Annual Report
FY 2022
Fiscal Year 7/1/2021 - 6/30/2022
A Message from NPA Leadership

2021-2022: A Year of Progress and Potential

The past year has been marked by progress even as the PACE community continued to respond to the COVID-19 pandemic. At times, the progress was uneven as we balanced our efforts to move past the pandemic with the need to respond to each new variant, but it was progress nonetheless. We can point to vaccines, boosters and community care as reasons that hospitalizations and deaths among PACE participants remained steady despite increased COVID infections caused by the new variants. Throughout the pandemic, PACE was able to keep the infection and death rate at one-third the rate of nursing home residents.

The progress we’ve made as we responded effectively to the pandemic has translated into progress toward potential PACE growth as well. We are seeing many promising signs that PACE is poised for significant growth as more and more consumers, legislators and regulators recognize and embrace the PACE model of care.

With signs the pandemic is easing past its crisis point, we were able to host both our Spring Policy Forum and Summer Conference in-person this year. Both events were well attended, thoroughly enjoyed by attendees, and we are greatly looking forward to hosting our Annual Conference from October 9-12 in Seattle, Washington!

This year we also started to update our strategic plan which the board will approve in the next few months. You will see that the updated plan includes goals and objectives in direct response to the challenges and opportunities PACE organizations face today. For example, it will have a specific goal to address the workforce development issues faced by PACE organizations. It also includes goals and objectives to support the PACE community as it pursues growth opportunities created by the pandemic. Underlying the new strategic plan is our steadfast commitment to diversity, equity and inclusion in all that we do.

Interest in PACE has increased across the board, from the media to the states to our elected leaders. Among other positive stories in the past year was an article in the New York Times in March highlighting PACE as the “Underdog of Senior Care”. At the state level, more states are looking to expand or start PACE in their states. We have worked with Illinois, Kentucky, Minnesota, Missouri, Ohio, the District of Columbia, and other states to encourage and support their efforts to establish new PACE organizations. Interest from the provider community is also at an all-time high and we are seeing a significant uptick in PACE interest and enrollment among consumers.

Increased attention on PACE is also occurring among our elected leaders. NPA has seen an unprecedented degree of congressional activity and support for PACE, including seven specific bills that have been introduced in Congress that address PACE growth (affordability, new populations and operational flexibility).

Supporting PACE growth and operational success has always been a core goal of NPA. Partnerships with several supporting foundations has made this work possible over the last few years. We are very grateful for the support and partnership with The John A. Hartford Foundation, Gary and Mary West Health Policy Center, The Harry and Jeanette Weinberg Foundation and the RRF Foundation for Aging.

The work we have done under PACE 2.0 has provided a robust framework for growth. We recently learned that The John A. Hartford Foundation has agreed to fund the PACE 200K project, the successor to PACE 2.0, that will aim to have 200,000 people enrolled in PACE by 2028.
As the association sees new growth on the horizon, we have been proactively planning for the future. We created a new Quality and Compliance department within the association to assist PACE organizations in maintaining a high level of quality care and ensure compliance with regulatory requirements. We have a duty both individually and collectively to ensure that PACE is synonymous with high quality care so we can fulfill our commitment to participants and their families.

In addition, we have increased our staff capacity to meet the needs of our members going forward. We created four new positions this year that help us serve you better in the areas of member services, communications, compliance, and strategic projects. And we have three additional positions we expect to fill before the end of 2022 to expand our capacity in finance, education and remote learning. As an association, we want to ensure that we meet the needs of our growing and increasingly diverse membership.

As a community of 146 PACE organizations serving over 60,000 individuals and their families in 31 states, we see firsthand how PACE can effectively and positively make a difference. Yet, we are only serving a small fraction of those who could benefit from PACE. Like you, NPA is preparing for a very bright and promising future for PACE and doing all we can to build on our historical success. We must be ready to support the growth of existing and new high quality PACE organizations in order to enhance the lives of older adults today, tomorrow and well into the future.

