

Instructions: Part D Coverage Determinations, Appeals, and Grievances (CDAG)

Classification of Requests Root Cause Analysis and Impact Analysis

1. Root Cause Analysis (RCA) - complete as requested by CMS

- 'Description of Issue' tab
 - Complete Columns G, H, I & J only. Provide a detailed description of the issue in Column G, the root cause of that issue in Column H, the methodology used to determine the root cause in Column I, and the scope of the noncompliance in Column J.
 - Do not complete the 'Enrollee Impact' tab at this time.
- Remove "TEMPLATE" from the document title and upload the completed file in HPMS as a 'Root Cause' File Type.

2. Impact Analysis (IA) - complete as requested by CMS

IA timeframe: XX/XX/XXXX - XX/XX/XXXX

- Using the completed RCA document from Step 1, populate the remaining fields and tabs as follows:
- 'Description of Issue' tab:
 - Complete the remaining fields (columns K through R) based on the impact analysis request in Column F.
 - After completing the Impact Analysis, review the root cause analysis and update Columns G, H, I & J as necessary (root cause analysis).
- 'Enrollee Impact' tab:
 - Include all grievances associated with the noncompliance during the IA timeframe above.
 - Enter grievances with multiple issues as a single line item, unless separate notifications were issued.
 - Highlight the sample rows identified during the audit.
- **All fields must be populated.** Revision may be requested if the information provided is incomplete or insufficient.
- Remove "TEMPLATE" from the document title and upload the completed file to HPMS as an 'Impact Analysis' file type.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1395 (Expires MM/DD/CCYY). This is a mandatory information collection. The time required to complete this information collection is estimated to average 390 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact part_c_part_d_audit@cms.hhs.gov.

COMPLETED BY CMS TEAM LEAD					
Root Cause Analysis Request				Impact Analysis Request	
Date Identified (CCYYMMDD)	Brief Description Of Issue	Candidate Language	Related to Pre-Audit Issue Summary (Y/N)	PASS Number (if applicable)	Impact Analysis Request (CMS Team Lead to insert requested information)

[illegible]