



PACE Updates

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Agenda



- PACE Overview
- 2017 PACE Audits
 - General Overview of Audits
 - Audit Scores
 - Common Conditions
- 2018 Process Improvements



PACE Overview



- The Programs of All-Inclusive Care For the Elderly (PACE) is a unique program designed to provide comprehensive care to the frail elderly.
- PACE is a 3-way agreement between PACE Organizations (POs), CMS, and the State.
- Participants are nursing home eligible.
- PACE provides comprehensive care 24 hours a day with the goal of keeping participants living in the community.



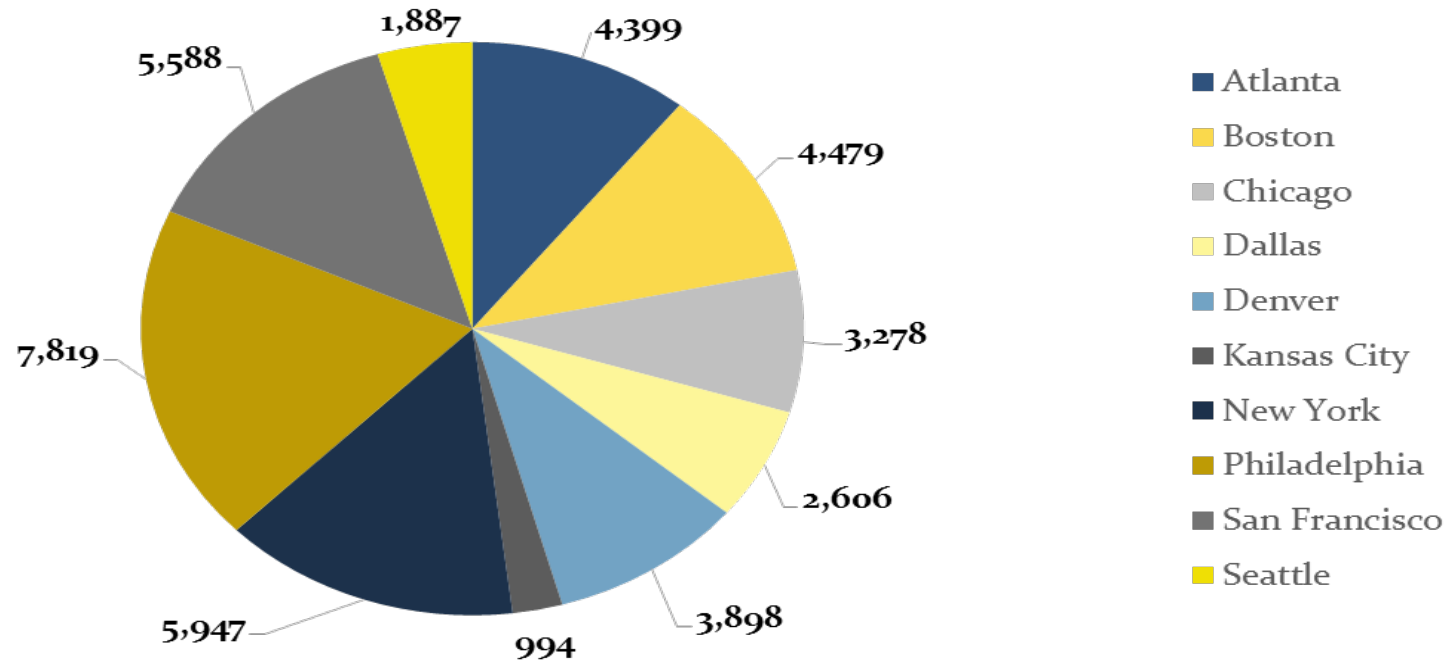
PACE Overview (continued)



- PACE is centered around an Interdisciplinary Team (IDT) which meets to manage the health of participants.
- PACE provides all the care and services covered by Medicare and Medicaid, as well as additional care and services authorized by the IDT.
- Services may include, but are not limited to, physical therapy, occupational therapy, primary care services, and dental services.

