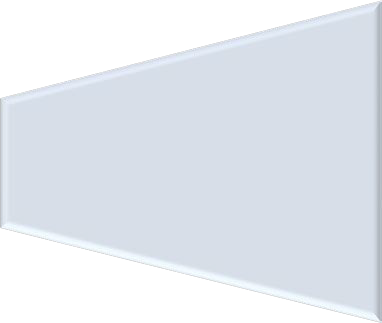
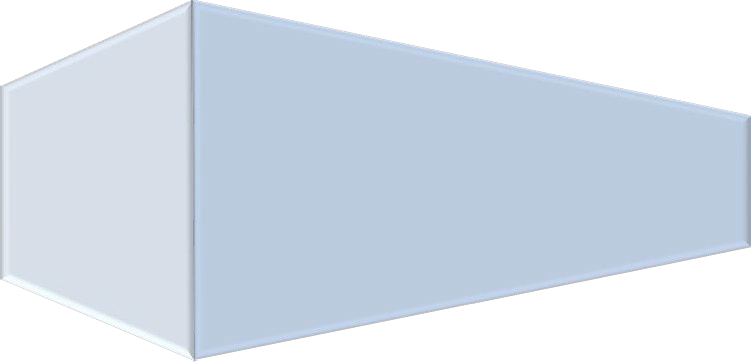
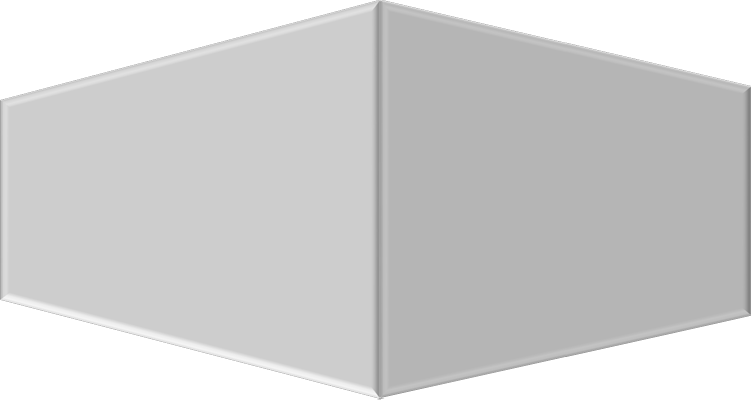
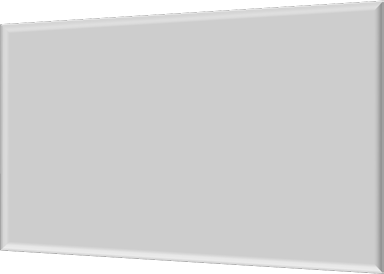
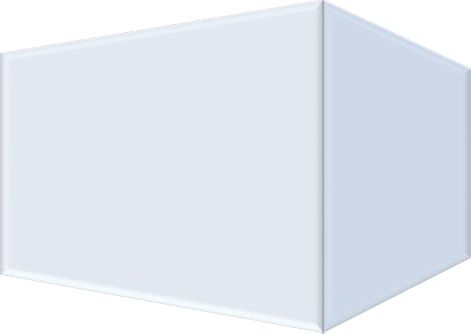
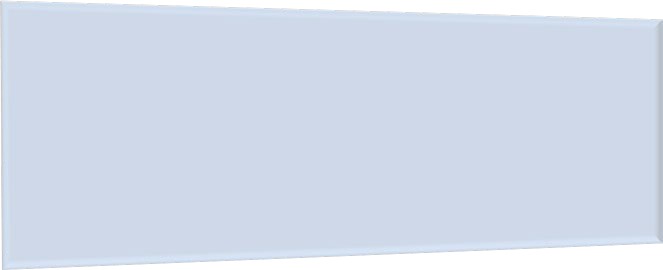
Programs of All-Inclusive Care for the Elderly (PACE)

**Audit Survey**



# PACE Audit Survey

The following survey is voluntary and anonymous. After issuance of the final audit report, PACE Organizations (POs) will receive a weblink to the survey questions below. The survey is organized according to pre-audit, audit, and post-audit activities. CMS utilizes survey feedback to improve the audit process.

