

<b>Audit Review Period:</b>	
<b>Issue of non-compliance:</b>	Remaining alert to information from specialists/contracted providers
<b>Scope:</b>	<ul style="list-style-type: none"> <li>• The scope of this Impact Analysis is limited to 50% of the participants enrolled during the audit review period who were not included in the provision of services sample selection.</li> <li>• The auditor will select the participants to be reviewed and enter their identifying information on the Participant Impact tab.</li> </ul>
<b>Instructions:</b>	<ul style="list-style-type: none"> <li>• Review only the participant medical records selected by the auditor. The selected participants are identified in the Participant Impact tab.</li> <li>• Review the selected medical records to determine if any specialists, ER providers, or hospital providers recommended services for the participant.</li> <li>• Respond to the questions in the Participant Impact tab.</li> <li>• The review timeframe is the audit review period. Errors noted before or after the audit review period should not be included.</li> <li>• After completing the Impact Analysis, if any changes need to be made to the Root Cause Analysis, please update the RCA tab.</li> </ul>
<b>Impact Analysis Due Date:</b>	

**Brief Description Of Issue**  
(Completed By The CMS Audit Lead)

**Detailed Description of the Issue**  
(Explain what happened)

<b>Date Identified (MM/DD/YY) (Completed By The CMS Audit Lead)</b>	<b>Brief Description Of Issue (Completed By The CMS Audit Lead)</b>	<b>Condition Language (Completed By The CMS Audit Lead)</b>
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**Root Cause Analysis for the Issue**  
(Explain why it happened)

**Methodology - Describe the process that was undertaken to determine the # of individuals (e.g. participants) impacted**

**# of Individuals Impacted**

<b>Action Taken to Resolve System/ Operational Issues</b>	<b>Date System/ Operational Remediation Initiated (MM/DD/YY)</b>	<b>Date System/ Operational Remediation Completed (MM/DD/YY)</b>	<b>Actions Taken to Resolve Negatively Impacted Individuals Including Outreach Description and Status</b>	<b>Date Individual Outreach and Remediation Initiated (MM/DD/YY)</b>	<b>Date Individual Outreach and Remediation Completed (MM/DD/YY)</b>
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Participant First Name	Participant Last Name	Medicare Beneficiary Identifier	Participant ID	Date of Enrollment MM/DD/YYYY	Date of Disenrollment MM/DD/YYYY Enter NA if the participant is still enrolled.
(Example) Jane	Smith		1234	01/01/2021	NA
(Example) Jane	Smith		1234	01/01/2021	NA

<p>During the audit review period, did the participant have specialist consultations, emergency room visits, or hospitalizations?</p> <p>(Yes/No)</p> <p>If NO, the PO may enter NA in columns H through X.</p>	<p>Enter the type of specialist consultation.</p> <p>If the participant had an <u>emergency room visit</u>, enter "ER." If the participant had a <u>hospitalization</u>, enter "hospitalization"</p> <p>Enter NA if the participant did not have any specialist consultations, emergency room visits, or hospitalizations.</p>	<p>Enter the date of each specialist consultation, emergency room visit, and hospitalization. For emergency room visits and hospitalizations, enter the <u>discharge date</u>.</p> <p>MM/DD/YYYY</p> <p>Enter NA if the participant did not have any specialist consultations, emergency room visits, or hospitalizations.</p>	<p>Identify all services (including items and/or drugs) recommended or ordered by the specialist, emergency room provider, or hospital provider.</p> <p>Enter each item and service in a separate row.</p> <p>Enter NA if:</p> <p>1) The participant did not have any specialist consultations, emergency room visits, or hospitalizations; or</p> <p>2) No items or services were ordered or recommended by the specialist, emergency room provider, or hospital provider.</p>
Yes	ophthalmology	02/01/2021	glasses
Yes	ophthalmology	02/01/2021	follow-up in one month

<p>Date the specialist consultation report, ER records, or hospital records were received by the PO.</p> <p>MM/DD/YYYY</p> <p>If records were not received, enter "not received."</p> <p>Enter NA if the participant did not have any specialist consultations, emergency room visits, or hospitalizations.</p>	<p>Did the IDT remain alert to all pertinent information from the specialists/ER/Hospital, including recommendations made by these providers?</p> <p>Yes/No</p> <p>Enter NA if:</p> <p>1) The participant did not have any specialist consultations, emergency room visits, or hospitalizations; or</p> <p>2) No items or services were ordered or recommended by the specialist, emergency room provider, or hospital provider.</p>	<p>Did the <u>PACE PCP</u> order the recommended service/item?</p> <p>(Yes/No)</p> <p>Enter NA if:</p> <p>1) The participant did not have any specialist consultations, emergency room visits, or hospitalizations; or</p> <p>2) No service/item was ordered or recommended by the specialist, emergency room provider, or hospital provider.</p>	<p>Date the service/item was ordered by the PCP.</p> <p>MM/DD/YYYY</p> <p>Enter NA if:</p> <p>1) The participant did not have any specialist consultations, emergency room visits, or hospitalizations; or</p> <p>2) No service/item was ordered or recommended by the specialist, emergency room provider, or hospital provider; or</p> <p>3) The PCP <u>did not order</u> the service/item.</p>
02/04/2021		Yes	02/05/2021
02/04/2021		No	NA

