

<b>Audit Review Period:</b>	
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<b>Issue of non-compliance:</b>	Access to emergency services
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<b>Scope:</b>	<ul style="list-style-type: none"><li>• The scope of this Impact Analysis is limited to 50% of the participants enrolled during the audit review period who were not included in the provision of services sample selection.</li><li>• The auditor will select the participants to be reviewed and enter their identifying information on the Participant Impact tab.</li></ul>
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<b>Instructions:</b>	<ul style="list-style-type: none"><li>• Review only the participant medical records selected by the auditor. The selected participants are identified in the Participant Impact tab.</li><li>• Read each question carefully before responding.</li><li>• Respond to the questions in the participant impact tab.</li><li>• The review timeframe is the audit review period stated above. Errors noted prior to the audit review period should not be included.</li><li>• After completing the Impact Analysis, if any changes need to be made to the Root Cause Analysis, please update the changes in the RCA tab.</li></ul>
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<b>Impact Analysis Due Date:</b>	
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<b>Date Identified (MM/DD/YY) (Completed By The CMS Audit Lead)</b>	<b>Brief Description Of Issue (Completed By The CMS Audit Lead)</b>	<b>Condition Language (Completed By The CMS Audit Lead)</b>	<b>Detailed Description of the Issue (Explain what happened) (Remaining fields to be Completed by PACE Organization)</b>
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Root Cause Analysis for the Issue (Explain why it happened)	Methodology - Describe the process that was undertaken to determine the # of individuals (e.g. participants) impacted	# of Individuals Impacted	Action Taken to Resolve System/ Operational Issues	Date System/ Operational Remediation Initiated (MM/DD/YY)	Date System/ Operational Remediation Completed (MM/DD/YY)

Actions Taken to Resolve Negatively Impacted Individuals Including Outreach Description and Status	Date Individual Outreach and Remediation Initiated (MM/DD/YY)	Date Individual Outreach and Remediation Completed (MM/DD/YY)

General Information: This information is to be completed for all Impact Analyses					
Participant First Name	Participant Last Name	Participant ID	Date of Enrollment MM/DD/YYYY	Date of Disenrollment MM/DD/YYYY	Reason for Disenrollment

Emergency Notification Information: This is to be completed for all selected participants.								
<p>During the audit review period, did the participant utilize emergency services or request to utilize emergency services (this includes requests from caregivers)?</p> <p>(Yes/No)</p> <p>If the answer to this question is no the PO may enter NA in all remaining columns.</p>	<p>Did the participant contact the PO before going to the ER?</p> <p>(Yes/No)</p>	<p>If the participant contacted the PO before going to the ER please enter the date and time of the initial contact.</p> <p>MM/DD/YYYY, HH:MM AM/PM</p> <p>Enter NA if the participant did not contact the PO before utilizing emergency services.</p>	<p>Please briefly describe the concerns and/or symptoms reported by the participant and/or caregiver.</p> <p>Enter NA if the participant did not contact the PO before utilizing emergency services.</p>	<p>Did staff or contractors from the PO assess the participant in response to the participant/caregiver's initial contact?</p> <p>(Yes/No)</p> <p>Enter NA if the participant did not contact the PO before utilizing emergency services.</p>	<p>Who conducted the assessment of the participant (PO, on-call nurse, etc.)</p> <p>Enter NA if the participant did not contact the PO before utilizing emergency services.</p>	<p>Date of assessment.</p> <p>MM/DD/YYYY</p> <p>Enter NA if the participant did not contact the PO before utilizing emergency services.</p>	<p>Time of assessment.</p> <p>HH:MM AM/PM</p> <p>Enter NA if the participant did not contact the PO before utilizing emergency services.</p>	<p>Was the assessment completed prior to the participant utilizing the ER?</p> <p>(Yes/No)</p> <p>Enter NA if the participant did not utilize the ER or if the participant/caregiver did not contact the PO before utilizing emergency services.</p>

Did staff or contractors from the PO:

- Instruct the participant and/or caregiver that prior authorization was needed before going to the ER or calling 911; or
- Instruct the participant and/or caregiver that approval was needed before going to the ER or calling 911; or
- Instruct the participant and/or caregiver not to go to the ER or call 911?

(Yes/No)

Enter NA if the participant did not contact the PO before utilizing emergency services.

ER Utilization: These questions only apply to participants who utilized ER services. Enter NA if the participant did not utilize emergency services.				
<p>Date/ Time the participant went to the ER. MM/DD/YYYY, HH:MM</p> <p>Enter NA if the participant did not utilize emergency services.</p>	<p>Did emergency room records indicate that the participant was experiencing an emergent situation? (Yes/No)</p> <p>Enter NA if the participant did not utilize emergency services.</p> <p>This question applies to all ER visits regardless of whether the participant/caregiver contacted the PO.</p>	<p>If emergency room records indicated that the participant experienced an emergent situation, please describe the situation.</p> <p>Enter NA if the participant did not utilize emergency services.</p> <p>This question applies to all ER visits regardless of whether the participant/caregiver contacted the PO.</p>	<p>If the participant was evaluated/treated in an ER, what was the final ER diagnosis.</p> <p>This question applies to all ER visits regardless of whether the participant/caregiver contacted the PO.</p> <p>Enter NA if the participant did not utilize emergency services.</p>	<p>Was the participant admitted to the hospital or held for observation? (Yes/No)</p> <p>Enter NA if the participant did not utilize emergency services.</p> <p>This question applies to all ER visits regardless of whether the participant/caregiver contacted the PO.</p>



Billing information: If requested, these questions must be completed for all selected participants.		Additional information: This is to be completed for all participants during the Impact Analysis review period.		
<p>Was the participant held responsible for any of the cost of the ER visit? (Yes/No)</p> <p>This question applies to all ER visits regardless of whether the participant/caregiver contacted the PO.</p>	<p>If yes, how much?</p> <p>This question applies to all ER visits regardless of whether the participant/caregiver contacted the PO.</p> <p>Enter NA if the PO covered 100% of the cost of the ER visit.</p>	<p>Did the participant experience any negative outcomes after being instructed:</p> <ul style="list-style-type: none"> <li>• That prior authorization was needed before going to the ER or calling 911; or</li> <li>• That approval was needed before going to the ER or calling 911; or</li> <li>• Not to go to the ER or call 911?</li> </ul> <p>(Yes/No)</p> <p>Enter NA if none of the above are applicable.</p>	<p>If yes, describe the negative outcomes.</p> <p>Enter NA if the participant did not experience any negative outcomes.</p>	<p>Optional: Please note, you do not have to complete this column.</p> <p>If there are any mitigating factors that you would like CMS to consider related to a specific participant, please enter the information in this column.</p>