Instructions

Special Needs Plans Care Coordination (SNPCC)
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).
  - After completing the Impact Analysis, review the root cause analysis and update Columns G, H, I & J as needed (root cause analysis).

- 'Enrollee Impact - 1IA' tab:
  - Include all cases associated with the noncompliance during the IA timeframe above.
  - Highlight the sample rows identified during the audit.
  - Complete only the fields shaded in green.
- **All fields must be populated as instructed.** Revision may be requested if the information provided is incomplete or insufficient.
- Upload the completed file to HPMS as an 'Impact Analysis' file type.

COMPLETED BY CMS TEAM LEAD					
Root Cause Analysis Request					**Impact Analysis Request**
Date Identified (CCYY/MM/DD)	**Brief Description Of Issue**	**Condition Language**	**Related to Pre-Audit Issue Summary (PAIS)? (Y/N)**	**PAIS Number (If applicable)**	**Impact Analysis Request (***CMS Team Lead to insert requested information here)**

COMPLETED BY SPONSORING ORGANIZATION											
Root Cause Analysis Request				Impact Analysis Request							
Detailed Description of the Issue (Explain what happened) (Remaining fields to be completed by Sponsor)	Root Cause Analysis for the Overall Issue (Explain what happened beyond the case level and/or how the failed sample cases identified on audit are related, and what internal controls/processes are related to the noncompliance)	Methodology Used to Determine Root Cause (Provide approach used to establish why the issue occurred; explain how the root cause was determined)	Scope of noncompliance (Provide any additional information necessary for CMS to understand how the noncompliance fits into your overall relevant Care Coordination operations, for instance number of ICPs not completed accurately relative to overall number processed. Depending on the root cause, relevant information could also be provided at the case-type or staff levels)	# of Enrollees Impacted	Methodology Used to Determine the # of Enrollees Impacted	Action Taken to Resolve System/Operational Issues	Date System/Operational Remediation Initiated (CCYY/MM/DD)	Date System/Operational Remediation Completed (CCYY/MM/DD)	Actions Taken to Resolve Negatively Impacted Enrollees Including Outreach Description and Status	Date Enrollee Outreach and Remediation Initiated (CCYY/MM/DD)	Date Enrollee Outreach and Remediation Completed (CCYY/MM/DD)

Enrollee First Name	Enrollee Last Name	Enrollee ID	Contract ID	Plan Benefit Package (PBP)	Plan Type **Description** *Enter type of SNP:* *• D-SNP* *• C-SNP* *• I-SNP*	Was an HRA conducted? **Description** *Enter:* *• Y for Yes only if the HRA was returned completed to the Sponsoring organization by either the enrollee or enrollee's representative.* *• N for No*	For D-SNP AIP enrollees, was a single integrated HRA Tool used to conduct the HRA? **Description** *Enter:* *• Y for Yes* *• N for No*	If an HRA was conducted, were needs identified? **Description** *Enter:* *• Y for Yes* *• N for No* *• NA if an HRA was not conducted*	Was an ICP created? **Description** *Enter:* *• Y for Yes* *• N for No*	If an ICP was created, were the identified needs addressed? **Description** *Enter:* *• Y for Yes* *• N for No*	If an ICP was created, was enrollee or enrollee representative involved in its development? **Description** *Enter:* *• Y for Yes* *• N for No*	If enrollee was not involved in ICP creation, did Sponsor document attempts to contact enrollee? **Description** *Enter:* *• Y for Yes* *• N for No*	Initial ICP Date **Description:** *Enter the date the initial ICP was completed.* *Submit in CCYY/MM/DD format (e.g., 2025/01/01).* *Enter None if an initial ICP was not completed.*	Date of Most Recent ICP revision **Description:** *Enter the date the ICP was most recently revised.* *Submit in CCYY/MM/DD format (e.g., 2025/01/01).* *Enter NA if the enrollee's ICP has not been completed or revised since the initial ICP was completed per Column ID M.*	Basis of most recent ICP **Description:** *Enter basis for most recent ICP revision in Column ID N:* *• Initial* *• Annual, or* *• Change in Status* *Enter NA if the enrollee's ICP has not been completed or revised since the initial ICP was completed per Column ID M.*

Date of previous ICP revision ***Description:****Enter the date the enrollee's ICP was previously revised compared to Column ID N.* *Submit in CCYY/MM/DD format (e.g., 2025/01/01).* *In the case of an ICP that was revised on January 1, but then revised again on March 1 of the same year, March is the date of the most recent ICP revision, and January is the date of the previous ICP revision.* *Enter NA if the enrollee's ICP has not been completed or revised since the ICP was revised per Column ID N.*	**Basis of previous ICP revision** ***Description:*** *Enter basis for previous ICP revision:* *• Initial* *• Annual, or* *• Change in Status* *Enter NA if the enrollee's ICP has not been completed or revised since the ICP was completed per Column ID N.*	**Did enrollee experience a change in health status during the IA request period?** ***Description*** *Enter:* *• Y for Yes* *• N for No*	**If enrollee experienced a change in health status or experienced a transition of care (TOC) event, during the IA request period, was the ICP updated?** ***Description*** *Enter:* *• Y for Yes* *• N for No* *• NA if the enrollee did not experience a change in health status during the impact analysis request period.*	**If enrollee experienced a hospitalization, was transitional care offered to the enrollee post-discharge?** ***Description*** *Enter:* *• Y for Yes* *• N for No* *• NA if the enrollee did not experience a hospitalization.*	**Was the ICT involved in creating the initial ICP?** ***Description*** *Enter:* *• Y for Yes* *• N for No* *• NA if an ICT was not created.*	**Did an ICT review the ICP at least annually?** ***Description*** *Enter:* *• Y for Yes* *• N for No*	**Is there evidence that a provider was invited to participate on the enrollee's ICT?** ***Description*** *Enter:* *• Y for Yes* *• N for No*	**Did all members of enrollee's ICT receive annual MOC training?** **Note: ICT is specific to each enrollee's individualized needs.** ***Description*** *Enter:* *• Y for Yes; use Y if the ICT Providers received the MOC training materials* *• N for No* *If contracted providers received the training materials within 1 year of engagement letter, it is acceptable to answer Yes.* *Enrollees and family members are not required to receive MOC training.*	**For coordination only D-SNP enrollees, was the State and/or applicable entity notified of the admission to a facility?** ***Description*** *Enter:* *• Y for Yes; use Y if State was notified of facility admission* *• N for No*	**<Other requested data>**	**<Other requested data>**	**<Other requested data>**