PACE Enrollment

PACE Enrollment by CMS Region





Oversight of the *PACE* Program



- CMS Oversight:
 - Medicare Drug & Health Plan Contract Administration Group (MCAG)
 - Functions as the coordinator of the PACE program across all CMS components
 - Is responsible for the PACE regulation, manual guidance, and responding to questions on PACE policy
 - Medicare Parts C and D Oversight and Enforcement Group (MOEG)
 - Develops and implements the PACE Audit strategy, protocols, and operational processes
 - Center for Medicaid and CHIP Services (CMCS)
 - Oversees the Medicaid portion of the PACE benefit, including state coordination



Oversight of the PACE Program (continued)



- CMS Oversight (continued):
 - CMS Regional Offices
 - Account Managers provide day-to-day oversight of PACE Organizations
 - Staff audit teams
- State Involvement
 - Each State has a State Administering Agency (SAA) responsible for coordinating and overseeing PACE Organizations within that State



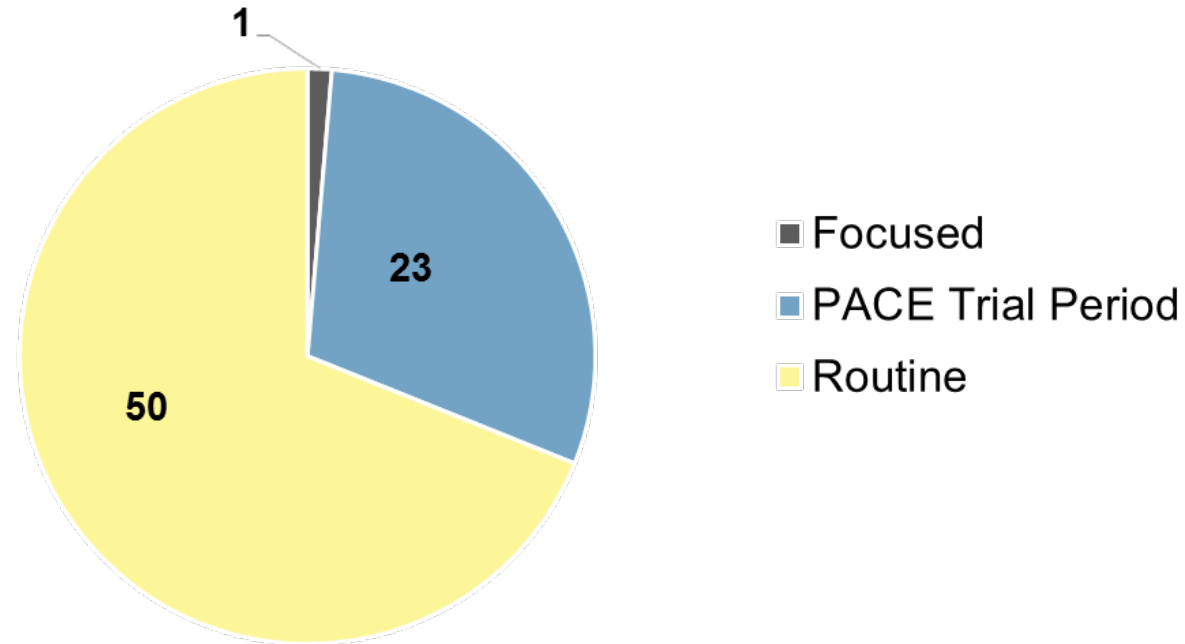
PACE Audit Authority



- PACE Organizations must be audited annually during the trial period.
- PACE Organizations must be audited every two years following the trial period.
- Audits must be comprehensive reviews and include an onsite visit.
- CMS conducted 74 PACE audits in 2017.

