**Instructions**
**Part C Organization Determinations, Appeals, and Grievances (ODAG)**
**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.

| COMPLETED BY CMS TEAM LEAD | | | | | |
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| 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 |
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| COMPLETED BY SPONSORING ORGANIZATION | | | |
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| **Root Cause Analysis Request** | | | |
| Detailed Description of the Issue (Explain what happened) | Root Cause Analysis for the Overall Issue (Explain what happened beyond the case level and/or how the failed sample cases identified an 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 Part C operations, for instance number of grievances impacted relative to overall member processed. Depending on the root cause, relevant information could also be provided at the case-type or staff levels). Please describe how this noncompliance impacted your organization including its impact to any entities, systems and/or processes, as well as any potential enrollee impact. |
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| **Impact Analysis Request** | | | | | | | |
| # 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) |
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| Enrollee ID | Contract ID | Plan Benefit Package (PBP) | First Tier, Downstream and Related Entity | Date the grievance was received (CCYY/MM/DD) | Time the grievance was received (HHMMSS- Military time) | How was the grievance received? (Oral or Written) | Category of the issue (Enter as assigned by the Sponsoring organization) | Grievance Description | Was the grievance processed as Standard or Expedited? (S or E) | Was a timeframe extension taken? (Y/N) | If an extension was taken, did the Sponsoring organization notify the enrollee of the reason(s) for the delay and of their right to file an expedited grievance? (Y/N/NA) | Date oral notification provided to enrollee (if no oral notification, please indicate NA) (CCYY/MM/DD) | Time oral notification provided to enrollee (if no oral notification, please indicate NA) (HHMMSS- Military time) | Date written notification provided to enrollee (CCYY/MM/DD) | Time written notification provided to enrollee (HHMMSS- Military time) | If appeal or organization determination request was included with the grievance, date of enrollee outreach (CCYY/MM/DD) | If Sponsoring organization offered enrollee the opportunity to file an appeal, did the enrollee accept? (Y/N/NA if Sponsor did not offer an appeal) | Date of appeal (NA if Sponsor did not offer the opportunity to file an appeal or enrollee declined opportunity) (CCYY/MM/DD) | Description of the appeal disposition (request approved/denied on reconsideration) | Date of appeal disposition (CCYY/MM/DD) | +Other requested data+ |
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