Instructions:
 • Enter responses to each question in the PACE Supplemental Questions tab of this document.

 • Responses must reflect practices, policies, and procedures in place during the data collection period. The data collection period begins 6 months prior to the date of the audit engagement letter and ends on the date of the audit engagement letter. For example, an audit engagement letter is issued on March 4, 2026. The audit review period for this audit is September 4, 2025, through March 4, 2026.

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

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 collections 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 § 460.2000 a) PACE organizations required to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

13 Are there any drugs that must undergo prior authorization before dispensing? Prior authorization means that the participant must meet some form of criteria prior to approval, for example, the participant must have a specific diagnosis or the participant cannot be using illegal substances prior to receiving approval for the requested drug. 14 Are there any drugs that require step therapy? This includes any program that requires a certain drug to be used first, before a different drug can be dispensed. 15 Are there nuy drugs with quantity limits? Quantity limits are often used in cases where FDA-approved prescribing instructions state that only a certain number of doses should be used in a certain time period. 16 Does your organization maintain a list of preferred drugs that your providers refer to when considering which medication to prescribe? What factors go into identifying a drug as preferred for prescribing purposes?	Question #	Question	Response
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services and copay/coinsuriance amount. 9 Does your organization utilize a Pharmacy Benefits Manager and, if so, please explain the services they provide? 10 Does your organization have a Pharmacy & Therapeutics (P&T) committee? If yes, please explain the responsibilities of the P&T committee? 11 Can participants obtain prescriptions or orders written from any prescriber including specialists? This includes prescriptions or orders for medications, DME, or any other carebes/vices applicable. If no, ceptain the process of reviewing recommendations for prescriptions or orders from other prescriber of writing recommendations for prescriptions or orders from other prescriber of writing recommendations for prescriptions or orders from they the PACE organization determines if the recommendation should be provided. 12 How does your organization identify drugs that are covered under Medicare Part D? 13 Are there any drugs that must undergo prior authorization before dispensing? 14 Are there any drugs that requires step therapy? 15 Are there any drugs with quantity limits? 16 Does your organization identify limits are often drugs that course of in a certain time period. 16 Does your organization identify they fact sha your providers that the requires they approved prescribing instructions state that only a certain number of doses should be used in a certain time period. 17 What cost containment or utilization management programs do you utilize for Part D	7	frequency, or other restrictions to receiving any of the following items or services: a. Glasses/replacement glasses b. Hearing aids/replacement hearing aids c. Home care services (including services at night, on the weekends, or holidays)? d. Respite care e. Specialist consultations f. Nursing facility services g. Hospital or ER services h. Dettal services j. DME j. Personal alert systems k. Medications If you answer yes to any of the above items, please explain the policy or restriction. You may submit the policies directly into HPMS in lieu of an explanation (use the	
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