2017 Audit Overview

2017 Audits by Audit Type (Trial, Routine, or Focused)





2017 PACE Audit Overview



- New audit protocol implemented for 2017
- Focused on outcome measures and participant data/experiences
- Audited 5 specific elements:
 - Service Delivery Requests, Appeals, and Grievances (SDAG)
 - Clinical Appropriateness and Care Planning (CACP)
 - Personnel
 - An Onsite Element
 - Quality Assessment



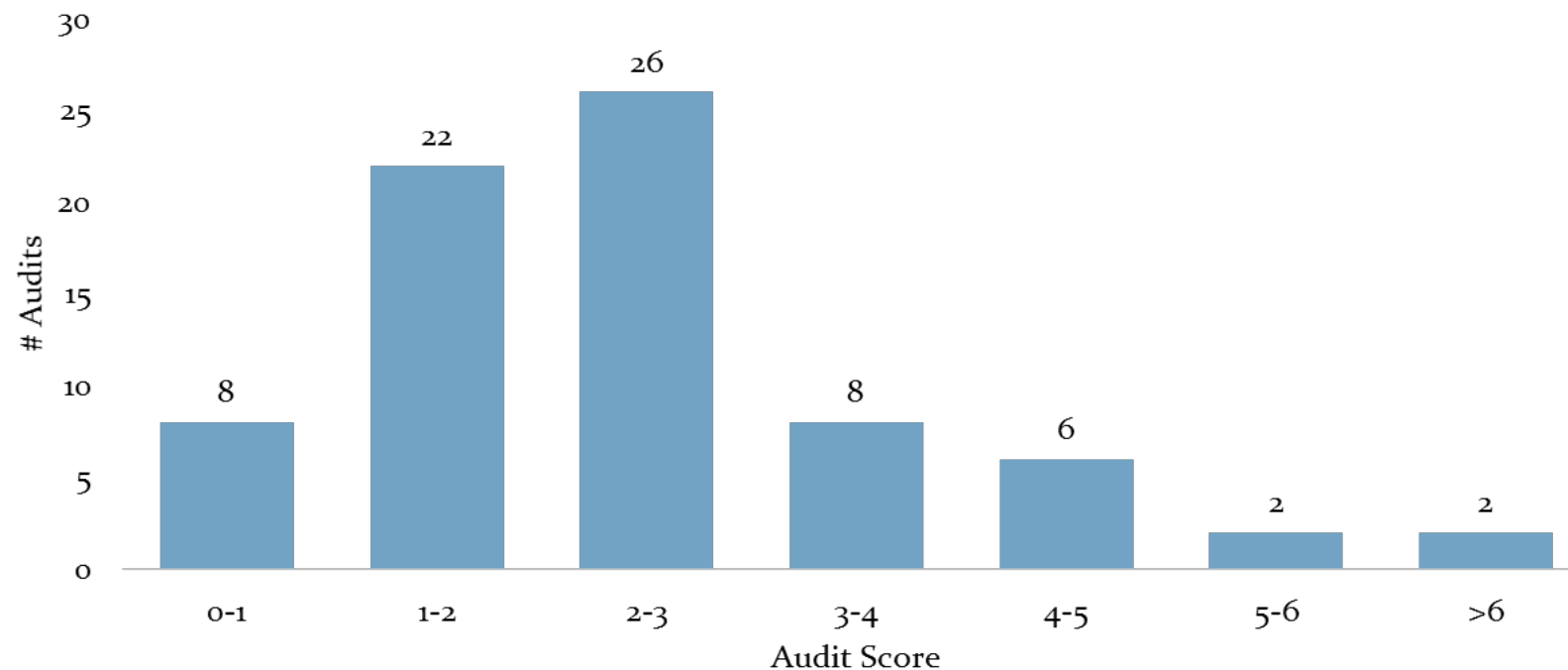
2017 PACE Audit Overview (continued)



- PACE Organizations were cited findings at the “condition” level and not the element level.
- Conditions were classified by a PACE Audit Consistency Team (PACT) as ICARs, CARs, or Observations.
- Audits were scored based on condition classification.
- Audit data have been analyzed and will be included in the first PACE Annual Report due for release later in 2018.

