A Message from NPA Leadership

Dear NPA Members:

As chair of the NPA Board of Directors, I am pleased to announce the FY 2018 NPA Annual Report, which reflects the accomplishments of NPA during the past year – a year unlike any we have ever experienced.

It has been an eventful year for the PACE community, even if a great deal of our efforts went toward preventing possible disruptions to the PACE environment. We witnessed numerous efforts by Congress to repeal the Affordable Care Act (ACA). Many of these efforts could have inadvertently impacted PACE providers. NPA stayed on top of the legislative developments and effectively mobilized members to ensure our voices were heard at key moments in the debate.

At the federal level, there was also an effort to push more decision-making down to the state level. As the Centers for Medicare & Medicaid Services (CMS) encouraged states to apply for waivers, NPA created new resources such as the State Almanac and State Scorecard to help us work more effectively with states on policies that promote PACE growth.

Our efforts to grow PACE and increase awareness of the benefits of PACE continue to revolve around data. NPA continues efforts to move PACE organizations and our service providers to the PACE Common Data Set and implement DataPACE3, which will allow PACE organizations to interact more easily with their data.

As we continue to live through a revolution that is changing the way we communicate with one another, NPA is enhancing its efforts to work with PACE organizations to increase PACE awareness. One key activity was celebrating the first National PACE Month last fall. The observance was successful in helping local PACE organizations host events and conduct media outreach in celebration of PACE. NPA also produced its first two “NPA Update,” video messages from NPA president and CEO Shawn Bloom to help keep members informed about the work NPA is doing on their behalf.

Another NPA innovation was the launch of PACE 2.0, a grant project funded by The John A. Hartford Foundation and the Gary and Mary West Foundation. The goal is to accelerate the growth of PACE by developing best practices for PACE growth and model variations to serve new populations.

NPA continues to excel in its efforts to bring together the PACE community, strengthen PACE, and build a solid foundation for future growth.

Joann Gago
CEO, LIFE Pittsburgh
Pittsburgh, PA

Shawn Bloom
President & CEO
National PACE Association
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.
In a challenging political environment, NPA continued to pursue a legislative and administrative policy agenda supporting the quality, innovation and growth of PACE organizations. We concentrated our efforts on three elements: payment, oversight and access/enrollment opportunities. NPA worked in conjunction with like-minded organizations whenever possible.

Specifically, we sought to ensure that any Medicaid and Medicare funding reforms support vulnerable populations with sufficient resources for integrated financing and care for dually-eligible individuals. NPA also pushed to increase the availability and access to PACE for Medicare-only beneficiaries.

We are highly disappointed that the Centers for Medicare & Medicaid Services (CMS) failed to act on either the proposed update to the PACE regulation or the congressionally-authorized PACE pilots, which would facilitate increased flexibility and additional operational efficiencies for PACE programs, leading to enhanced quality of care for participants.

Looking to the future, we remain well positioned to advocate for our priorities on behalf of PACE programs, their participants and their staff.

NPA undertook the following activities during the past fiscal year:

» advocated to Congress and CMS for policies supportive of PACE efficiency and growth, including the release by CMS of the PACE final rule and requests for proposals for PACE pilots and PACE-like pilots, increased accessibility and affordability for Medicare-only beneficiaries, and greater flexibility for PACE organizations under current regulatory authority and BIPA 903 waiver authority;

» submitted comments to CMS on a variety of proposed regulations and requirements impacting PACE, either directly or indirectly, including Parts C and D preclusion list requirements, CY 2019 Medicare policy and technical changes, the Medicare Quality Payment Program and the PACE application process;
» advocated for appropriate Medicare payments to PACE organizations through comments on the CY 2019 Advance Notice of Payment and the support of Congress for payment improvements;

» continued to develop materials assisting PACE organizations seeking to comply with CMS audit requirements newly implemented in 2017 and to gather and share information among PACE organizations regarding their audit experiences;

» completed state scorecards through which member organizations and states can assess key metrics for growing, expanding, and sustaining PACE;

» advocated for funding to implement the PACE model of care in Washington, DC;

» facilitated PACE organizations to meet and communicate their priorities with their members of Congress through advocacy training and other efforts during the 2018 NPA Spring Policy Forum;