Maria Zamora, MBA  
Chair, NPA Board of Directors  
CEO, Center for Elders’ Independence

Shawn Bloom  
President and CEO  
National PACE Association
Communications and Member Engagement

NPA works to maximize the exchange of ideas between NPA and its members and to facilitate interactions among PACE organizations. Professionals in various disciplines have opportunities to communicate with their peers throughout the country. The COVID-19 pandemic presented NPA and PACE organizations with new opportunities to tell the PACE story.

Over the past year, the NPA Communications and Member Engagement Team accomplished the following:

» expanded our media outreach efforts, with a highlight being a New York Times article about PACE in March titled “The New Old Age: Meet the Underdog of Senior Care”;
» conducted interviews with NPA staff and members on the future needs of the NPA website to develop a request for proposal (RFP) for website redesign; selected Results Direct as the firm to help NPA develop its next-generation website;
» created resources for members for National PACE Month in September;
» conducted media outreach around National PACE Month and On Lok’s 50th Anniversary;
» completed the PACE Member Satisfaction Survey, with a 12.5 percent increase in survey responses over last year;
» maintained a robust social media presence on Twitter, Facebook, LinkedIn and YouTube to raise awareness of PACE and NPA and to engage with members and the public; and
» published 12 issues of the NPA newsletter, Keeping the PACE; 40 issues of our weekly NPA Headlines; and 14 issues of the NPA COVID-19 Newsletter.

Looking forward, we will focus on the following:
» continuing to work with Results Direct to develop a new website for NPA;
» mount a media and marketing campaign promoting PACE as the workplace of choice; and
» working with the NPA Education Team to provide new digital learning opportunities for members.
Data

The information and insights provided by timely actionable data are key to making decisions that drive growth, quality improvement and innovation. The NPA Data Team continues to improve data collection and analysis capabilities and to refine the resulting benchmarking reports.

Over the past year, our priorities were:

» collecting and analyzing data to describe the impact of the COVID-19 pandemic on PACE organizations as they responded to vaccine availability and to more highly infectious variants of the virus. We continued to find that PACE participants were at one-third the risk of nursing home residents for contracting or dying from COVID-19; and

» increasing the timeliness and quality of DataPACE3 (DP3) benchmarking.

The NPA Data Team accomplished the following:

» continued to collect COVID-19 data from PACE organizations, with 87 percent of invited programs providing cumulative data for June;

» completed the 2022 Medicaid Capitation and PACE Data Report and distributed it to participating PACE organizations in April;

» completed the 2020 Financial Ratios Benchmarking report and distributed it to participating PACE organizations in January;

» completed the 2020 DP3 Benchmarking report and distributed it to participating PACE organizations in November;
» conducted root cause analysis of DP3 production issues and identified interventions to address the identified causes. Initiated Phase I of the intervention plan by developing and presenting a training webinar and tools to help POs understand the complexity of the DP3 benchmarking process and to improve the quality of the data they submit;
» completed the 2021 Staffing Report and distributed it to participating PACE organizations in June;
» completed data collection for the 2021 PMPM Benchmarking report with anticipated distribution to PACE organizations in July; and
» implemented new mapping software for PACE expansion.

Looking forward, we will focus on the following:
» implementing Phase II (Internal Workflows) of DP3 interventions to identify opportunities for optimizing manual processes and enhancing automated processes;
» implementing revised Common Dataset (CDS) workplan; and
» analyzing 2018-2022 benchmarking data to identify pre-pandemic and pandemic trends and differences.
Diversity, Equity and Inclusion

The NPA Council on Diversity, Equity and Inclusion (DEI) elevates and addresses issues of equity, social justice and racial justice. As reflected in the council charter, NPA believes in the fundamental principles of diversity, equity and inclusion and that proactive efforts to recognize these principles are necessary to realize the enormous opportunities that exist to increase the satisfaction and fulfillment of NPA and PACE organization staff and the experience and quality of care for PACE participants. Recognizing that each PACE participant and staff person offers a unique set of ideas, beliefs and skills shaped by their heritage, background and culture, NPA considers diversity, equity and inclusivity critical to the success of PACE and essential to the empowerment, collaboration and innovation needed to maintain PACE as a leader in the health care industry.