# Pre-Audit Activities

1. How easy was it to follow CMS’ documentation and universe submission instructions?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

Not Easy Easy Very Easy

1. Did you find the information provided in the follow-up call after the audit engagement letter helpful?
   * Yes
   * No
2. Do you have any suggestions to improve the audit engagement letter follow-up call?
3. Was the Audit Lead available to answer questions prior to the audit?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

Not Available Available Always Available

1. How helpful was the Audit Lead in assisting your organization with pre-audit processes such as documentation submission and universe preparation?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

Not Helpful Helpful Very Helpful

1. How many hours do you estimate staff spent collecting, reviewing, and submitting data prior to the audit?
2. Was the timeframe for submitting documentation and data during the pre-audit portion of the audit adequate?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

Not Adequate Adequate Very Adequate

1. Do you have any additional comments or suggestions regarding the pre-audit process:

# Audit Activities

1. Did the audit team members request one or more Root Cause Analyses (RCAs)? If so, how well did the auditor(s) explain the purpose of the RCA(s) and how to complete them? Enter NA if no RCAs were requested for a particular element.

## USDAG:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

Needs Improvement Explained Adequately Explained Very Well

## UProvision of Services:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NA | 1 | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ○ | ○ | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Needs Improvement Explained Adequately Explained Very Well | | | | | | | | | | | |
| U**Personnel:**  NA | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ○ | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

Needs Improvement Explained Adequately Explained Very Well

U**Compliance and Quality Improvement:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

Needs Improvement Explained Adequately Explained Very Well

1. How many hours do you estimate staff spent collecting, reviewing, and submitting data from the start of audit fieldwork through the submission of RCAs?
2. Was the timeframe adequate for submitting documentation and data from the start of audit fieldwork through the submission of RCAs?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

Not Adequate Adequate Very Adequate

1. Did the audit team members request one or more Impact Analyses? If so, how well did the auditor(s) explain the purpose of the Impact Analyses and how to complete them? Enter NA if there no Impact Analyses were requested for a particular element.

## USDAG:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

Needs Improvement Explained Adequately Explained Very Well

## UProvision of Services:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NA | 1 | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ○ | ○ | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Needs Improvement Explained Adequately Explained Very Well | | | | | | | | | | | |
| U**Personnel:**  NA | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ○ | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

Needs Improvement Explained Adequately Explained Very Well

## UCompliance and Quality Improvement:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

Needs Improvement Explained Adequately Explained Very Well

1. In order to complete the requested Impact Analyses:
   1. How many hours do you estimate it took to complete the requested Impact Analyses?
   2. How may staff members do you estimate it took to complete the requested Impact Analyses?
2. During the exit conference, did your organization have a clear understanding of all issues of non- compliance being cited and why they were being cited?

* Yes
* No

If you responded No, which issues of non-compliance Uwere notU discussed prior to the exit conference (you may enter any numeric identifier of the issue of non-compliance cited in your audit report or provide a brief description of the issue)?

7. Do you have any additional comments or suggestions regarding the audit fieldwork process:

# Post-Audit Activities

3. Was the timeframe adequate for submitting documentation and data following issuance of the Final Audit Report?

Not Adequate

Adequate

Very Adequate

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. How easy was it to understand the Draft and Final Audit Reports? | | | | | | | | | | |  |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
|  | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |  |
| Not Easy Easy Very Easy | | | | | | | | | | |  |

2. How many hours do you estimate staff spent collecting, reviewing, and submitting data following issuance of the Final Audit Report?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

4. Do you have any additional comments or suggestions regarding the post-audit process:

**General Audit Questions**

3. How would you compare the audit of your PACE organization with the audits of other POs Uoperated by the same parent organizationU? Enter NA if the PO’s parent organization does not operate any other PACE organizations or if the PACE contracts do not compare audit experiences.

Very Different

Similar

Very Similar

|  |
| --- |
| 1. Please identify any areas or aspects of the audit process that you believe would benefit from increased transparency or communication. |
|  |
|  |
| 1. Does the PO’s parent organization operate any additional PACE organizations and/or PACE contracts?    * Yes    * No   If yes, please enter the names and contract numbers of the other PACE organizations.  PACE Organization  Names/Contract Numbers: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| 4. If you feel that your audit experience was different than other PACE organizations operated by the same parent organization, please explain how they were different: |

5. If you feel that your audit experience was different than other PACE organizations operated by

UdifferentU parent organizations, please explain how they were different:

6. Are there any other ways you believe we can improve the overall audit process?

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 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.