

**Audit Review Period:**

**Scope:** Participants enrolled during the audit review period.

- Instructions:**
- Respond to the relevant questions in the Detailed Sample Information and Root Cause Analysis tabs.
  - Detailed Sample Information tab:
    - \* Columns A through C - Will be completed by the audit lead.
    - \* Column D - The PO will enter details relating to the investigation of each issue identified in Column B.
  - Root Cause tab:
    - \* Columns A through C - Will be completed by the audit lead.
    - \* Column D - The PO must enter the root cause or causes for the issue(s) which is summarized in Column B (Details for the individual issues are located in the Detailed Sample Information tab).
    - \* Only complete columns E and F if the information is easily known (i.e., the root cause is based off of a disclosed issue (full investigation was already done) or the scope is easily determined based on the cause/ type of issue identified). If the scope is not easily known, enter NA in these columns.
    - \* Only complete columns G through L if the condition relates to a disclosed issue for which correction was already initiated/completed. If the condition was first discovered on audit, the organization may enter NA in those columns.

**Root Cause Analysis Due Date:**

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 671 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)
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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)
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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)	Actions Taken to Resolve Negatively Impacted Individuals Including Outreach Description and Status
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**Date Individual Outreach and Remediation  
Initiated  
(MM/DD/YY)**

**Date Individual Outreach and  
Remediation Completed  
(MM/DD/YY)**