» monitored and responded to regulatory initiatives by CMS and the U.S. Department of Health & Human Services (HHS), such as implementation of the nondiscrimination rule and emergency preparedness and Medicare Diabetes Prevention Program requirements and the transition to the Medicare Beneficiary Identifier by providing NPA members with materials that assist them in implementing the new requirements;

> communicated with CMS on a wide range of PACE regulatory, quality, operational and audit issues;

> developed a Part D dashboard to assist organizations in PACE prescription drug spending;

» published the first PACE Quality Director’s Handbook;

» developed an initial set of PACE performance measures;

» coordinated a quality professional mentoring program;

» facilitated the opportunity for NPA members to participate in a learning collaborative focused on a process improvement methodology and tools; and

» proceeded with the PACE 2.0 initiative, examining innovations to the model of care that allow for further spread and scale.

Looking forward, NPA will focus on the following:

» advocate for policies supporting PACE growth and efficiency with CMS and Congress, including urging the swift release of the PACE final rule and quick issuance of requests for applications for PACE pilots and PACE-like pilots, increasing accessibility and affordability for Medicare-only beneficiaries, and allowing greater flexibility for PACE organizations under current regulatory and waiver authorities;

» update the NPA State Almanac, which provides a general overview of how states handle PACE-related policies in the areas of PACE growth, sustainability, oversight and flexibility, and access to PACE;

» develop state model policies, including those encouraging statewide access, expedited enrollment and options counseling;

» assess current state reporting requirements – such as cost, quality and utilization – and construct a state reporting framework;

» engage members to stay abreast of regulatory requirements and achieve regulatory compliance as effectively and efficiently as possible;
» publish an overview report of the Information and Referral/Assistance network for people seeking information on their long-term care options;

» initiate a new round of the Mystery Shopper Study to assess the level and accuracy of PACE awareness among options counselors and to evaluate whether PACE is discussed as a care option for beneficiaries;

» develop and provide aggregate graphical reports based on risk factor data showing trends in PACE risk scores and payments;

» develop and provide Part D operations training materials;

» develop and share a PACE Medicare Compliance Handbook to assist organizations with the development of a Medicare Compliance Department;

» further develop PACE performance measures;

» develop a training program for PACE quality directors;

» explore accreditation for PACE;

» share information about the use by PACE organizations of alternative care settings and other PACE model variations;

» work with members to implement PACE and PACE-like pilots;

» generate a “Value of PACE” document that can be used by NPA and its membership;

» create a model Veterans Affairs Marketing Kit based on the new framework for community care created by the VA Mission Act of 2018; and

» further our PACE 2.0 initiative and create catalysts for growth.
New technologies continue to bring new opportunities for communication in the PACE community. Over the past year, we began producing multimedia content with the launch of “NPA Update,” a quarterly video update by NPA CEO and president Shawn Bloom. This new feature is just the first step in developing a variety of media so our members can receive real-time information and resources in the way that they prefer.

Looking forward, NPA will focus on the following:

» deploy e-communities that will be more user-friendly than our current list serves and provide enhanced capabilities for members to communicate with one another;

» work to create a stronger brand identity for the association;

» utilize user analytics to better organize the NPA website; and

» produce video testimonials by PACE participants and caregivers to tell the story of PACE.

NPA has undertaken the following activities:

» kept members informed and up to date on matters of interest 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; and

» launched our first video series, “NPA Update.”
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 also are developing the capability to produce educational and promotional multimedia content that members will be able to access via the website.

NPA has undertaken the following activities:

» offered three annual conferences, including the Spring Policy Forum, which provided up-to-the-minute information on health care reform efforts;

» launched a second round of the Optimizing PACE Operations and Efficiencies (OPOE) program, which supports PACE organizations in their pursuit of developing a culture of continuous improvement and operational efficiencies;

» presented monthly PACE Learning Series webinars on topics of interest;

» recorded webinars that members can view at their convenience on the NPA website; and

» conducted the 2017-2018 PACE Leadership Training Program to help ensure the success of individual PACE programs and PACE as a whole.

Looking forward, NPA will focus on the following:

» launch multimedia content that will be available to members on demand;

» conduct the 2018-2019 PACE Leadership Training Program to help ensure the success of individual PACE programs and PACE as a whole; and

» offer Interdisciplinary Teams in PACE®, an online course about interprofessional teamwork and participant care that is conducted in partnership with Rush University Medical Center.
The information and insights provided by meaningful data are key to making decisions that drive growth and innovation. To that end, we have implemented 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.

