

[Date]

[Provider name]
[Provider address 1]
[Provider address 2]
[City, State ZIP code]

Subject: Provider Network Monitoring Review results: *Corrective Action Plan* notification

Dear [Addressee]:

Thank you for your cooperation with Healthy Blue's recent Provider Network Monitoring Review on [Date]. **We reviewed records, policies, and procedures for your practice and, as a result of our findings, require that you complete the attached *Corrective Action Plan*, which outlines the deficiencies noted in the table below.**

An acceptable Provider Network Monitoring Review rating requires a cumulative average score of 100%. Your scores are as follows:

Agency type	% scored
Overall compliance score	

A second review will be conducted with your organization within three months up until six months of initial review. A provider network monitoring reviewer will contact your practice to schedule the follow-up review, which may require an on-site visit. Should your second review indicate a failing score below 100%, the results will be referred to the appropriate internal department for review and recommendations.

We hope you find the results of the review valuable. If you have questions or would like to discuss your score, please call [name of reviewer] at **[phone number]**.

Sincerely,

[Staff name]
[Provider Network Monitoring Reviewer]
Healthy Blue

Enclosure: *Corrective Action Plan***<https://provider.healthyblue.la.com>**

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross Blue Shield Association.

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