

<b>Audit Review Period:</b>	
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<b>Issue of non-compliance:</b>	Provision of 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>• 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.</li><li>• 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.</li><li>• 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.</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>

Detailed Description of the Issue	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
(Explain what happened) (Remaining fields to be Completed by PACE Organization)				

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			

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"> <li>• determined necessary by the IDT or an IDT member;</li> <li>• Approved by IDT; or</li> <li>• ordered by a PCP or physician extender;</li> </ul> <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"> <li>• determined necessary by the IDT or an IDT member;</li> <li>• Approved by IDT; or</li> <li>• ordered by a PCP or physician extender?</li> </ul> <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.

<b>In what setting was or should the service/item have been provided? (PACE Center, SNF, ALF, Home)</b>	<b>Describe why the service/item was delayed or not provided.</b>	<b>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?</b>  <b>(Enter Y or N)</b>
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<p><b>If yes, describe the negative outcomes.</b></p> <p><b>Enter NA if the participant did not experience negative outcomes.</b></p>	<p><b>Optional: Please note, you do not have to complete this column.</b></p> <p><b>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.</b></p>
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