The NPA Council on Diversity, Equity and Inclusion serves as a catalyst for change and advocates for diversity, equity, and inclusion through the fulfillment of Education & Awareness, Leadership Development, Workforce Development, and Analyses and Evaluation.

The DEI Council accomplished the following:

» convened two workgroups focused on the advancement of communication and language assistance efforts within PACE. These efforts will help reduce health disparities and achieve health equity. In addition, they will support the development of PACE leadership that has the ability to drive DEI-inspired change throughout PACE and to promote a more diverse, inclusive and equitable workplace;

» informed the NPA website redesign efforts to ensure inclusive web design, identification of strategies and solutions for inclusive and culturally sensitive interpretation;
» initiated efforts to redesign the NPA PACE Leadership Training Program to further promote DEI principles within PACE by increasing diversity in the program applicant pool, minimizing potential financial barriers, and integrating DEI concepts in the program’s curriculum;
» hosted two sessions during the 2022 NPA Summer Conference Series on “Improving Health Equity Through the Collection and Use of Race, Ethnicity and Language (REAL) Data” and “Using Performance Measurement As an Essential Tool for Assessing and Monitoring Health Disparities”; and
» created a welcome video to kick off the 2021 NPA Annual Conference and facilitated a roundtable and networking session on DEI initiatives in PACE.

Looking forward, we will focus on the following:

» implementing activities related to workforce development that focus on recruitment and retention strategies;
» creating a “DEI roadmap” to provide PACE leaders with suggested stages for developing a program of work to support diversity, equity and inclusion in the workplace;
» developing resources to assist PACE organizations in addressing the communication needs of those served by PACE with limited English proficiency and who are hearing impaired. Areas of focus to include: identification of resources to assist PACE organizations in assessing their communication and language assistance services, development of a vetted list of translation and interpreter service providers, and best practices for engagement of PACE staff in the provision of translation and interpreter services (e.g., training and certification, compensation);
» continued engagement in NPA conferences to promote promising strategies to advance DEI in PACE;
» establishing a DEI resource library on the NPA website; and
» incorporating DEI concepts in NPA Leadership Training Program modules and related workshops.
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.

Over the past year, the NPA Education Team accomplished the following:

» held the first in-person NPA Summer Conference since 2019 in Asheville, NC, with 140 attendees and 3 sponsors; with a Quality Symposium, a Medical Director Essentials Course and a Clinical Symposium, as well as networking opportunities, a tour of the local PACE program, and a social reception at the Biltmore Estate;
» conducted a spring session of the Interdisciplinary Teams in PACE online course, with more than 100 attendees;
» held the first in-person NPA Spring Policy Forum in three years March 28-29 in Washington, DC, with 228 attendees, 15 sessions, six networking opportunities, three sponsors, 11 exhibitors, and an awards luncheon honoring federal and state leaders for their work in support of PACE: Sen. Ron Wyden (D-OR), Rep. Spencer Roach (R-FL-79), and Daniel Cohen, deputy director of Integrated Policy at Mass Health;
» held the first in-person educational offering since the beginning of the pandemic with the new PACE Growth & Investment Summit in Palm Springs, CA, in October, with 65 attendees and 7 sponsors; sessions addressed private equity, venture capital and not-for-profit sources of capital for PACE growth, performance measures and assessment, reinsurance and risk mitigation, and case studies highlighting how not-for-profit and for-profit organizations financed growth; three pre-summit webinars were held on the topics of “Understanding the PACE Business Model,” “Sources of Financing for PACE Growth,” and “The Changing LTSS Marketplace”; and
» held the 2021 NPA Annual Conference virtually on the Whova platform, with 35 live and pre-recorded educational sessions, 446 registrants, 383 app users, 98 speakers and 11 sponsors. 

