

Audit Review Period:	
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Issue of non-compliance:	Provision of services
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Scope:	<ul style="list-style-type: none">• 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.• The auditor will select the participants to be reviewed and enter their identifying information on the Participant Impact tab.
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Instructions:	<ul style="list-style-type: none">• Review only the participant medical records selected by the auditor. The selected participants are identified in the Participant Impact tab.• Review the selected medical records (e.g., medical record documentation) to determine if any necessary services or items were not provided. POs should consider any documentation and/or evidence that shows provision of services including the medical record, invoices, outside specialist notes, etc.• Respond to the questions in the participant impact tab. If a participant was not impacted by the condition (i.e., they received all services in a timely manner), the PO should enter No in column F and then NA in all additional blue fields.• Following the completion of the Participant Impact tab, POs should review and revised the Root Cause Analysis tab to reflect the final impact and make any additional changes necessary.
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Impact Analysis Due Date:	
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Date Identified (MM/DD/YY) (Completed By The CMS Audit Lead)	Brief Description Of Issue (Completed By The CMS Audit Lead)	Condition Language (Completed By The CMS Audit Lead)

Detailed Description of the Issue	Root Cause Analysis for the Issue	Methodology - Describe the process that	# of Individuals	Action Taken to Resolve System/
(Explain what happened) (Remaining fields to be Completed by PACE Organization)	(Explain why it happened)	was undertaken to determine the # of individuals (e.g. participants) impacted	Impacted	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)

Participant First Name	Participant Last Name	Participant ID	Date of Enrollment	Date of Disenrollment
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY

During the audit review period, were any services or items:	Was the delayed service/item:	Describe the service/item that was delayed or not provided.
<ul style="list-style-type: none"> • determined necessary by the IDT or an IDT member; • Approved by IDT; or • ordered by a PCP or physician extender; <p><u>NOT</u> provided or delayed?</p> <p>Enter <u>Yes</u> if the participant did <u>not</u> receive services, or if services were delayed.</p> <p>Enter <u>No</u> if the participant received all services (in a timely manner).</p> <p>If No, the organization may enter NA in all remaining fields.</p>	<ul style="list-style-type: none"> • determined necessary by the IDT or an IDT member; • Approved by IDT; or • ordered by a PCP or physician extender? <p>If another scenario applies, please enter a brief description.</p>	<p>(Each service or item that was delayed or not provided must be entered on a new line.)</p>

Was the service/item included in the participant's care plan?	Was the service/item <u>delayed</u> or was the service/item <u>not provided</u> ?	When should the service have started or when should the item have been provided to the participant?	If the service/item was delayed, when was it provided to the participant?
(Yes/No)	(Enter Delayed or Not provided)	MM/DD/YYYY	MM/DD/YYYY
			Enter Not Provided if the service/item was never provided.
			Enter NA if the service/item was not delayed.

In what setting was or should the service/item have been provided? (PACE Center, SNF, ALF, Home)	Describe why the service/item was delayed or not provided.	Did the participant experience negative outcomes, in some part, as a result of the failure to provide the service or item in a timely manner? (Enter Y or N)
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<p>If yes, describe the negative outcomes.</p> <p>Enter NA if the participant did not experience 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>
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