PACE 2.0 Project Overview
Why Do We Need PACE 2.0?

• 2M plus Dual-eligibles need Long Term Services and Supports; PACE serves 2% of them

• Seniors, and potentially others, in PACE
  • Live longer
  • Have reduced chronic illness complications
  • Live in the community
  • Have fewer unmet needs
  • Have a higher quality of life

• PACE has the attributes of a high performing health care delivery system
  • Fully integrated
  • Person centered
  • Holistic
  • Accountable
What Will PACE 2.0 Do?

Chart a course for a 5X exponential growth in PACE through:

- Expanding current PACE organizations’ operations and service areas
- Initiating new PACE organizations’ to serve new areas
- Serving more currently eligible individuals
- Serving newly eligible individuals
PACE 2.0: Project Work Flow

**Essential Elements**
- Design
- Competencies
- Needs Addressed

**Target HNHC Subpopulations**
- Health status
- Functional status
- Care gaps

**Growth Factors**
- Policy
- Workforce
- Quality

**Spread & Scale Plan**
- Service Areas
- Sponsors
- Prototypes

**August 1, 2017** – **July 30, 2019**
Essential Elements

- Design
- Competencies
- Needs Addressed

PACE Delivery Model Focus Groups

October, 2017

PACE Innovator Site Visits

January – February, 2018

PACE Literature Review

November, 2017
Target High Need, High Cost Populations

- Health Status
- Functional Status
- Care Gaps
Growth Factors

- Policy
- Workforce
- Quality

- PACE Policy Focus Groups
  - Truven
  - October, 2017

- Policy Key Informant Interviews
  - Truven
  - November, 2017

- Workforce and Quality White Papers
  - TBD
  - May - July, 2018
Spread and Scale Plan

- Service Areas
- Sponsors
- Prototypes

L & M

Prospective Sponsor Type Interviews

TBD

Billions Institute, NPA

Prototype Development

August - December, 2018

NPA

Outreach

January - July, 2019

[Diagram showing the flow of the plan with circles and arrows connecting the steps]
Project Deliverables
1: Report: PACE 2.0 Projected Impact Estimates

<table>
<thead>
<tr>
<th>Required Steps:</th>
<th>Related Project Team Members:</th>
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<tbody>
<tr>
<td>• Essential Elements</td>
<td>• L&amp;M Policy Research</td>
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2: Chart E-Book: PACE 2.0 Projected Impact Estimates by State and Service Area

**Required Steps:**
- Essential Elements
- Targeted High Need, High Cost Populations
- State and Federal Policy Scenarios

**Related Project Team Members:**
- L&M Policy Research
- RTI
- Truven
- NPA
3: Assessment: What Can We Learn from PACE Innovations

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4: Growth Plan: Scale and Spread Strategies for PACE 2.0

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5: Provider Action Guide: Prioritizing and Planning for PACE Growth Opportunities

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- NPA
- Billions Institute
- L&M Policy Research
6: Outreach

**Required Steps:**
- Provider Action Guide
- Outreach Plan

**Related Project Team Members:**
- NPA
- All – opportunities to present/disseminate project findings
Project Questions and Concepts
Underserved and Unserved: HNHC populations

• Underserved – currently eligible
  • Duals
  • Medicare-only
  • Veterans

• Unserved – pilot populations
  • Age
  • Level of Care
Underserved and Unserved: Service Areas

- Underserved
  - Rural
  - Current Programs, limited growth
  - Current States, limited access
- Unserved – States without PACE
  - Potential for Medicare Only
Policy Scenarios

- Federal
  - Pilots
  - Medicare-only changes
    - Part D Plan Choice
    - Health Status Adjusted Rates
    - 2-way (Medicare-only) Program Agreements

- State
  - Enrollment Caps
  - Program Caps
  - New States
Sponsors

• Current PACE Organizations

• New Sponsors
  • Health Systems
  • Health Plans
  • ACOs
  • FQHCs
  • LTSS Providers

• Sponsor Partnerships
  • Acute care and LTSS
  • Current PACE and new PACE
  • Delivery and Risk Management
Prototypes

Payers
  MCOs
  ACOs

Providers

Participant Pathways
  FFS entry points
  Care management