A Message from NPA Leadership

PACE: Ready to Grow

It has been an eventful year for the PACE community. The year was highlighted by NPA successfully securing an 8 percent average increase in Medicare payment and the release of the new PACE Rule. The new rule, as hoped, finally introduced long-sought changes to PACE regulations that NPA and the PACE community have sought for many years. These changes reflect the PACE program’s decades of experience caring for vulnerable older adults and will help PACE programs start faster, expand access more quickly, and innovate more readily to better serve their communities.

NPA continues to work on other policy priorities that promote expanded access to and increased affordability of PACE. Long-standing priorities include advocating for CMS to develop PACE-specific pilot opportunities, particularly around serving new populations, providing PACE organizations with the opportunity to offer PACE participants the option to enroll in another Medicare Part D prescription drug plan with lower monthly premiums, and PACE 2.0, NPA’s effort to identify and develop best practices for faster growth.

NPA has also been working hard to provide enhanced value for NPA members. NPA has launched e-communities that allow PACE staff to share ideas and information, we produce regular NPA Update videos to keep members informed about new and ongoing work and our Data Team has developed a new platform for PACE data to serve members better.

The work of NPA has provided the foundation for the next surge in expanded PACE access. The lives of many vulnerable adults around the country could be enhanced if they had access to PACE. With growth as a top priority in the coming years, PACE is poised to grow in bold and exciting ways.

Adam Burrows
Board Chair
Medical Director, Upham’s PACE

Shawn Bloom
President and CEO
National PACE Association

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The National PACE Association (NPA) is the only national association devoted to the Program of All-Inclusive Care for the Elderly (PACE®) and its comprehensive approach to care. Member dues are used to advance our strategic goals of championing the value of PACE and supporting growth, advocating for effective regulatory and payment policies, supporting PACE operational quality through education and data, and distinguishing and promoting the PACE brand. To achieve these goals, NPA is proud to provide our members with unparalleled support in the primary areas of policy, communication, education and data, along with other support services unique to NPA members.
Communications

NPA works to maximize the exchange of ideas between the association and its members and to facilitate interactions among PACE organizations. Professionals in various disciplines have opportunities to communicate with their peers throughout the country in seeking to increase effectiveness of the model as well as enhancing care provision.

Over the past year, the NPA Communications Team has completed the following projects:

» created a new logo for NPA and a stronger brand identity for the association;
» produced video testimonials of PACE participants and caregivers telling their stories in a series titled “Before I Found PACE”;
» hosted the second National PACE Month in September;
» kept members informed through the weekly NPA Headlines, monthly Keeping the PACE e-newsletter, and frequent website updates;
» promoted PACE through social media via Facebook, Twitter, LinkedIn and YouTube;
» produced “NPA Update” videos, with messages by NPA president and CEO Shawn Bloom, to keep members up to date; and
» launched e-Communities for PACE, replacing our list serves, to provide enhanced capabilities for members to communicate with one another.

Looking forward, we will focus on the following:

» collecting user analytics to update the NPA website and other electronic platforms;
» producing video tools for PACE organizations; and
» assisting PACE organizations in benefiting from the new opportunities available in the updated PACE Rule.
The information and insights provided by meaningful data are key to making decisions that drive growth and innovation. To that end, the NPA Data Team continues its focus on PACE Quantum, a three-pronged initiative that enhances the current benchmarking system and data sets with electronic health record (EHR) vendors as partners to demonstrate the value of the PACE model of care.

Over the past year, the NPA Data Team has completed the following projects:

- fully implemented DataPACE3 (DP3), including the completion of two reporting cycles;
- adopted the new role of creator and owner of data infrastructure, which has required considerable effort to ensure the new system stays HIPAA-compliant;
- continued the investigation and installation of new technologies to support data flow and reporting;
- continued to provide analytical services, such as PMPM and Financial Ratio benchmark reporting, Staffing Ratio and Capitation Rate;
- engaged members and EHR vendors in deploying the Common Data Set (CDS) 1A and built CDS structures in DP3 based on input from members and vendors;
- received the first testing data sets from EHR vendors and member organizations;
- finalized the development of DP3 Virtual Machine SQL Server Integration Services (VM-SSIS) processes and data warehouse; and
- restructured the Data Team for a more efficient approach to developing components of CDS and analytical services.