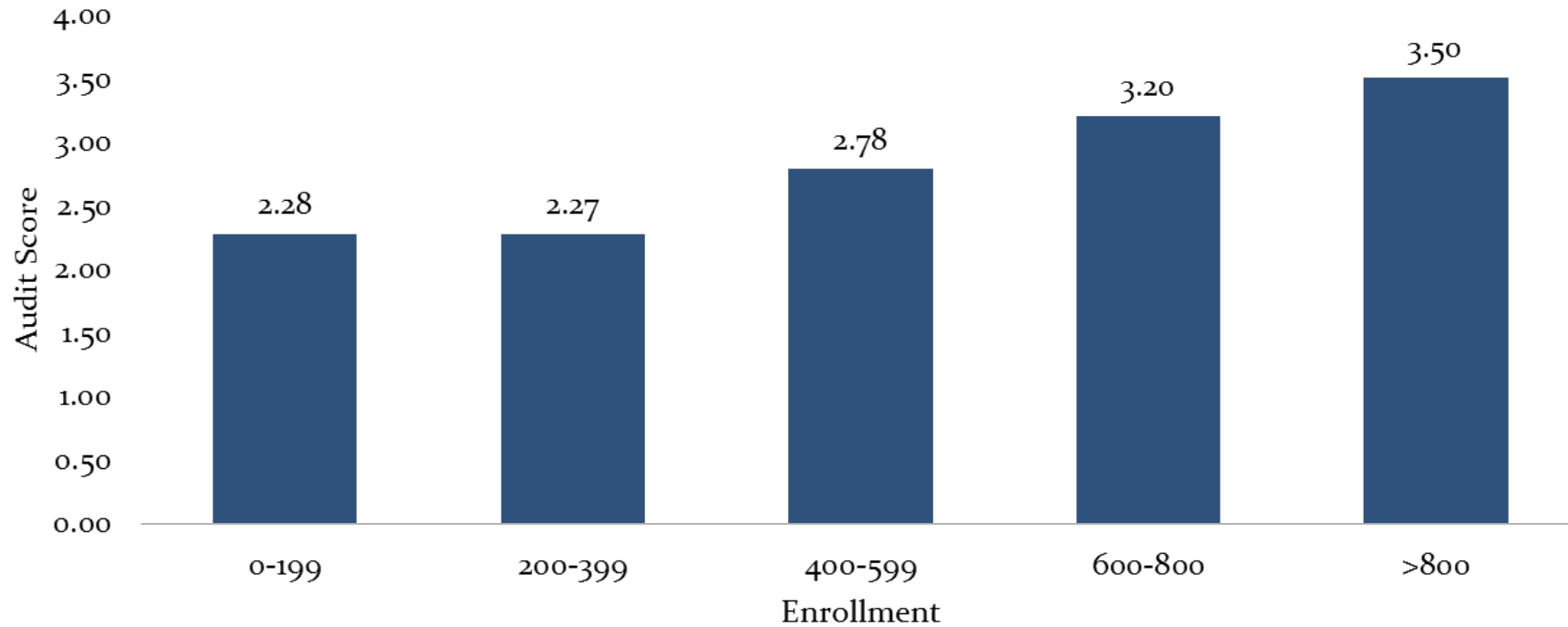
2017 Audit Scores (1 of 3)

