

<b>Audit Review Period:</b>	
<b>Issue of non-compliance:</b>	Expedited appeal extensions
<b>Scope:</b>	Review all of the expedited appeals processed during the audit review period.
<b>Instructions:</b>	<ul style="list-style-type: none"><li>• Review all of the expedited appeals processed during the audit review period and respond to the questions in the participant impact tab.</li><li>• The review timeframe is the audit review period. 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 changes in the RCA tab.</li></ul>
<b>Impact Analysis Due Date:</b>	

<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>	<b>Condition Language (Completed By The CMS Audit Lead)</b>

<b>Detailed Description of the Issue</b> <b>(Explain what happened)</b> <b>(Remaining fields to be Completed by PACE Organization)</b>	<b>Root Cause Analysis for the Issue</b> <b>(Explain why it happened)</b>	<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>
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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)

Participant First Name	Participant Last Name	Participant ID	Date of Enrollment	Date of Disenrollment
			MM/DD/YYYY	MM/DD/YYYY

<b>Service/Item being Appealed</b>	<b>Date the expedited appeal was requested.</b> MM/DD/YYYY	<b>Was the expedited appeal extended?</b> (Yes/No)	<b>Did the participant/participant representative request an extension?</b> (Yes/No) <b>If the appeal was not extended, enter NA.</b>
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<p>Did the PO justify to the State administering agency the need for additional information and how the delay is in the interest of the participant?</p> <p>(Yes/No)</p> <p>If the appeal was not extended, enter NA.</p>	<p>Enter the date PO responded to the expedited appeal.</p> <p>MM/DD/YYYY</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 appeal, please enter the information in this column.</p>
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