Looking forward, NPA will focus on the following:

- developing a Quantum Data Steering Committee and design measures sourcing CDS;
- integrating new outcome measures developed by the Quality Committee into DP3;
- continuing to support EHR adoption of CDS;
- aligning EHR vendor extracts for compliance with CDS layouts and requirements; and
- continuing to explore capabilities for providing members with customizable data reports and dashboards.
Education

NPA hosts a Spring Policy Forum, Summer Conference and Annual Conference each year and facilitates programs to help PACE organizations learn from one another and from experts in the field. We are developing the capability to produce educational and promotional multimedia content that members will be able to access via the NPA website.

Over the past year, the NPA Education Team has offered the following:

» three yearly conferences, including the Spring Policy Forum, which provided up-to-the-minute information on health care reform efforts;
» monthly PACE Learning Series webinars on various topics of interest;
» planned and recorded webinars that members can view at their convenience on the NPA website; and
» the PACE Leadership Training Program to help ensure the success of individual PACE programs and PACE as a whole, with graduates learning the fundamentals of what it takes to be a leader in their program.

Looking forward, NPA will focus on the following:

» launching multimedia content that will be available to members on demand;
» introducing brief overviews of the various NPA departments to provide new members with a clearer understanding of what NPA does;
» developing options for creating a Learning Management System (LMS) web-based component to complement the Medical Director Essentials Course and benefit new medical directors; and
» offering Interdisciplinary Teams in PACE, an online course about interprofessional teamwork and participant care that is conducted in partnership with Rush University Medical Center.

Medicare Payment

» Responding to the CMS Advance Notice of Payment for CY 2020, NPA supported a transition to a new Medicare risk adjustment model for PACE payments. The Final Notice of Payment incorporated this change, which is estimated to increase Medicare payments to PACE by 8 percent.
» NPA also continued to conduct bi-weekly Health Plan Management conference calls to member PACE organizations to review Health Plan Management System (HPMS) memos, emails and other CMS communications and assess them for PACE applicability.
Policy

We continued to advance our policy priorities of expanding access to PACE, balancing oversight with flexibility and ensuring adequate payment that sustains PACE operations, while supporting investments in growth.

» The release of an updated PACE regulation was a highlight of NPA advocacy efforts. The final rule was released by CMS on May 28, 2019. Upon release of the rule, NPA notified PACE organizations of the major changes impacting them, including expanded primary care provider options and interdisciplinary team flexibility.

NPA Works with PACE Organizations and Congress

NPA now has several tools to help PACE organizations connect with Congress.

» Our Take Action website helps you connect with your members of Congress when NPA is working on a specific congressional issue. The site also helps you identify and connect with the members of Congress representing your congressional district or state.
» During the NPA Spring Policy Forum, attendees visited their members of Congress, and NPA hosted a luncheon on Capitol Hill.
» For National PACE Month in September, NPA created a guide for hosting elected leaders in your PACE center. The guide can be used at any time of the year.

Key Congressional Leaders for PACE

Sen. Dianne Feinstein (D-CA) led an effort to include report language in the FY 2019 Department of Defense and Labor, Health and Human Services, and Education Appropriations Act (H.R. 6157).

Reps. Jackie Walorski (R-IN-2) and Earl Blumenauer (D-OR-3) led a bipartisan effort to produce the June 20, 2018, Dear Colleague letter to CMS signed by 69 members of the U.S. House of Representatives that urged swift action on the PACE Final Rule. They also introduced the Comprehensive Care for Seniors Act (H.R. 6561). The House passed the legislation on Sept. 12, 2018, directing CMS to release the PACE Final Rule.

Sens. Tom Carper (D-DE) and Pat Toomey (R-PA) introduced the Comprehensive Care for Seniors Act (S. 3338) in the Senate. The legislation directed CMS to release the PACE Final Rule.
NPA also pressed Congress and the Administration to protect Medicare and Medicaid funding for high-cost, high-need individuals, to improve accessibility and affordability of PACE for those eligible only for Medicare, and to move forward with PACE-specific pilots for new populations, including people living with disabilities and those at risk of needing a nursing home level of care.

**Regulatory Advocacy**

Our regulatory advocacy has focused on CMS implementing a new audit process for PACE. New interpretations of existing regulations, guidance letters and waivers have resulted in PACE organizations receiving citations and being asked to change previously accepted practices. NPA has communicated with PACE organizations regarding the compliance standards against which they are audited and the expectations of CMS for the documentation supporting compliance. To further assist our members, we are developing compliance program materials for PACE organizations to augment their audit preparations.