Looking forward, we will focus on the following:

» planning and hosting the first in-person NPA Annual Conference in three years to be held Oct. 9-12, 2022, in Seattle, WA, featuring a new DEI track;
» providing new digital learning opportunities for members; and
» launching virtual conference opportunities for PACE staff not well served through national in-person conferences.
Policy

NPA’s overarching policy objectives are to ensure the continued viability and growth of the PACE model in order to meet the needs of growing numbers of older adults and individuals with disabilities. In FY2022, the ongoing impact of the COVID-19 public health emergency on PACE organizations and the participants they serve continued to shift how care was provided, elevating safety concerns and accelerating innovation. The NPA Policy Team continued to support members in dealing with the pandemic by addressing its operational, financial and performance impact on PACE.

NPA also worked to position PACE for future growth. Seven bills have been introduced in the 117th Congress promoting PACE operations and growth. The interest in Congress was a testament to the hard work of PACE staff during the pandemic and the bipartisan support for PACE that NPA has nurtured throughout its history.

In addition, we continued our efforts to advocate for PACE on the state and federal levels.

This year, the NPA Policy Team accomplished the following:

» held a highly successful 2022 NPA Spring Policy Forum, with notable speakers including Andrea Palm, deputy secretary of the U.S. Department of Health and Human Services; Shawn McIver, MD, MPH, director of the CMS Office of Minority Health; Sen. Ron Wyden (D-OR), chair of the U.S. Senate Committee on Finance; and Rep. Christopher Smith (R-NJ-4);
» hosted a Virtual Capitol Hill Day in April, providing NPA members with toolkits on scheduling and conducting meetings, updates on issues, and advocacy training;
initiated a Workforce Policy Workgroup to inform NPA efforts to advocate for federal and state policies addressing workforce shortages;
» added PACE to the definition of home- and community-based services (HCBS) included in the enacted Build Back Better Act (BBB), ensuring PACE organizations would qualify to receive extraordinary COVID-19 Medicaid funding from states;
» provided exceptional visibility and consciousness of the PACE model of care through seven distinct, active bills in the U.S. Congress referencing PACE (in alphabetical order)

• Advancing Integration in Medicare and Medicaid Act, S. 4273, by Sen. Bob Casey (D-PA)
• Elizabeth Dole Home and Community Based Services Act, H.R. 6823/S. 3854, by Reps. Julia Brownley (D-CA-26) and Jack Bergman (R-MI-1) and Sens. Jerry Moran (R-KS), Maggie Hassan (D-NH) and Jon Tester (D-MT)
• Ensuring Parity in MA and PACE for Audio-Only Telehealth Act, H.R. 2166/S. 150 by Reps. Terri Sewell (D-AL-7) and Gus Bilirakis (R-FL-12) and Sens. Catherine Cortez Masto (D-NV) and Tim Scott (R-SC)
• PACE Part D Choice Act, H.R. 4941, by Reps. Earl Blumenauer (D-OR-3), Jackie Walorski (R-IN-2), and Debbie Dingell (D-MI-12)
• PACE Plus Act, S. 1162/H.R. 6770, by Reps. Debbie Dingell (D-MI-12) and Earl Blumenauer (D-OR-3) and Sen. Bob Casey (D-PA)
• PACE Expanded Act, S. 3626, by Sens. Tim Scott (R-SC) and Bob Casey (D-PA)
• Supporting States in Integrating Care Act, S. 4264, by Sens. Tim Scott (R-SC) and Bob Casey (D-PA)

» successfully worked with U.S. Reps. Lucille Roybal-Allard (D-CA-40) and John Moolenaar (R-MI-4) to have language advocating for PACE pilots included in the report accompanying the FY 2022 Labor, Health and Human Services, and Education Appropriations bill;
» successfully worked with Rep. Debbie Wasserman Schultz (D-FL-23) to have language in the report accompanying the FY 2022 Military Construction-Veterans Affairs bill advocating for additional partnerships between PACE organizations and Veterans Affairs Medical Centers; and
» Provided significant support to the Altarum Institute as a subcontractor on their R01 grant from the Agency for Healthcare Research and Quality examining PACE innovations arising from the COVID-19 public health emergency.

