Bringing PACE to New Hampshire

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PACE 101
What is PACE?

Seeing PACE Firsthand
What is PACE?

• Comprehensive
• Community Based
• Coordinated
• Capitated
PACE by the Numbers - What

- **124** PACE Organizations
- **242** PACE Centers
- **11** Average # Years Programs in Operation
PACE by the Numbers - Where

- 31 PACE States
- 19 Operate in Rural Areas
- 49% of all PACE organizations operate in 5 States
Where is PACE?
Who Does PACE Serve?

• 55 and older
• At a Nursing Home Level of Care
• Able to live in Community, with PACE services
PACE by the Numbers - Who

42,000+ Participants

95% In Home & Communities

76 Average Participant Age
How Does PACE Operate?

• PACE Center
  • Primary Care
  • Rehabilitative Care
  • Activities
  • Meals

• In the Home

• Transportation

• Contracted Network:
  • Specialists
  • Hospitals
  • Assisted Living
  • Other
Integrated Service Delivery and Team Managed Care

PACE INTERDISCIPLINARY TEAM

- Physical therapist
- Registered nurse
- Recreation therapist
- Dietitian
- Occupational therapist
- PACE center manager
- PACE manager
- Personal care attendant
- Home care coordinator
- Driver
- Master’s of Social Work
- Primary care provider
Outcomes

- Better care
  - Fewer unmet needs
  - Improved chronic care management
  - Better functional support
- Longer life
- Higher Quality of Life
PACE Costs

- Reduces high cost of uncoordinated care
  - Fewer hospitalizations
  - Less ER use
- Capitated = Predictable
- PACE rate less than current Medicaid cost
- No copays
Who Pays for PACE Care

• PACE is a financially capitated program

• Organizations receive a per member, per month payment to deliver all the necessary care

• Breakdown of Participants
  • 90% dually eligible for Medicaid and Medicare
  • 9% Medicaid-only
  • 1% private pay, Medicare-only, other
Why PACE in New Hampshire?

- Coordinated care
  - Keeps elders in their homes and their communities
  - Supports family caregivers
  - Reduces costly acute care
- Takes full responsibility for meeting care needs, at a predictable monthly cost
- Supports economic development and provides good jobs
- Proven model
State Requirements and Issues
State Plan Amendment

• State must amend its Medicaid Plan to elect PACE as a voluntary state option

• The State Plan Amendment (SPA) and provider application processes can occur simultaneously

• State must receive CMS approval of SPA before 3-way Program Agreement can be signed
The SPA covers three major components:

1. Clinical and financial eligibility and post-eligibility treatment of income requirements for PACE enrollees;

2. Medicaid capitated rates and payments (including rate setting methodology); and

3. Procedures for processing Medicaid enrollments and disenrollments in the state’s management information system.
State Role in PACE Development

• Site selection
• Licensing and certification requirements
• UPL(s) and Medicaid capitation rate(s)-setting
• Program eligibility requirements and determination processes
• Medicaid enrollment and disenrollment systems
• Medicaid state plan amendment
• Reviews/submits PACE provider application and participate in provider application process
• Participates in 3-way Program Agreement
• Medicaid contract, if necessary
• Ongoing oversight and monitoring
Federal Requirements and Issues
CMS’s Role in PACE Development

- Responsible for development/implementation of federal PACE regulatory requirements
- Implements Medicare payment methodology
- Reviews/approves PACE provider applications and SPAs
- Medicare enrollment and disenrollment systems
- Participates in 3-way program agreement
- Ongoing oversight and monitoring
Medicare Part D

• PACE organizations offer Medicare Part D prescription drug coverage
• Individuals who join a PACE program, will get your Part D-covered drugs and all other necessary medication from the PACE program
• Prescription drugs provided under Medicare Part D will be covered in the Medicare capitation rates paid to PACE organizations and payment for non-Medicare covered outpatient prescription drugs and prescribed over the counter medications covered in the Medicaid capitation rate
Questions?

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