

Audit Review Period:	
Issue of non-compliance:	Remaining alert to information from specialists/contracted providers
Scope:	<ul style="list-style-type: none"> • The scope of this Impact Analysis is no more than 50% of the participants enrolled during the audit review period who were not included in the provision of services sample selection. • The auditor will select the participants to be reviewed and enter their identifying information on the Participant Impact tab.
Instructions:	<ul style="list-style-type: none"> • Review only the participant medical records selected by the auditor. The selected participants are identified in the Participant Impact tab. • Review the selected medical records to determine if any specialists, ER providers, or hospital providers recommended services for the participant. • Respond to the questions in the Participant Impact tab. • The review timeframe is the audit review period. Errors noted before or after the audit review period should not be included. • After completing the Impact Analysis, if any changes need to be made to the Root Cause Analysis, please update the RCA tab.
Impact Analysis Due Date:	

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

Detailed Description of the Issue (Explain what happened)
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<div>Date Identified (MM/DD/YY) (Completed By The CMS Audit Lead)</div>	<div>Brief Description Of Issue (Completed By The CMS Audit Lead)</div>
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<p>Condition Language (Completed By The CMS Audit Lead)</p>	<p>Root Cause Analysis for the Issue (Explain why it happened)</p>
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Methodology - Describe the process that was undertaken to determine the # of individuals (e.g. participants) impacted	# of Individuals Impacted	Action Taken to Resolve System/ Operational Issues	Date System/ Operational Remediation Initiated (MM/DD/YY)	Date System/ Operational Remediation Completed (MM/DD/YY)
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Actions Taken to Resolve Negatively Impacted Individuals Including Outreach Description and Status	Date Individual Outreach and Remediation Initiated (MM/DD/YY)	Date Individual Outreach and Remediation Completed (MM/DD/YY)
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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.	During the audit review period, did the participant have specialist consultations, emergency room visits, or hospitalizations? (Yes/No) If NO, the PO may enter NA in columns H through X.
(Example) Jane	Smith		1234	01/01/2021	NA	Yes
(Example) Jane	Smith		1234	01/01/2021	NA	Yes

<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>	<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>
ophthalmology	02/01/2021	glasses	02/04/2021
ophthalmology	02/01/2021	follow-up in one month	02/04/2021

<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>	<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."</p> <p>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:</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 did not order the service/item.</p>
	Yes	02/05/2021	02/28/2021
	No	NA	NA

If service/item was ordered by the PCP but was not provided, please explain why it was not provided.	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?	What was the PCP's rationale for not ordering the service/item?
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.	(Yes/No) 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.	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; or 4) The PACE PCP did not document their rationale for not ordering the service/item.
NA	NA	NA
NA	Yes	The PCP wanted to have the participant evaluated by a retinal specialist before ordered f/u with ophthalmology.

<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>	<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:</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 services/items and they were provided as expeditiously as the participant's health required.</p>
NA	NA	NA	No
02/05/2021	NA	NA	No

<p>If yes, describe the negative outcomes.</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 services/items and they were provided as expeditiously as the participant's health required.</p> <p>4) The participant did not experience any negative outcomes.</p>	<p>Optional: Please note, you do not have to complete this column.</p> <p>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.</p>
NA	
NA	