Looking forward, we will focus on the following:

» continuing to support new and current legislation seeking to spur additional PACE growth and expansion;
» continuing to advocate with the CMS Innovation Center (CMMI) for a PACE-specific model test; and
» continuing our efforts with the new NPA Workforce Policy Workgroup, which will inform our efforts in advocating for federal and state policies addressing workforce shortages.
PACE 2.0

The two-year PACE 2.0 initiative was launched with $1.3 million in funding support from The John A. Hartford Foundation, Gary and Mary West Health Policy Center, and The Harry and Jeanette Weinberg Foundation to chart a course for bringing the transformative care model of PACE to more communities and populations. The project was extended to June 2022.

A grant proposal has been approved for the next phase of PACE 2.0, which will be called PACE 200K. Work is set to begin on July 1, 2022.

This year, we accomplished the following:

» continued to focus on the scaling and spreading of current and new PACE organizations to increase access to and use of PACE;
» began work on developing a PACE self-assessment tool for Age-Friendly Health Systems (AFHS) to help health systems in the initial stages of evaluating whether establishing a PACE program would be a good fit for their organization and the community they serve;
» reached the halfway point of a six-part webinar series titled “PACE 2.0 Best Practices for Growth,” which has been very well attended, with more than 350 registrants;
» in collaboration with National Association of Area Agencies on Aging (n4a), developed a series of case studies highlighting Area Agency on Aging partnerships with PACE organizations that will enrich outreach to prospective providers and partners;
» conducted learning sessions with PACE 2.0 organizations focused on workforce development and streamlining the enrollment process to support increased access and growth;
» concluded the one-year tenure of the PACE 2.0 National Collaborative, which resulted in the 20 participating PACE organizations nearly tripling their net monthly enrollment; NPA will continue virtual sessions for interested members and update the PACE 2.0 Growth Model Implementation Guide based on learnings from the collaborative; a series of webinars earlier this year focused on model practices identified during the collaborative;
» launched two e-communities, the Growth & Learning Shared Learning Plan and Fast Start, to share the PACE 2.0 Growth Model and PACE 2.0 Fast Start Growth Model with additional PACE organizations, as well as the Plan-Do-Study-Act methodology for adapting and adopting the tactics outlined in the models; NPA is holding regular webinars for both communities to provide a forum for discussion and information sharing;
» developed a self-assessment tool in partnership with USAGing to help Area Agencies on Aging (AAAs) in unserved communities determine if PACE is a good fit for their organization; conducted four educational sessions for AAAs to share insights and information and provide virtual tours of two PACE centers and three follow-up calls to discuss and answer questions as the organizations work to complete the self-assessment;
» conducted a series of webinars with the National Association of Community Health Centers to inform and educate community health centers about PACE and the potential for them to establish PACE in an unserved area or partner with an existing PACE organization;
» developed a Special Needs Plan (SNP) Self-Assessment Tool with support from ATI Advisory and launched the Pathways to PACE Coverage and Contracting Workgroup;
  » held the first PACE Growth & Investment Summit in October; and
  » in conjunction with the National Academy of State Health Policy (NASHP), provided technical assistance to five states to help them develop policy to improve options counseling and enrollment policies supporting access to PACE, develop measures for accountability that increase state confidence in PACE performance, and make further progress toward issuing RFPs to establish or expand PACE in their states.
Supporting PACE Efforts on the State Level

NPA continued to support PACE organizations and State PACE Associations advocate for policies to improve access to PACE at the state level. This included providing technical assistance on various state issues such as growth, payment, level of care determinations, and housing. NPA distributed the State Policy Scorecard and updated the NPA State Almanac. NPA has also developed an issue brief addressing the key issues states should consider regarding overlapping service areas.