NPA reviewed the proposed CMS 2020 PACE audit process and submitted to CMS a comprehensive comment letter detailing our concerns. Key to these concerns are the even greater administrative and cost burdens the proposed 2020 audit process would impose on PACE organizations.

The NPA Public Policy Team addressed a number of other regulatory issues over the past year:

- CMS preclusion list requirements related to physicians and other Medicare-certified providers;
- CY 2020/2021 Medicare policy and technical changes;
- requirements for risk adjustment data validation (RADV) audits and Part D rebates;
- proposed changes to HIPAA requirements to improve care coordination and encourage value-based care;
- modifications to emergency preparedness requirements;
- technical assistance for PACE organizations on new and existing regulatory requirements;
- the CMS 1/3 Financial Audit, where NPA provided support to members during the process;
- development of the Part D dashboard on the NPA website, which will allow PACE organizations to compare their costs and revenue with PACE programs in the aggregate; and
- a continuity of care for currently enrolled veterans whose PACE costs are covered by the Department of Veterans Affairs (VA) while the department implements the Mission Act of 2018.
Growth
Since the effectiveness of advocacy by both NPA and the PACE community is linked to the ability of PACE to grow, we took action to accelerate growth through the PACE 2.0 initiative, with funding support from The John A. Hartford Foundation and the West Health Institute. The NPA Public Policy Team accomplished the following:

» developed the PACE 2.0 Growth Model, based on insights and lessons learned from high-growth PACE organizations, to identify strategies and tactics that help PACE programs grow exponentially;
» field tested the PACE 2.0 Growth Model and established the West Coast Learning Collaborative with 10 PACE organizations to pilot and continue to refine the model; and
» generated and shared market-specific Growth Aim Packages with member PACE organizations, including estimates of the PACE-eligible market in their service areas and growth benchmarks and tools to support assessing external and internal factors that may impact growth.

Expanding Access to PACE
Expanding access to PACE remains a high priority for NPA, and we continuously endeavor to raise awareness for eligible populations:

» We created a new advocacy tool, the PACE Value infographic, to help in those efforts.
» Staff and member organizations use the PACE Value and PACE by the Numbers infographics to illustrate our positive outcomes for participants and health care spending.
» NPA also is working with the U.S. Department of Veteran Affairs to increase the number of veterans enrolled in PACE via their local Veterans Affairs Medical Center through the implementation of the new Community Care program, which was created by the Mission Act of 2018.

Another element of our work in this area is facilitating the enrollment of additional Medicare-only participants, who comprise less than 1 percent of current participants:

» NPA developed a model Part D waiver template for PACE organizations targeting this population so Medicare-only participants have a choice of Part D plans.
» Model legislation has been drafted, and NPA is working with our congressional champions to have it introduced.
» Being able to purchase a stand-alone marketplace Part D plan rather than the plan of a PACE organization allows these participants to reduce their out-of-pocket costs substantially.

NPA also initiated Wave 3 of the Mystery Shopper Study to assess the level and accuracy of PACE awareness among counseling entities and to evaluate whether PACE is discussed as a care option for
beneficiaries. In addition, we published an overview report of the Information and Referral/Assistance (I&R/A) network to provide PACE organizations with a landscape of the informational services available for aging adults. The report provides information to PACE organizations so they can advocate for developing I&R/A entities that are accessible and timely, comprehensive and competent, and conflict-free.

NPA continues to support member PACE organizations and state associations in communicating with federal and local elected officials. These interactions include the following:

» in-person visits on Capitol Hill;
» visits to state capitals and local offices; and
» PACE center visits by elected officials and CMS staff.

During the 2019 NPA Spring Policy Forum, we offered advocacy training to enhance these efforts, as well as an opportunity to put the new skills to use. We also created model policies to provide members with readily available materials on which to base state legislation as needed.