Distribution of Audit Scores



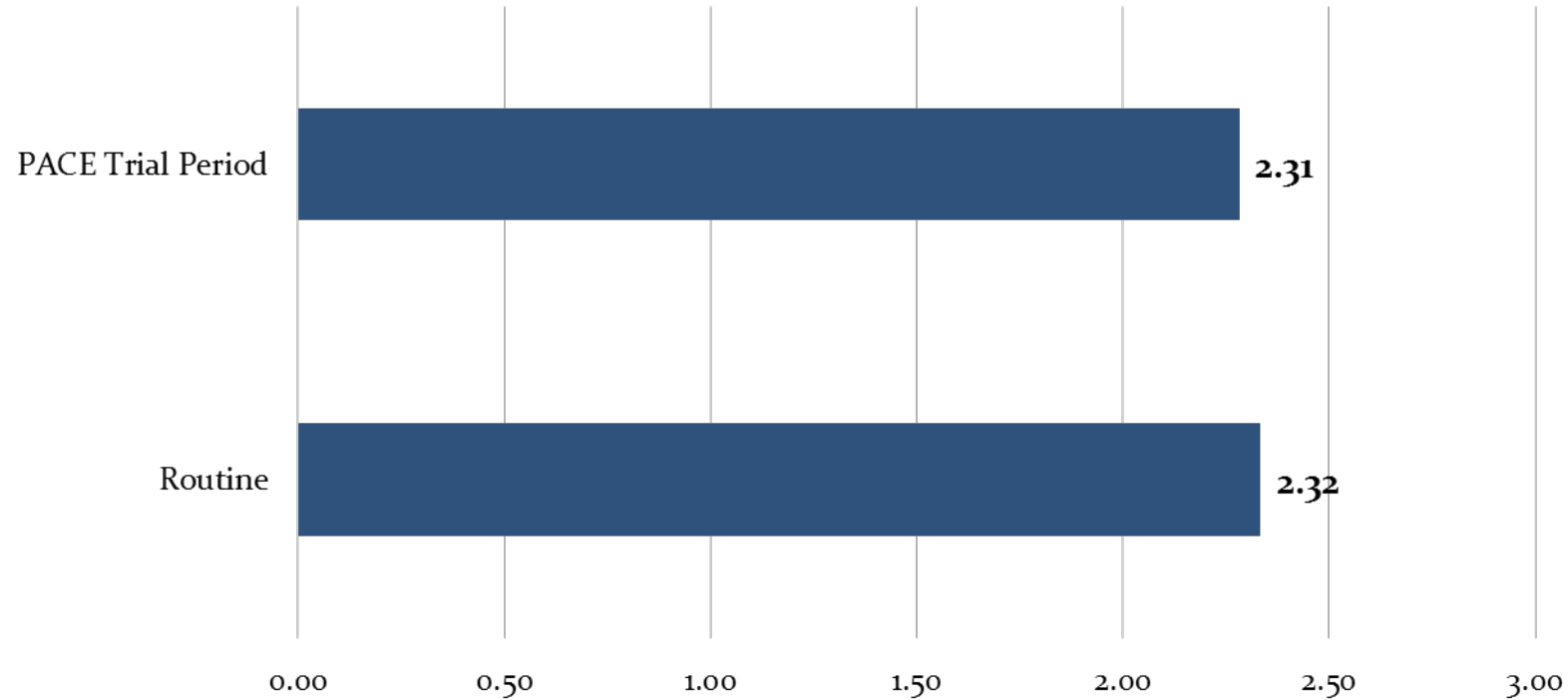
2017 Audit Scores (2 of 3)

