



# PACE "Stands Out" Among Integrated Care Models

National Evidence from a HHS Study of Outcomes for Dual Eligible Beneficiaries<sup>1</sup>

## WHAT WAS STUDIED

Millions of Americans are dually eligible for Medicare and Medicaid – an older and medically complex population whose care needs and costs far exceed those of beneficiaries in either program alone. The U.S. Department of Health and Human Services (HHS) published a second national study comparing outcomes across integrated care models in 2026, using Medicare Advantage (MA) encounter data covering 3,092,043 full-benefit, dual-eligible beneficiaries. The study compared four plan types, using 2021 data:

### Regular Medicare Advantage Plans (MA)

No special integration of Medicare and Medicaid. Comparison group (n=946,510).

### Dual Eligible Special Needs Plans (D-SNPs)

D-SNPs are MA plans targeting dual-eligible beneficiaries that coordinate but generally do not deeply integrate benefits (n=1,843,757).

### Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs) SNPs

FIDE-SNPs provide Medicare and Medicaid, including long-term services and supports (LTSS), through a single organization (n=254,083).

### Program of All-Inclusive Care for the Elderly (PACE)

PACE is a provider-based model for people 55+ who qualify for nursing facility care, delivering fully integrated medical care and LTSS (n=48,143).

## ONLY PACE PERFORMED FAVORABLY ACROSS ALL MEASURES

Outcome	PACE	D-SNP	FIDE-SNP
Hospitalization	✓ Lower	✗ Higher	✗ Higher
ED Visits	✓ Lower	✗ Higher	✗ Higher
Institutionalization	✓ Lower	✓ Lower	✓ Lower
Mortality	✓ Lower	✓ Lower	✓ Lower
HCBS Use	N/A	✗ Higher	✗ Higher

*D-SNPs and FIDE-SNPs showed higher ED visit and higher hospitalization rates despite greater use of home and community-based services which the authors suggest may indicate unmet care needs.*

## The Case for PACE: Standout Performer

PACE enrollees were the oldest (mean age 78), had the most comorbidities and highest risk scores of any group, yet PACE was the only model to perform favorably or neutrally on every applicable measure. The HHS study identified that PACE "stands out with its effectiveness in reducing costly hospitalizations and ED visits." HHS concluded that the results showed "fresh and strong evidence supporting the benefits of integrated care models, especially the PACE program, in promoting better health care use and health outcomes."

<sup>1</sup> Feng, Z., Wang, J., Gauss, K., Segelman, M., & Grouverman, V. (2026). *Integrated Care and Health Outcomes for Dual Eligible Individuals*. HHS/ASPE/OBHDAP. RTI International, March 17. Prepared for the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

The National PACE Association advances the efforts of PACE programs across the country.

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