We plan to support our advocacy goals of expanded access, fair and balanced oversight, sufficient payment and fostering growth by focusing on the following activities:

» advocate for policies supporting PACE growth and efficiency with CMS and Congress, including PACE-specific pilots, increased accessibility and affordability for Medicare-only beneficiaries, and greater flexibility for PACE organizations under current regulatory and waiver authorities;
» support member PACE organizations in implementing the new PACE Final Rule via written and oral communications, meetings and webinars;
» engage member organizations to stay abreast of regulatory requirements and achieve regulatory compliance as effectively and efficiently as possible;
» maintain a dialogue with CMMI on the suitability of the Direct Contracting Global Population-Based Payment Option Pilots for PACE and keep NPA members informed about accessing this initiative;
» promote increased referrals to and use of PACE by the VA for veterans whose care costs are covered by the agency;
» update the NPA State Almanac, which assesses state performance in the areas of PACE growth, sustainability, oversight and flexibility, alternatives to PACE, and access to PACE;
» revise the NPA State Scorecard, a measurement tool for PACE organizations and states to assess key metrics for growing, expanding, and sustaining PACE that uses process and outcome measures;
» further our PACE 2.0 initiative and create catalysts for growth; and
» provide advocacy training during the Spring Policy Forum to help PACE organizations meet with and communicate their priorities to members of Congress.
Quality

The long-standing reputation of PACE quality care is central to the effectiveness of NPA advocacy efforts. To support the quality of care of PACE organizations, we embarked on several initiatives:

» conducted a sixth round of the Quality Leader Mentorship Program, which provides an opportunity for NPA members to participate in a learning collaborative focused on process improvement methodologies and tools;
» disseminated a manual for PACE quality directors developed by the Quality Committee;
» established the Medication Management Workgroup – comprised of primary care physicians, nurse practitioners, pharmacists and compliance officers – to facilitate the creation and provision of tools and informational and educational resources for PACE organizations that support clinical decision-making and improve the management of pharmaceuticals for participants; and
» supported the activities of the Clinical and Operational Data Analysis Committee in undertaking data analyses to support the quality improvement of PACE organizations; specific projects include a survey of the use of NPA model practices and preventive care guidelines by PACE organizations, an analysis of the use of antipsychotics among participants with dementia, and analyses of hospital utilization and readmission rates in PACE.

Looking forward, NPA will focus on the following:

» continue developing PACE performance measures;
» explore the feasibility of a PACE quality recognition program; and
» establish a training program for PACE quality directors.
Unique Services

NPA provides services, available only to its members, that are tailored to meet the unique needs of PACE organizations.

Our activities over the past year have included the following:

» contracted with eight vendors through the Shared Services program in the areas of claims processing, pharmacy benefits management, insurance products, home technology solutions, participant satisfaction surveys and group purchasing¹;
» facilitated a partnership with Milliman to provide Part D rate development services to members; and
» contracted with the PACE Data Analysis Center (PDAC) at the University of Rochester to provide data analysis services, including risk adjustment modeling, risk scoring, payment predictions, and predictive analytics and benchmarking (e.g., patient diagnosis and prescription drug utilization).

Looking forward, NPA will focus on the following:

» identifying new vendors for the Shared Services program;
» ensuring adequate oversight of program vendors;
» analyzing data for quality and performance improvement purposes; and
» providing multimedia content for staff training and education.

The Value of Membership

NPA is the only national organization that represents the PACE model of care. We are committed to providing our members with programs and services that support them, their participants and PACE. NPA demonstrates its value through unparalleled support in the core service areas of communications, data, education and policy. We keep members informed, provide comparative data and operational support, offer learning opportunities, shape PACE policy, and promote the value of PACE.

NPA supports numerous member services, as well as governance and strategic initiative activities.

¹ NPA developed the Shared Services program to address the needs of its members for products and services that meet the unique requirements and operations of PACE programs. NPA receives a modest fee from participating vendors to manage the Shared Services program, which improves the quality, efficiency, financial performance and operations of its members.
NPA distinguishes itself in the following ways:

» maintains a sole focus on PACE issues;
» tailors services to PACE programs and member needs;
» provides deep institutional knowledge of PACE, with over 150 years of combined PACE knowledge among senior staff; and
» supports the steadily increasing growth of the PACE program for more than 15 years.

