

Instructions

Part D Formulary and Benefits Administration (FA) 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. The Team Lead will customize Column J for the noncompliance identified, as needed.
- 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)

IA timeframe:

- 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' tab:
 - Include separate entries for each instance an enrollee experienced an inappropriate rejection at the point of sale as a result of the noncompliance during the IA timeframe above.
 - Also include enrollees that had the potential to be impacted by the noncompliance during the IA timeframe above, but did not experience rejected claims. For issues involving authorization records, complete columns A-D and J. Complete columns A-D for all other issues.
 - Only include Part D drugs.
 - Use the following calculations for completing column Y - Number of Days Enrollee Went Without Medication (Target or Related)
Enrollee received the same drug after the reject: (Date of Subsequent Paid Claim for the Same Drug) - (Date of Rejected Claim)
Enrollee received a related drug after the reject: (Date of Paid Claim for a Related Drug) - (Date of Rejected Claim)
 - 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.
- 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 CASE TEAM LEAD				COMPLETED BY SUPERVISOR/STAFF																				
Basic Case Analysis Request				Basic Case Analysis Request																				
Case Number (15-00000)	Case Description (15-000)	Case Language	Requester's Name (15-000)	Case Number (15-000)	Requester's Name (15-000)	Requester's Title (15-000)	Requester's Agency (15-000)	Requester's Phone (15-000)	Requester's Email (15-000)	Requester's Address (15-000)	Requester's City (15-000)	Requester's State (15-000)	Requester's Zip (15-000)	Requester's Country (15-000)	Requester's Date of Birth (15-000)	Requester's Gender (15-000)	Requester's Race (15-000)	Requester's Ethnicity (15-000)	Requester's Religion (15-000)	Requester's Marital Status (15-000)	Requester's Education (15-000)	Requester's Employment (15-000)	Requester's Income (15-000)	

