Instructions:

- Enter responses to each question in Pre-Audit Issue Summary tab of this document.
- Only include issues of non-compliance that occurred during the audit review/data collection period. The audit review/data collection period begins 6 months prior to the date of the audit engagement letter and, for the purposes of this document, ends on the date of the audit engagement letter. For example, an audit engagement letter is issued on March 3, 2019. The audit review period for this audit is September 3, 2018, through March 3, 2019.
- Only include issues of non-compliance that were disclosed to the PACE organization's CMS account manager prior to the date of the Audit Engagement Letter.
- <u>Do not include</u> Quality data already reported to CMS.
- <u>Do not include</u> data that is not relevant to the audit elements included in the Audit Process and Data Request document.
- <u>Do not include</u> issues discovered during routine CMS and SAA monitoring and account management. This includes information discovered during account management calls and information discovered during SAA audits.

Due Date:

This document must be completed and submitted to HPMS within 5 business days following the issuance of the audit engagement letter.

OMB No: 0938-1327 (Expires: 03/31/2020)

Issue	Description of the non-compliance			Was the non-compliance disclosed to	To whom the non-	Root cause analysis of the non-compliance	How was the non-compliance discovered?			
number	(explain what happened and what the non-compliance was)	participants impacted	identified	the CMS account manager prior to the	compliance was	(explain why it happened)		remediated?	was remediated (corrected).	remediation initiated
				date of the Audit Engagement Letter?	disclosed at CMS			(e.g. was the non-compliance fully		MM/DD/YYYY
		Enter unknown if the	MM/DD/YYYY		(first and last name)			corrected)?		
		impact is unknown		Yes/No						
								Yes/No		

OMB No: 0938-1327 (Expires: 03/31/2020)

Date system/specialism. Description of remediation for negatively impacted participants MM/DD YYYY	initiated MM/DD/YYYY Enter NA if participant		completed, when is the anticipated completion date?	If remediation or correction was not completed, has the risk to participants been mitigated?	If the risk to participants has been mitigated please explain.
--	---	--	---	--	---