Number of PACE Programs, 2001-2018
Revenue and Expenditures

The primary sources of NPA revenue are member dues, educational programs and member services. According to our most recent audited financial statements (FY 2018), 94 percent of NPA revenue is dedicated to policy, education and member services, including data and communication. NPA revenue supports the NPA staff, whose time is devoted to providing programs and services to members.
Our primary expenditures are in the areas of membership services, public policy, education, PACE 2.0 and administration.
Member Services

Clinical Practice Resources
  » Model Practices
  » PACE Medical Director’s Handbook
  » Preventive Care Guidelines
  » Primary Care Committee Manual
  » Risk Assessment Tools
  » Resources for Emergency Preparedness
  » NPA Member Handbook
  » Resources for Optimizing PACE Operations and Efficiencies (OPOE)

Communications
  » e-Communities for PACE
    • Activities/Recreation/Volunteer Coordinators
    • Data and Information Systems
    • Dietitians
    • Finance
    • Intake/Marketing
    • Interdisciplinary Team
    • Medical Directors
    • Nursing
    • Primary Care
    • Quality
    • Rehab/Therapy
    • Site Directors
    • Social Workers
  » National PACE Month
  » NPA Newsletters
    • Keeping the PACE
    • NPA Headlines
  » PACE Awareness Resources
    • Member Marketing Materials
    • PACE Awareness How-to Materials
    • PACE Marketing Materials
    • PACE Press Kit Elements
  » Resources for PACE Marketing 101

Data
  » DataPACE Benchmarking Reports
  » DataPACE3
  » Financial Benchmarking
    • Financial Ratio Benchmarks
    • PMPM Benchmarks
  » PACE Program Resources for Start-Ups
    • Assessment Tools
    • Core Resource Set for PACE
    • Financial Planning Tools
  » PACE Quantum
  » What Is PACE? (Resources)

Education
  » Interdisciplinary Teams in PACE
  » NPA Leadership Training Program
  » Medical Director’s Handbook
  » NPA Annual Conference
    • Educational Sessions
    • Intake/Marketing Workshop
    • PACE Basics
    • Primary Care Symposium
    • Quality Symposium
  » NPA Spring Policy Forum
  » NPA Summer Conference
    • Clinical Symposium
    • Medical Director Essentials Course
    • Quality Symposium
  » PACE Learning Series (Monthly Webinars)
  » Quality Director’s Handbook

Member Conference Calls
  » All-Member Policy Update
  » Health Plan Management
  » PACE Awareness
Quality
  » PACE Quality Director’s Handbook
  » Quality Committee Manual

NPA Committees
  » Audit Committee
  » Awards Committee
  » Clinical and Operational Data Analysis Committee
  » Education Committee
  » Finance Committee
  » Nominating Committee
  » Primary Care Committee
  » Public Policy Committee
    • Advocacy Subcommittee
    • Payment Subcommittee
    • Regulations Subcommittee
    • State Policy Subcommittee
  » Quality Committee
    • Audit and Compliance Subcommittee
    • Education Subcommittee
    • Performance Measures Subcommittee
    • Quality Improvement Subcommittee

NPA Consortiums
  » Nurses
  » Recreation Coordinators
  » Rehabilitation Therapists
  » Social Workers
  » Transportation Coordinators

NPA Workgroups
  » Medication Management Workgroup
  » Palliative and End-of-Life Care Workgroup

Participant Care Resources
  » Advance Care Planning
  » Behavioral Health
  » Bereavement Program
  » End-of-Life and Palliative Care

Payment
  » PDAC Reports

Policy and Advocacy
  » Advocacy Resources
    • Online Advocacy Classroom
    • Webinar on Capitol Hill Requests
  » Federal Legislative Policy
  » NPA Public Policy Year in Review
  » PACE Facts and Trends
  » PACE Pilots
  » Press Room
  » Public Policy Resources
  » Research
  » State Policy
    • State Almanac
    • State Score Cards
  » Upper Payment Limit (UPL) Paper
  » Take Action Tool to Communicate with Congress

Shared Services
  » Claims Processing with Encounter Data Reporting
  » Group Purchasing with More Than 30 Vendors
  » Home Technology Solutions
  » Insurance and Reinsurance Products
  » Pharmacy Benefit Management
  » Participant Satisfaction

Strategic Initiatives
  » Health Information Technology
  » New PACE Markets
  » New Populations
  » OPOE Resources
  » PACE 2.0
  » PACE Model Variations
  » Rural PACE Initiative
  » Veterans Affairs

Surveys
  » EHR Survey
  » Executive Salary Survey
  » Member Satisfaction Survey
  » PACE Census and Capitation Rate/Medicaid Capitation Rate Survey
  » Pay Rate Survey
  » Staffing Ratios Survey Report