



Keynote Address

Martha Hennessy, CMS

Martha Hennessy: Thanks, Stacey. Good morning everyone. Thanks to all the PACE organizations and states for taking the time to either be here in person or join us through the webcast for our second National PACE Conference. We find these forums and all our opportunities to interact with the PACE community to be incredibly valuable, as it provides a chance to directly interact and share our collective efforts and activities, this is critical to ensuring a PACE program that remains strong and successful and one that best meets the needs of our most vulnerable beneficiaries.

Last year's conference and recent CMS presentations and conferences sponsored by other organizations have focused on several initiatives intended to strengthen and improve the PACE program. I would like to briefly address these initiatives.

First as most of you are aware, we have been working to revise the proposed PACE regulation in response to the public comments we received. We look forward to releasing a final rule in the near future. With respect to PACE quality, CMS continues to coordinate and align the PACE quality measures with CMS's global vision for quality management across all programs. CMS's goal is to identify those measures that are most meaningful to the PACE program and its participants without placing unnecessary burden on PACE organizations.

Keynote Address
Martha Hennessy, CMS

As many of you may know, the CMS Medicare/Medicaid Coordination Office is exploring a potential model test under the PACE Innovation Act. In response to a request for information we released this past December, we received 75 comment letters, including those from PACE organizations.

We received helpful comments on a potential PACE-like model for individuals dually eligible for Medicare and Medicaid age 21 and older, with disabilities that impair their mobility, who are assessed as requiring a nursing home level of care and meet other eligibility criteria. We are referring to this model as a person centered community care or P3C. We also received feedback from PACE organizations and others that we should implement a model test that would focus on elderly individuals, especially Medicare only individuals, who are at risk for needing nursing home care, but who do not meet state nursing home level of care criteria. We are also exploring the potential for a model test focused on this population.

What we would like you to know about these initiatives is that the public comments we received in response to our request for information are posted on our website and available for public review. We also expect to shortly post to our website data on potential adjustment to Medicare payment rates under a demonstration. And I know many of you are particularly interested in this potential model test, at this time we're considering various options so please stay tuned.

As you know we recently automated our application process which has dramatically reduced the level of burden required for both initial and service area expansion applicants, this process is now largely attestation based, resulting in much less narrative requirements. For those of you who have experienced the automated application process, we believe you would agree that the process has been dramatically streamlined. The quarterly submission cycles provides a much more efficient approach and allows for workload planning and what we hope will result in a more

Keynote Address
Martha Hennessy, CMS

organized and improved process for all parties involved as we continue to refine the application process.

For this year's conference the theme is "Strengthening the Foundation of PACE". Many of today's agenda items focus on PACE program updates, we will also highlight requirements of PACE organizations that came out of the recent final rules specific to emergency preparedness expectations. Other agenda items such as formulary issues and coordination of benefits will provide information intended to enhance your understanding of current regulatory requirements associated with the PACE program. And later today you will also hear about our efforts to streamline the process for amending PACE program agreements, the program agreement is critical as it memorializes key components of the PACE program and represents the binding contract between CMS, the PACE organization and the state administering agency.

Some of you have already or are currently working with us, as well as your state counterparts to update the program agreements as updates to appendices trigger changes to the existing agreements. In the future we hope to address this as a comprehensive effort, perhaps through automation, but you will have to stay tuned for our efforts with that. This is critical as we have a significant number of PACE Programs that have been active for some time and likely require some updating of their program agreement contents.

I would now like to take a moment to recognize and briefly address the critical role of states as part of the PACE Program and undertakings specific to the state administering agencies. As you know the state plays a necessary and vital role in the application process. As we begin to gain experience with the automated PACE application process, we are working to ensure an efficient flow of communication between the applicant, the state and CMS.

For example, the initial application requires an upload from the state that ensures the willingness to enter into a PACE Program agreement with the

Keynote Address
Martha Hennessy, CMS

entity. And that the state considers the entity to be qualified to be a PACE provider. There are also various other documents the state provides as part of an initial application. We have heard from some states that there is some inconsistency in communications related to the request or additional information and subsequent follow-ups with CMS, therefore we are working on ways to ensure timely and consistent state communications related to the request and applicant responses to ensure that the states are appropriately involved throughout the application process.

Now states' access to HPMS. As CMS moves to automate more PACE operational activities via HPMS, we are taking steps to ensure that the states have the access and knowledge that they need to access a PACE organization's information in HPMS. This is critical as part of the state's oversight in monitoring of its PACE program.

In closing I would like to emphasize that our goal is to improve the operational aspects of the PACE programs with all parties working together. I would note that we continue to receive very thoughtful questions to our DMAO portal. These inquiries are essential as they allow us to think about the aspects of the program that may require additional operational or policy consideration, so please continue to use the portal. We appreciate your feedback as we work together to refine and improve the PACE program, we have a strong mutual interest in seeing the PACE program grow stronger and continue to offer Medicare and Medicaid individuals an important option for receiving high quality care.

So thank you for participating in today's conference and we are excited to get started, so I will turn this back over to Stacey who will introduce the first session. Thanks you all.

Stacey Plizga:	Okay, thank you Martha for the kickoff and the introduction into the PACE event.
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Keynote Address

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Our first session today consists of a panel of speakers who will highlight changes to the audit process for 2017 PACE audits and what PACE organizations can expect during a CMS audit. Updates and an overview to the audit process will be discussed by Caroline Zeman, Daniel Deisroth, Annmarie Anderson, and Lisa DuBois. Please help me welcome them.