

<b>Audit Review Period:</b>	
<b>Issue of non-compliance:</b>	Access to emergency services
<b>Scope:</b>	<ul style="list-style-type: none"><li>• 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.</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>• Read each question carefully before responding.</li><li>• Respond to the questions in the Participant Impact tab.</li><li>• The review timeframe is the audit review period stated above. Errors noted prior to 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>
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<p><b>Condition Language</b> <b>(Completed By The CMS Audit Lead)</b></p>	<p><b>Root Cause Analysis for the Issue</b> <b>(Explain why it happened)</b></p>
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<b>Methodology - Describe the process that was undertaken to determine the # of individuals (e.g. participants) impacted</b>	<b># of Individuals Impacted</b>	<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>
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<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	Date of Disenrollment	Reason for Disenrollment
				MM/DD/YYYY	MM/DD/YYYY Enter NA if the participant is still enrolled.	Enter NA if the participant is still enrolled.

OMB Control Number: 0938-1327 (Expires: 11/30/2025)

<p>During the audit review period, did the participant utilize emergency services or request to utilize emergency services (this includes requests from caregivers)?</p> <p>(Yes/No)</p> <p>If the response to column H is NO, enter NA in columns I-NA.</p>	<p>Did the participant contact the PO before going to the ER?</p> <p>(Yes/No)</p>	<p>If the participant contacted the PO before going to the ER please enter the date and time of the initial contact.</p> <p>MM/DD/YYYY, HHMM AM/PM</p> <p>Enter NA if the participant did not contact the PO before utilizing emergency services.</p>	<p>Please briefly describe the concerns and/or symptoms reported by the participant and/or caregiver.</p> <p>Enter NA if the participant did not contact the PO before utilizing emergency services.</p>	<p>Did staff or contractors from the PO assess the participant in response to the participant/caregiver's initial contact?</p> <p>(Yes/No)</p> <p>Enter NA if the participant did not contact the PO before utilizing emergency services.</p>	<p>Who conducted the assessment of the participant (PCP, on-call nurse, etc.).</p> <p>Enter NA if the participant did not contact the PO before utilizing emergency services.</p>	<p>Date of assessment.</p> <p>MM/DD/YYYY</p> <p>Enter NA if the participant did not contact the PO before utilizing emergency services.</p>	<p>Time of assessment.</p> <p>HHMM AM/PM</p> <p>Enter NA if the participant did not contact the PO before utilizing emergency services.</p>	<p>Was the assessment completed prior to the participant utilizing the ER?</p> <p>(Yes/No)</p> <p>Enter NA if the participant did not utilize the ER or if the participant/caregiver did not contact the PO before utilizing emergency services.</p>
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Did staff or contractors from the PO:

- Instruct the participant and/or caregiver that prior authorization was needed before going to the ER or calling 911? or
- Instruct the participant and/or caregiver that approval was needed before going to the ER or calling 911? or
- Instruct the participant and/or caregiver not to go to the ER or call 911?

(Yes/No)

Enter NA if the participant did not contact the PO before utilizing emergency services.

<p>Date/Time the participant went to the ER. MM/DD/YYYY, HH:MM</p> <p>Enter NA if the participant did not utilize emergency services.</p>	<p>Did emergency room records indicate that the participant was experiencing an emergent situation? (Yes/No)</p> <p>Enter NA if the participant did not utilize emergency services.</p> <p>This question applies to all ER visits regardless of whether the participant/caregiver contacted the PO.</p>	<p>If emergency room records indicated that the participant experienced an emergent situation, please describe the situation.</p> <p>Enter NA if the participant did not utilize emergency services.</p> <p>This question applies to all ER visits regardless of whether the participant/caregiver contacted the PO.</p>	<p>If the participant was evaluated/treated in an ER, what was the final ER diagnosis.</p> <p>This question applies to all ER visits regardless of whether the participant/caregiver contacted the PO.</p> <p>Enter NA if the participant did not utilize emergency services.</p>	<p>Was the participant admitted to the hospital or held for observation? (Yes/No)</p> <p>Enter NA if the participant did not utilize emergency services.</p> <p>This question applies to all ER visits regardless of whether the participant/caregiver contacted the PO.</p>
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<p>Was the participant held responsible for any of the cost of the ER visit? (Yes/No) Enter NA if the participant did not utilize emergency services. This question applies to all ER visits regardless of whether the participant/caregiver contacted the PO.</p>	<p>If yes, how much? This question applies to all ER visits regardless of whether the participant/caregiver contacted the PO. Enter NA if the PO covered 100% of the cost of the ER visit or if the participant did not utilize emergency services.</p>	<p>Did the participant experience any negative outcomes after being instructed: • That prior authorization was needed before going to the ER or calling 911; or • That approval was needed before going to the ER or calling 911; or • Not to go to the ER or call 911? (Yes/No) Enter NA if none of the above are applicable.</p>	<p>If yes, describe the negative outcomes. Enter NA if the participant did not experience any negative outcomes.</p>	<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.</p>
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