2017 Audit Score by Enrollment Size



2017 Audit Scores (3 of 3)

2017 Average Audit Score by Audit Type

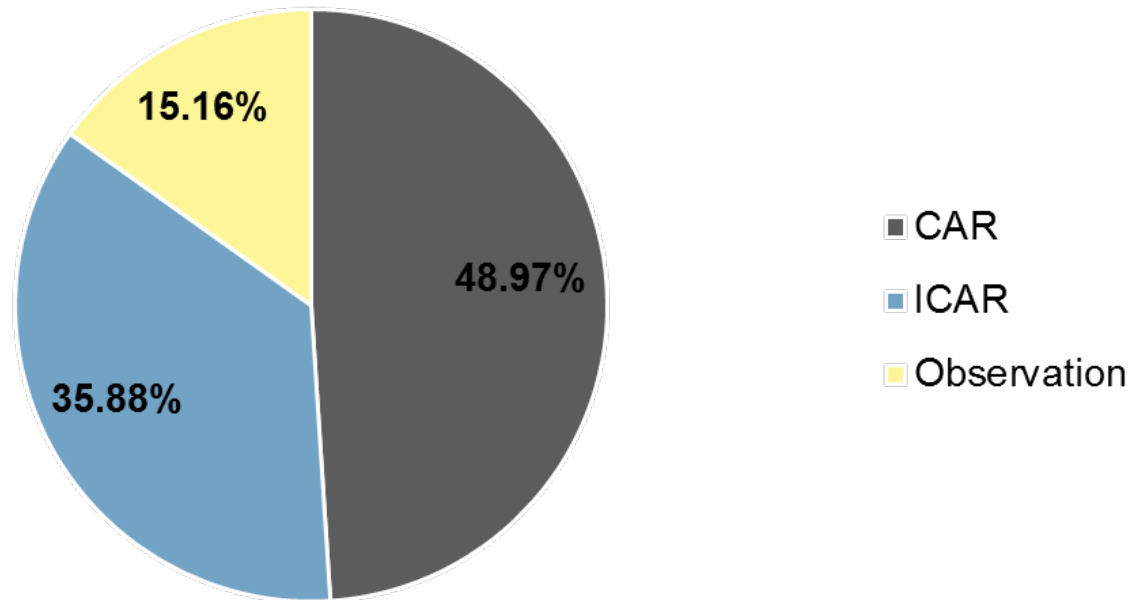


2017 PACE Audit Overview (1 of 3)

Element	Total Conditions	ICARs	CARs	Observations
CACP	118	55 (46.6%)	44 (37.3%)	19 (16.1%)
SDAG	498	171 (34.3%)	251 (50.4%)	76 (15.3%)
Onsite	17	15 (88.2%)	1 (5.9%)	1 (5.9%)
Personnel	72	20 (27.8%)	36 (50.0%)	16 (22.2%)
Quality	36	2 (5.6%)	33 (91.7%)	1 (2.8%)
Totals	741	263	365	113

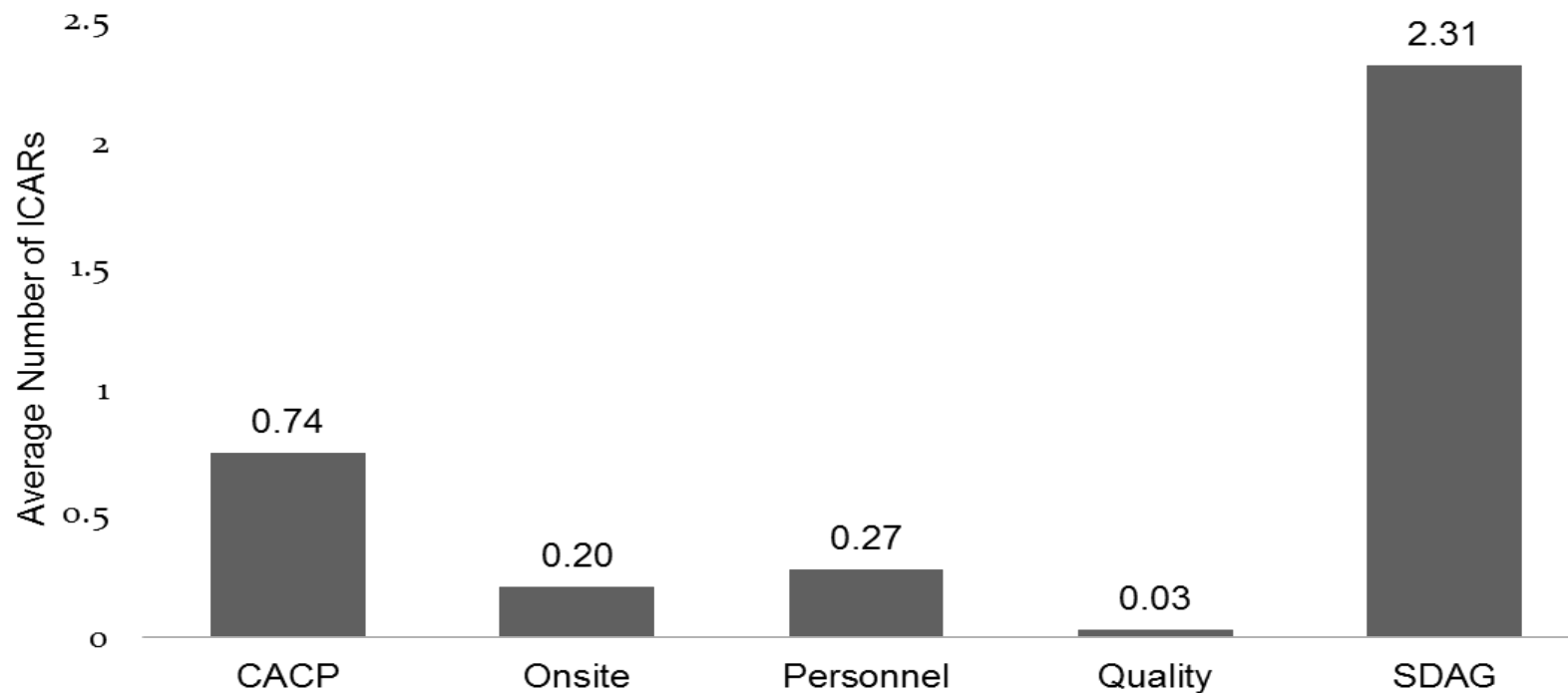
2017 PACE Audit Overview (2 of 3)

