

<b>Audit Review Period:</b>	
<b>Issue(s) of non-compliance:</b>	Required Specialist Contracts
<b>Scope:</b>	<ul style="list-style-type: none"> <li>• The auditor will identify the types of specialists to be reviewed in the Participant Impact tab.</li> </ul>
<b>Instructions:</b>	<ul style="list-style-type: none"> <li>• Review contract information to determine if the PO had contracts with the specialists identified in the participant impact tab.</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>	

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 0938-1327. This information collection will allow CMS to conduct comprehensive reviews of PACE organizations to ensure compliance with regulatory requirements. The time required to complete this information collection is estimated at 780 per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is mandatory per CMS's authority under Section 1894 and 1934 of the Social Security Act and implementing regulations at 42 CFR § 460.190 and 460.194, which state that CMS, in conjunction with the State Administering Agency (SAA), audit PACE organizations (POs) annually for the first 3 contract years (during the trial period), and then on an ongoing basis following the trial period. Additionally, per § 460.200(a) PACE organizations are required to collect data, maintain records, and submit reports as required by CMS and the State administering agency. 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.

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)**

Specialty Type	Provider/ Practice Name	Contract Status
This field will be completed by the audit team.	<p>If the PO had a contract with the specialty type in column A, during the audit review period, enter the name of the provider or practice.</p> <p>If the PO did not have an active contract with the specialty type in column A, at any point during the audit review period, enter '<u>No Contract</u>'</p> <p>Note: The audit team may populate this field with information from the CEP universe if a contract is listed in the CEP universe and additional information is needed. If a specialty type is identified in column A and this field is not completed by the audit team, it must be completed by the PO.</p> <p>Enter <u>each</u> provider/practice in a <u>new row</u>.</p> <p>Please note: Impact analyses will be <u>returned</u> for correction if each provider/practice is not listed in a new row.</p>	<p>(Active, Terminated, Pending)</p> <p>Note: The audit team may populate this field with information from the CEP universe if a contract is listed in the CEP universe and additional information is needed. If a specialty type is identified in column A and this field is not completed by the audit team, it must be completed by the PO.</p>

Contract Start Date	Contract Termination Date	Limitations / Restrictions	Services Needed
<p>MM/DD/YYYY</p> <p>Note: The audit team may populate this field with information from the CEP universe if a contract is listed in the CEP universe and additional information is needed. If a specialty type is identified in column A and this field is not completed by the audit team, it must be completed by the PO.</p>	<p>MM/DD/YYYY</p> <p>Note: The audit team may populate this field with information from the CEP universe if a contract is listed in the CEP universe and additional information is needed. If a specialty type is identified in column A and this field is not completed by the audit team, it must be completed by the PO.</p>	<p>If the provider implemented or imposed any blanket restrictions or limitations on services that impacted participants at any point during the data review period, describe the limitations/restrictions.</p> <p>Examples of limitations include, but are not limited to: A cap on the number of PACE participants the provider would accept, not accepting new PACE participants, not accepting participants due to billing or payment issues, etc.</p>	<p>Did any participants need access to:</p> <ul style="list-style-type: none"> <li>• A non-contracted specialty type,</li> <li>• A specialty type that was only contracted for a portion of the audit review period, or</li> <li>• A contracted specialty type with limitations?</li> </ul> <p>(Yes/No)</p> <p>Enter NA if there was an active contract throughout the entire audit review period without limitations or restrictions.</p>

<b>Access to Services</b>  Were participants able to access: • A non-contracted specialty type, • A specialty type that was only contracted for a portion of the audit review period, or • A contracted specialty type with limitations?  (Yes/No)  Enter NA if there was an active contract throughout the entire audit review period without limitations or restrictions, or if no participants needed access to the specialty type.	<b>How Services Were Access</b>  How were participants able to access: • A non-contracted specialty type, • A specialty type that was only contracted for a portion of the audit review period, or • A contracted specialty type with limitations?  Enter NA if there was an active contract throughout the entire audit review period without limitations or restrictions, or if no participants needed access to the specialty type.  If participants were unable to access the specialty type, enter 'Not Able to Access.'
---	--