

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

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)

Detailed Description of the Issue	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
<p>(Explain what happened) (Remaining fields to be Completed by PACE Organization)</p>				

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

Service/Item being Appealed	Date the expedited appeal was requested. MM/DD/YYYY	Was the expedited appeal extended? (Yes/No)	Did the participant/participant representative request an extension? (Yes/No) If the appeal was not extended, enter NA.
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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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