Breakdown of Conditions by CARs, ICARs, and Observations



2017 PACE Audit Overview (3 of 3)

Average Number of ICARs per Audit



Clinical Appropriateness and Care Planning:

- The PO failed to maintain a medical record that was complete, accurate, and available to all staff.
- The PO failed to provide services that were accessible and/or adequate to meet the needs of its participants.

Onsite Element:

- The PO failed to have emergency equipment onsite and immediately available.
- The PO failed to provide care and services in accordance with participants' approved care plans.

Personnel:

- The PO failed to evaluate the competency of all personnel and contractors prior to those individuals performing participant care.
- The PO failed to provide emergency training as required.

Quality Assessment:

- The PO did not ensure that all IDT members, PACE staff, and contract providers were involved in the development and implementation of quality assessment and performance improvement activities.
- The PO failed to develop and/or implement an effective, data driven quality assessment and performance improvement program.

SDAG:

- The PO failed to conduct in-person assessments and/or reassessments as often as required.*
- The PO's denial notifications failed to include the specific reason(s) for the denial in a clear and understandable manner.

*This condition was cited for any missing in-person assessment including annual, semi-annual, and change in condition. Therefore, it was cited in both CACP and SDAG.



2017 Common Causes



- Lack of documentation or the inability to show compliance with the requirement
 - Example: No evidence or documentation that medications were provided as scheduled/ordered
- Misunderstanding the CMS requirement or regulation
 - Example: Most POs were not aware that they should be auto-processing untimely service delivery requests as appeals
- Lack of oversight or training to ensure staff or personnel adhered to internal procedures



2018 Process Improvements



- Developing Core Audit Leads that will be responsible for conducting all PACE Audits in 2018.
- Account Managers will no longer participate as an audit lead or team member for any account/organization they oversee.
- Audit fieldwork will be split into two weeks. The first week will be done via desk review, and the second week will be onsite.
- CMS will be piloting a survey to several POs to gather feedback on the 2018 audit process.



2018 Process Improvements (continued)



- Enhancements to the Health Plan Management System (HPMS) to streamline the audit process, such as:
 - Entering draft audit report comments and responses directly in the system
 - Issuing ICAR notifications through the system
 - Allowing for multiple file uploads/downloads at one time



Questions?



- If a PO has questions or concerns regarding how an audit is being conducted, please reach out to the email address below.
- For questions on this presentation or PACE Audits, please email: PACEAuditQs@cms.hhs.gov