Instructions

Organization Determinations, Appeals, and Grievances (ODAG)
ODAG Timeliness Mitigation Analysis (ODAG-TMA)

ODAG Timeliness Mitigation Analysis (ODAG-TMA) - complete as requested by CMS

• Analysis review period is defined by CMS based on the dates of the quarterly service level data submission.
CMS will populate the Timeliness Mitigation tab with cases that have flagged as potentially untimely based on an analysis of the quarterly data submission.
For each of these cases, the Sponsoring organization will provide any potentially mitigating factors available on the cases.

ODAG Timeliness Mitigation tabs- complete as requested by CMS **Mitigation timeframe:** XX/XX/XXXX - XX/XX/XXXX

• Using the Timeliness Mitigation tab(s):

- ○ CMS will populate enrollee specific/ service level specific information in the first columns (in blue)
- ○ Sponsoring organization should populate any applicble mitigating factors for each case.
- ○ Enter NA in any fields where mitigation does not apply

• **All fields must be populated as instructed.** Revision may be requested if the information provided is incomplete or insufficient.
• Remove "TEMPLATE" from the document title and upload the completed file in HPMS as a 'Impact Analysis' File Type.
• CMS may select cases following upload to validate the mitigating factors submitted.

Root Cause Analysis - Following completion of the mitigation analysis, CMS may add a root cause analysis tab for Sponsor completion.

The following fields will be populated by CMS based on MAO submitted service level data.						
Service Level Data **(Populated by CMS)**	**Service Level Data** **(Populated by CMS)**	**Service Level Data (Populated by CMS)**	**Service Level Data** **(Populated by CMS)**	**Service Level Data** **(Populated by CMS)**	**Service Level Data** **(Populated by CMS)**	**Service Level Data** **(Populated by CMS)**

Populate for requests submitted by a representative			Populate for requests involving extensions	
Was an AOR required in order to process the request? **Enter:** **• Y for Yes** **• N for No**	**AOR/Equivalent Notice Receipt Date** **Enter the date the Appointment of Representative (AOR) form or equivalent written notice was received by the Sponsoring organization.** **Submit in CCYY/MM/DD format (e.g., 2025/01/01).** **Enter NA if an AOR was not required.**	**AOR/Equivalent Notice Receipt Time** **Enter the time the Appointment of Representative (AOR) form or equivalent written notice was received by the Sponsoring organization, if applicable.** **Submit in HH:MM:SS format (e.g., 23:59:59).** **Enter NA if an AOR was not required or if the request was a standard request.**	**Was a timeframe extension taken?** **Enter:** **• Y for Yes** **• N for No**	**Date of Extension** **If the timeframe for a requested item or service was extended, enter the date the extension was taken.** **Submit in CCYY/MM/DD format (e.g., 2025/01/01).** **Enter NA if the request was not extended**

Enter Verbal Notification if applicable	
Was verbal notification provided? **Enter:** **• Y for Yes** **• N for No**	**Date verbal notification provided** **Enter the date the verbal notification was provided by the Sponsoring organization, if applicable.** **Submit in CCYY/MM/DD format (e.g., 2025/01/01).** **Enter NA if verbal notification was not provided.**

For denied reconsiderations	
Enter the date the denied reconsideration was forwarded to the Independent Review Entity. **Submit in CCYY/MM/DD format (e.g., 2025/01/01).** **Enter NA if the denied reconsideration was never forwarded.**	**Other mitigation (optional)** **If there are other mitigating factors CMS should consider, please add those here.**