkbox"/>	<input type="checkbox"/>		
3.		<input type="checkbox"/>	<input type="checkbox"/>		
4.		<input type="checkbox"/>	<input type="checkbox"/>		
5.		<input type="checkbox"/>	<input type="checkbox"/>		

Does this Issue have a Related Policy and Procedure? Was the Policy and Procedure Followed - Explain?	
List Related Guidance and/or Regulations	
Anticipated Final Completion Date of All Remediation	

SUBMISSION TRACKING

Date FDR notified CareFirst Compliance Officer of Issue/Incident	
Week 1 Interim Report to CareFirst	
Week 2 Interim Report to CareFirst	
Week 3 Interim Report to CareFirst	
Week 4 Interim Report to CareFirst	
Week 5 Interim Report to CareFirst	
Week 6 Interim Report to CareFirst	
Date Final Report with completed Remediation Plan sent to CareFirst Compliance Officer	