

Audit Review Period:	
-----------------------------	--

Issue(s) of non-compliance:	Auditors: Select All that Apply	Issue:
		Recognizing complaints as grievances
		Initial and Annual Written Grievance Information

Scope:	<p>Recognizing complaints as grievances:</p> <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 grievance sample selection.• The auditor will select the participants to be reviewed and enter their identifying information on the Participant Impact tab. <p>Initial and Annual Written Grievance Information:</p> <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 grievance sample selection.• The auditor will select the participants to be reviewed and enter their identifying information on the Participant Impact tab.
---------------	---

Instructions:	<p>General:</p> <ul style="list-style-type: none">• The review timeframe is the audit review period. Errors noted prior to 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. <p>Recognizing complaints as grievances:</p> <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 the participant, participant's family members, or participant representative submitted a complaint verbally or in writing.• Respond to the questions in the Participant Impact tab. <p>Initial and Annual Written Grievance Information:</p> <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 the participant was provided written information of the grievance process at the time of enrollment and on at least an annual basis.• Respond to the questions in the Participant Impact tab.
----------------------	---

Impact Analysis Due Date:	
----------------------------------	--

Tracking ID Number	Brief Description Of Issue (Completed By The CMS Audit Lead)	Type of Issue Identified (Completed By The CMS Audit Lead) (Applies to condition <u>1P.02 Only</u> . For all other conditions enter N/A)	Detailed Description of the Issue (Explain what happened)
-----------------------	---	---	--

)

Date Identified (MM/DD/YY) (Completed By The CMS Audit Lead)	Brief Description Of Issue (Completed By The CMS Audit Lead)	Condition Language (Completed By The CMS Audit Lead)
---	---	---

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	Action Taken to Resolve System/ Operational Issues
--	--	----------------------------------	---

)

Date System/ Operational Remediation Initiated (MM/DD/YY)	Date System/ Operational Remediation Completed (MM/DD/YY)	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)
--	--	---	--	--

Section 1. General Information. This information is to be completed for all Impact Analyses.					
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.

Section 2. This information is to be completed if the Impact Analysis is being requested for: <u>Recognizing complaints as grievances</u>									
<p>Did the participant, their family members, their designated representatives, or their caregivers express a complaint, either written or oral, expressing dissatisfaction with service delivery or the quality of care furnished during the audit review period?</p> <p>(Yes/No)</p> <p>If the auditor did not select Recognizing complaints as grievances on the instructions tab the PO may enter NA in all columns in Section 2.</p> <p>If the answer to this question is No enter NA in all remaining columns in section 2.</p>	<p>Enter the date of the complaint.</p> <p>MM/DD/YYYY</p>	<p>Describe the complaint.</p>	<p>Is there documentation that the complaint was processed as a grievance?</p> <p>(Yes/No)</p>	<p>Date the grievance was resolved.</p> <p>MM/DD/YYYY</p> <p>If the grievance was <u>not resolved</u>, enter <u>Not Resolved</u>.</p> <p>If the grievance was <u>not processed</u> as a grievance, enter <u>NA</u>.</p>	<p>Date the participant, their family members, their designated representatives, or their caregivers were notified of the resolution of the grievance.</p> <p>MM/DD/YYYY</p> <p>If the participant/family member was <u>not notified</u>, enter <u>Not Notified</u>.</p> <p>If the grievance was <u>not processed</u> as a grievance, enter <u>NA</u>.</p>	<p>If the complaint was <u>not processed</u> as a grievance, was the complaint resolved outside of the grievance process?</p> <p>(Yes/No)</p> <p>Enter NA, if the complaint was processed as a grievance.</p>	<p>If yes, what was the resolution?</p> <p>Enter NA if the complaint was not resolved outside of the grievance process.</p>	<p>If yes, when was it resolved?</p> <p>MM/DD/YYYY</p> <p>Enter NA if the complaint was not resolved outside of the grievance process.</p>	<p>Were there any negative participant outcomes as a result of the failure to recognize complaints as grievances?</p> <p>(Yes/No)</p>

Section 3 - This information is to be completed if the Impact Analysis is being requested for Initial and Annual Written Grievance Information.				
Did the PO give the participant written information on the grievance process in understandable language, upon enrollment? (Yes/No) Enter NA if the participant was not newly enrolled during the audit review period. If the auditor did not select Initial and Annual Written Grievance information on the Instructions tab the PO may enter NA in all columns in Section 3.	Did the PO give the participant written information on the grievance process in understandable language, on an annual basis? (Yes/No) Enter NA if the participant was disenrolled before written information could be provided annually.	Did the PO's written grievance information include all of the required information, identified in § 460.120(c)? (Yes/No)	Did the participant or participant representative file a grievance during the audit review period? (Yes/No)	Were there any negative participant outcomes as a result of the PO failing to give the participant written information on the grievance process? (Yes/No)

<p>Section 4 - General Information: This information is to be completed for all impact</p> <p>If the participant experienced any negative outcomes, please describe the 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 grievance, please enter the information in this column.</p>
---	---