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On behalf of WelbeHealth PACE, LLC and our four PACE organizations (PO) serving nearly 1,500 Medicaid and Medicare beneficiaries across the state of California, we appreciate the opportunity to respond to the Centers for Medicare & Medicaid Services' (CMS) second request for comment on the 2023 PACE Audit Protocol. Our comment below is based on a review of the proposed 2023 audit protocol materials released in connection with the 30-day notice published in the Federal Register on May 10, 2022.

WelbeHealth applauds CMS' favorable consideration to reduce the burden of the audit on POs from the contents of the 60-day notice published in the Federal Register on December 21, 2021 – yet not compromise CMS' ability to identify compliance issues. Specifically, we appreciate:

- Reduction in the scope of the requirement for reports detailing the PO's monitoring and tracking of all services across all care settings that were ordered, approved, or care-planned during the data collection period from all participants enrolled in a PO during the data collection period to a sample of 30 participants selected by CMS.
- Elimination of the Observation Participant List from the 2023 PACE audit materials.
- Removal of "Date of Initial Participant Contact" and "Date Individual Began Providing Care Independently" fields from the List of Personnel (LOP) Record Layout.
- Modification of the Contracted Entities and Providers (CEP) Record Layout to recognize practices as contracted entities, in addition to providers and facilities.
- Removal of the "Call Category" field from the On-Call (OC) Record Layout.
- Modification of the Coordination of Care 1P.95 Impact Analysis to focus on residential facilities.
- CMS' commitment to providing updated record layout templates as soon as possible once the audit protocol has been approved by the Office of Management and Budget.

We have three additional requests of CMS related to the report(s) included in the 2023 audit materials.

- 1) Consider providing additional time to POs to submit the monitoring and tracking report(s) of all services across all care settings that were ordered, approved, or care planned during the data collection period for 30 participants selected by CMS.
- 2) Modify language describing the scope of relevant impact analyses to indicate that their scope is limited to no more than 50% of the participants enrolled or newly enrolled, or no more than 50% of staff.
- 3) Reduce burden by removing fields from the List of Participant Medical Records (LOPMR) record by dropping LOPMR fields that CMS considers desirable but not essential to the audit protocol.