



Ref: Chapter Ins 57, Wis. Adm. Code

	Care	Management	Organization	Name:
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Complete and return this with your CPA audit report by June 1.

	For Year Ending December 31,			
Na	me of Certified Public Accountant (CPA) firm engaged to perform the CMO's audit:	Sele	ct One	
— а.	Did company have a change in CPAs this year? If NO, go to question 2. If YES, complete 1 b e.	YES	NO	
b.	Have you notified the Commissioner of Insurance (OCI) within 5 business days of the dismissal or resignation of the former CPA?	YES	NO	
C.	Have you submitted a letter to the OCI, within 15 business days, stating whether in the 24 months preceding the change there were any disagreements with the former CPA as to accounting matters?	YES	NO	
d.	Have you submitted a letter from the former CPA to the OCI stating whether they agree with the company's statement in the letter described in item 1 c.?	YES	NO	
e.	Have you submitted a letter to the OCI from the new CPA stating an understanding of the provisions of the insurance code and of the rules of the Commissioner relating to accounting and financial matters?	YES	NO	
Na —	me of accounting firm partner or other person responsible for rendering the audit report:			
	mber of consecutive years (including the year most recently audited) the firm partner or other son responsible for rendering the audit has acted in this capacity for this CMO:			
Do	es the audit report include the following:			
a.	The report of the independent certified public accountant?	YES	NO	
b.	A comparative balance sheet reporting assets, liabilities, and equity?	YES	NO	
c.	A comparative statement of profit and loss?	YES	NO	
d.	A comparative statement of cash flows?	YES	NO	
e.	Notes to the financial statements?	YES	NO	
a.	Were audit adjustments made subsequent to the filing of the preliminary December Financial Statements?	YES	NO	
b.	If YES, has a reconciliation to explain any differences between the preliminary Financial Statement and the annual report been submitted?	YES	NO	
	If differences are material, or if adjustments result in the CMO not meeting its working capital or risk reserve requirements as certified in the annual business plan by the Department of Health Services (DHS) that resulted in OCI issuing a permit to the CMO, your CPA is required to notify the board of directors or the audit committee of the CMO, in writing, within 5 business days. The CMO is required to forward a copy of the report to the Commissioner within 5 business days of receipt of the report.			

Care Management Organization Name:								
						Select	One	
5.	На	Have you submitted a consolidated CPA audit report?					NO	
	sta	If YES, have you attached a worksheet reconciling the consolidated balance sheet to the financial statements of the CMO with a column for each company and explanations of consolidating and eliminating entries?						
6.	Re	Reconciliation between the preliminary Financial Statements and audit report:						
			Preliminary Financial Statement	Audit Report	Difference			
		a. Assets						
		b. Equity						
		c. Net Income						
		ther (attach explanations)	YES	NO				
		no, resubmit revised finar						
7.		The due date is June 1 for all CMOs except if the CMO is part of a county financial audit. Have you filed for an extension?					NO	
	and		IO and the CPA conside	er the extension nece	e date of the audit report essary, including sufficient			
8.	a.						NO	
	b.	ACCOMPANIED BY A HAS THE COMPANY	SUMMARY OF ANY RE	EMEDIAL ACTION TON OF THE REMEDI	TROL LETTER MUST BE AKEN OR PROPOSED. IAL ACTION TAKEN TO DITORS?	YES	NO	
9.	Have you enclosed an accountant's letter of qualifications pursuant to s. Ins 57.37, Wis. Adm. Code, noting the accountant's understanding that the Commissioner of Insurance will be relying on the information and agreeing to make work papers available for review? In addition, the auditors should be aware that DHS will be relying on the financial statements in accordance with the CMO's contract.							
T :::			Direction 1	No. (E)	1106	(T	<u> </u>	
I Itle	e ot F	Financial Officer/Finance	Director	Name of Finar	icial Officer/Finance Director	(Type or F	-rınt)	
Date				Signature of F	Signature of Financial Officer/Finance Director			