

Instructions Special Needs Plans Care Coordination (SNPCC) Root Cause Analysis and Impact Analysis	
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Special Needs Plans Care Coordination (SNPCC)

Root Cause Analysis and Impact Analysis	
Root Cause	Impact
1. Human Factors: - Operator Error: Misreading gauges or misinterpreting instructions. - Communication Breakdown: Lack of clear communication between team members. - Training Gaps: Insufficient training on emergency procedures.	1. Operational Disruption: - Production Halts: Immediate stoppage of manufacturing processes. - Supply Chain Interruption: Delays in material delivery. - Customer Dissatisfaction: Impact on brand reputation.
2. Equipment Failure: - Machinery Malfunction: Breakdown of critical components. - Wear and Tear: Aging equipment leading to increased failure risk. - Improper Maintenance: Neglecting scheduled maintenance tasks.	2. Financial Loss: - Increased Costs: Expenses for repairs, replacements, and downtime. - Lost Revenue: Decrease in sales due to delayed deliveries. - Insurance Claims: Potential financial burden from claims.
3. Material Defects: - Quality Control Issues: Faulty materials entering production. - Supplier Problems: Inconsistent quality from external vendors. - Contamination: Presence of foreign objects or substances.	3. Reputation Damage: - Product Recalls: Necessity to withdraw defective products. - Loss of Customer Trust: Long-term negative perception. - Competitor Advantage: Increased market share for competitors.

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

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- 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 - IIA' 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.

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 382 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						COMPLETED BY SPONSORING ORGANIZATION								
Root Cause Analysis Request					Impact Analysis Request	Root Cause Analysis Request				Impact Analysis Request				
Date Identified (CCYYMMDD)	Brief Description Of Issue	Condition Language	Related to Pre-Audit Issue Summary (PAIS)? (Y/N)	PAIS Number (if applicable)	Impact Analysis Request http://data.cms.gov/paais/issue/summary/paais/summary.html	Detailed Description of the Issue (Explains what happened) (Remaining fields to be completed by Sponsor)	Root Cause Analysis for the Overall Issue (Explains what happened beyond the case level and/or how the failed sample case identified as audit are related, and what internal controls/procedures are related to the noncompliance)	Methodology Used to Determine Root Cause (Provide approach used to establish why the issue occurred; explains 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 Case Coordination operation; the instance number of RCPs not completed successfully relative to overall number processed. Depending on the root cause, relevant information could also be provided at the case-type or staff levels)	# of Locations Impacted	Methodology Used to Determine the # of Locations Impacted	Action Taken to Resolve System/Operational Issue	Date System/Operational Remediation Initiated (CCYYMMDD)	Date System/Operational Remediation Completed (CCYYMMDD)

Actions Taken to Resolve Significant Unusual Events Including Outbreak Description and Status	Date Escalation Outbreak and Remediation Initiated (CCLV 0000100)	Date Escalation Outbreak and Remediation Completed (CCLV 0000100)

Enrollee First Name	Enrollee Last Name	Enrollee ID	Contract ID	Plan Benefit Package (PBP)	Plan Type	Was an HRA conducted?	For D-SNP AHP enrollees, was a single integrated HRA Tool used to conduct the HRA?	If an HRA was conducted, were needs identified?	Was an ICP created?	If an ICP was created, were the identified needs addressed?	If an ICP was created, was enrollee or enrollee representative involved in its development?	If enrollee was not involved in ICP creation, did Sponsor document attempts to contact enrollee?	Initial ICP Date	Date of Most Recent ICP revision	Basis of most recent ICP
					Description Enter type of SNP: • D-SNP • C-SNP • I-SNP	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		Description Enter: • Y for Yes • N for No • NA if an HRA was not conducted	Description Enter: • Y for Yes • N for No	Description Enter: • Y for Yes • N for No	Description Enter: • Y for Yes • N for No	Description Enter: • Y for Yes • N for No	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.	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.	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	Basis of previous ICP revision	Did enrollee experience a change in health status during the IA request period?	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?	If enrollee experienced a hospitalization, was transitional care offered in the enrollee post-discharge?	Was the ICT involved in creating the initial ICP?	Did an ICT review the ICP at least annually?	Is there evidence that a provider was invited to participate on the enrollee's ICT?	Did all members of enrollee's ICT receive annual MOC training? Note: ICT is specific to each enrollee's individualized needs.	For ID-SNP enrollees, if a Medication specialty services are used was healthcare team the provision of education or need arranged and/or coordinated?	For ID-SNP enrollees, was assistance provided to the enrollee when filing the Medicaid-related appeals and/or grievance?	For coordination only ID-SNP enrollees, was the State and/or applicable entity notified of the admission to a facility?	<Other requested data>	<Other requested data>
Description: Enter the date the enrollee's ICP was previously revised compared to Column ID N. Submit in CCYYMMDD format (e.g., 20250101). 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.	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.	Description: Enter: • Y for Yes • N for No	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.	Description: Enter: • Y for Yes • N for No • NA if the enrollee did not experience a hospitalization.	Description: Enter: • Y for Yes • N for No • NA if an ICT was not created.	Description: Enter: • Y for Yes • N for No	Description: Enter: • Y for Yes • N for No	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.	Description: Enter: • Y for Yes; use Y if Medication specialty services are used was healthcare team the provision of education or need arranged and/or coordinated • N for No • NA if enrollee did not have a need to file an appeal or grievance	Description: Enter: • Y for Yes; use Y if coordination services were provided • N for No • NA if enrollee did not have a need to file an appeal or grievance	Description: Enter: • Y for Yes; use Y if State was notified of facility admission • N for No		

<Other requested data>