NPA has undertaken the following activities:

» transitioned from DataPACE2 (DP2) to DataPACE3 (DP3), an effort that required the creation of new data infrastructure that will become the engine for generating new benchmarks and custom analytics;

» with the transition to DP3, stepped into the new role as creator and owner of data infrastructure, which required considerable effort to ensure the new system is created in compliance with HIPAA;

» installed new technologies to support data flow and reporting;

» continued to provide analytical services such as PMPM and Financial Ratio benchmark reporting, as well as Staffing Ratio, Capitation Rate and the EHR survey as member services;

» continued to engage members and EHR vendors in developing and implementing the Common Data Set (CDS);

» built CDS structures in DP3 based on input from members and vendors;

» received the first testing data sets from EHR vendors and member organizations; and

» created on-demand custom analytics.

Looking forward, NPA will focus on the following:

» finalize development of DP3 Virtual Machine SQL Server Integration Services (VM-SSIS) processes and data warehouse;

» develop a Quantum Data Steering Committee and design measures sourcing CDS;

» integrate new outcome measures developed by the Quality Committee into DP3;

» continue to support EHR adoption of CDS to expand on the CDS 1A Enrollment data model;

» certify EHR vendors for compliance with CDS layouts and requirements for the CDS 1A Enrollment data layout; and

» allow members to customize data reports.
NPA provides services that are tailored to meet the unique needs of PACE organizations. These services are only available to NPA members.

NPA has undertaken the following activities:

» 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 purchasing;

» facilitated a partnership with Milliman to provide Part D rate development services to members;

» 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); and

» organized interested members to work together collaboratively and cost-effectively with outside experts on common issues such as the emergency preparedness project, which went into effect in November 2017.

Looking forward, NPA will focus on the following:

» identify new vendors for the Shared Services program;

» ensure adequate oversight of Shared Services program vendors;

» analyze data for quality and performance improvement purposes; and

» provide multimedia content for staff training and education.

* 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 manages the program to improve the quality, efficiency, financial performance and operations of its members and receives a modest fee from participating vendors to manage the program.
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 policy, communication, education and data. In these areas NPA shapes PACE policy, keeps members informed, promotes the value of PACE, offers learning opportunities, and provides comparative data and operational support.

In addition, NPA supports numerous member services and governance/strategic initiative activities.

NPA distinguishes itself in the following ways:

» focusing solely on PACE issues;

» tailoring its programs and services to the PACE program and member needs;

» providing deep institutional knowledge of PACE, with more than 70 years of combined PACE knowledge among senior staff; and

» supporting the steadily increasing growth of the PACE program for more than 15 years.

Number of PACE Programs, 2001-2018
Revenue

The primary sources of NPA revenue are member dues, educational programs and member services. According to our most recent audited financial statements (FY 2017), 93 percent of NPA revenue was dedicated to policy, education and member services, including data and communication, as indicated in the chart below.

Expenditures

Allocation of Staff Time

NPA revenue supports the NPA staff, whose time is devoted to providing programs and services to members. In FY 2017 NPA staff time was allocated as indicated in the chart below.
Programs and Services

The following tables list the programs and services provided by NPA to members in the core service areas of policy, communication, education and data, as well as member services (i.e., member engagement, Shared Services, collaborative projects and member resources) and governance/strategic initiative activities. Member savings are indicated in the footnotes.

Core Services

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<th>Policy</th>
<th>Communication</th>
<th>Education¹</th>
<th>Data</th>
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<tbody>
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<td>Federal Advocacy</td>
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<td>Audits and Compliance</td>
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Member Services

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<th>Resources</th>
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<td>Pharmacy Benefit Management</td>
<td>Emergency Preparedness Materials and Training</td>
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<td>Quality Improvement</td>
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<td>Participant Satisfaction Surveys</td>
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<td>Developing PACE</td>
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¹ Members receive at least a 20 percent discount on registration fees for the Spring Policy Forum and Annual Conference compared to non-members.

² On average, members receive a 1 percent increase in payment per participant or $120,000 per PACE organization per year (assuming a monthly Medicare payment of $2,500 per participant per month in a program with 400 participants).

³ Participating members enjoy significant economies of scale on fixed price projects that are not available to non-members.

⁴ Members receive at least a 15 percent discount on fees compared to non-members.

⁵ Members receive at least a 15 percent discount on fees compared to non-members.
## Governance/Strategic Initiatives

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