<p>Date the service/item ordered by the PCP was provided to the participant.</p> <p>If service/item was ordered but not provided, enter "not provided." If more than one item or service was ordered, please identify the date each item was ordered.</p> <p>MM/DD/YYYY</p> <p>Enter NA if: 1) The participant did not have any specialist consultations, emergency room visits, or hospitalizations; or 2) No service/item was ordered or recommended by the specialist, emergency room provider, or hospital provider; or 3) The PCP did not order the service/item.</p>	<p>If service/item was ordered by the PCP but was not provided, please explain why it was not provided.</p> <p>Enter NA if: 1) The participant did not have any specialist consultations, emergency room visits, or hospitalizations; or 2) No service/item was ordered or recommended by the specialist, emergency room provider, or hospital provider; or 3) The PCP did not order the service/item.</p>	<p>If the PCP did not order the service/item, did the IDT document their rationale for not ordering the service/item in the participant's medical record?</p> <p>(Yes/No)</p> <p>Enter NA if: 1) The participant did not have any specialist consultations, emergency room visits, or hospitalizations; or 2) No items or services were ordered or recommended by the specialist, emergency room provider, or hospital provider; or 3) The PACE PCP ordered the service/item.</p>
02/28/2021	NA	NA
NA	NA	Yes

<p>What was the PCP's rationale for not ordering the service/item?</p> <p>Enter NA if:</p> <p>1) The participant did not have any specialist consultations, emergency room visits, or hospitalizations; or</p> <p>2) No items or services were ordered or recommended by the specialist, emergency room provider, or hospital provider; or</p> <p>3) The PACE PCP ordered the service/item; or</p> <p>4) The PACE PCP did not document their rationale for not ordering the service/item.</p>	<p>Date the PCP documented their rationale for not ordering the service/item.</p> <p>MM/DD/YYYY</p> <p>Enter NA if:</p> <p>1) The participant did not have any specialist consultations, emergency room visits, or hospitalizations; or</p> <p>2) No items or services were ordered or recommended by the specialist, emergency room provider, or hospital provider; or</p> <p>3) The PACE PCP ordered the service/item; or</p> <p>4) The PACE PCP did not document their rationale for not ordering the service/item.</p>	<p>If the PCP did not order the service/item, did the participant receive the service/item by some other means?</p> <p>For example, was the service/item provided at a specialist office?</p> <p>(Yes/No)</p> <p>Enter NA if:</p> <p>1) The participant did not have any specialist consultations, emergency room visits, or hospitalizations; or</p> <p>2) No items or services were ordered or recommended by the specialist, emergency room provider, or hospital provider; or</p> <p>3) The PACE PCP ordered the service/item.</p>	<p>Date the participant received the service/item (by other means)</p> <p>MM/DD/YYYY</p> <p>Enter NA if:</p> <p>1) The participant did not have any specialist consultations, emergency room visits, or hospitalizations; or</p> <p>2) No items or services were ordered or recommended by the specialist, emergency room provider, or hospital provider; or</p> <p>3) The PACE PCP ordered the service/item; or</p> <p>4) The participant did not receive the service/item by some other means.</p>
NA	NA	NA	NA
The PCP wanted to have the participant evaluated by a retinal specialist before ordered f/u with ophthalmology.	02/05/2021	NA	NA

<p>If the participant experienced negative outcomes, did they occur, in some part, as a result of the failure to provide or a delay in the provision of care and/or services?</p> <p>(Yes/No)</p> <p>Enter NA if:  1) The participant did not have any specialist consultations, emergency room visits, or hospitalizations; or  2) No items or services were ordered or recommended by the specialist, emergency room provider, or hospital provider; or  3) The PACE PCP ordered the services/items and they were provided as expeditiously as the participant's health required.</p>	<p>If yes, describe the negative outcomes.</p> <p>Enter NA if:  1) The participant did not have any specialist consultations, emergency room visits, or hospitalizations; or  2) No items or services were ordered or recommended by the specialist, emergency room provider, or hospital provider; or  3) The PACE PCP ordered the services/items and they were provided as expeditiously as the participant's health required.  4) The participant did not experience any negative outcomes.</p>
<p>No</p>	<p>NA</p>
<p>No</p>	<p>NA</p>

Optional: Please note, you do not have to complete this column.

If there are any mitigating factors that you would like CMS to consider related to a specific participant, please enter the information in this column.

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