As part of PACE 2.0 state policy activities, NPA worked with the National Academy for State Health Policy (NASHP) to provide technical assistance to five states seeking to grow PACE and expand access: Iowa, Louisiana, Maryland, Massachusetts and New Jersey. These five states continue to make significant progress in growing and expanding PACE.

In addition, NPA has tracked other states that plan to introduce and/or grow PACE, including in states such as Illinois, Kentucky, and Ohio.

NPA also monitored state plans for the enhanced Federal Medical Assistance Percentage (FMAP) for home- and community-based services, including PACE. NPA provided guidance and worked with various PACE organizations on how to best position PACE so that it would receive some of the enhanced Medicaid funding. While some states are still finalizing and/or updating their state plans, approximately 15 states mentioned PACE in their plans, including some non-PACE states that would like to explore making it a state option.

NPA presented to a group of Area Agencies on Aging regarding the steps that non-PACE states need to take to make PACE an option and offered ideas on how they can work with states.

Finally, NPA worked closely with PACE organizations and states where legislatures were considering expanding PACE or adding it as a state option.

2023 Medicare Payment

NPA developed an impact analysis related to the Centers for Medicare & Medicaid Services (CMS) CY 2023 Final Notice of Payment and distributed the results to our membership.

To assist PACE organizations in the ongoing administrative requirements of Medicare payment and reporting, NPA continued to offer bi-weekly Health Plan Management conference calls. During these calls, CMS emails, HPMS memos, and other forms of communication are assessed for PACE applicability and reviewed for their potential impact on PACE.
Supporting PACE Efforts on the Federal Level

NPA continued to advocate for PACE-supportive policies on the federal level including those consistent with NPA’s Federal Access Agenda to enhance beneficiaries’ access to PACE, e.g., changes to PACE application and enrollment processes. NPA also advocated for CMS’ consideration of: 1) the distinctiveness of PACE in regard to CMS’ COVID-19 health care staff vaccination requirement; and 2) extending regulatory flexibilities critical to PACE organizations’ success in addressing participant needs during the COVID-19 PHE after the PHE expires.

NPA continued to support its members’ efforts to understand and comply with federal regulatory requirements including: 1) revised federal PACE and Part D regulatory requirements resulting from the CY2022 final rule published in the Federal Register on Jan. 19, 2021; and 2) CMS’ COVID-19 health care staff vaccination requirement. These efforts included hosting numerous webinars, responding to members’ requests for technical assistance, and making available written materials including summaries, webinar presentations, policies and procedures, etc.

In addition, NPA commented extensively, initially in February and again in June, on CMS’ proposed changes to the PACE Audit Protocol and data collection materials for audits beginning in 2023. NPA also hosted webinars for members detailing the proposed changes and CMS’ expectations for compliance and facilitated the sharing of information on PACE organizations’ strategies for audit readiness.
Quality

NPA shares our members’ interest in providing safe, high-quality care and exceptional service for the most challenging populations, older adults with complex care and long-term services and supports needs, while maintaining regulatory compliance. This year NPA recommitted to that mission by establishing a new Quality and Compliance department.

In recognition of the recent accelerated growth of PACE and in support of assuring the quality of the PACE care model, the Quality and Compliance department leads efforts focused on the development of quality and clinical resources and guidelines; oversees initiatives in support of PACE workforce development; and works to advance external partnerships and collaborations to further raise awareness of PACE and distinguish the PACE brand.

Additionally, the Quality and Compliance department has the primary responsibility for developing and leading activities to support NPA members’ compliance with relevant laws, regulations, and standards applicable to PACE. This includes the development and dissemination of resources and best practices that provide NPA members with the tools necessary to strengthen their compliance programs.

In addition to the establishment of the Quality and Compliance department, over the past year, specific Quality related accomplishments include the following:

» the Clinical and Operational Data Analysis Committee (CODAC) developed an analytic plan and undertook an analysis of hospital utilization and 30-day readmission rates in PACE. This analysis included discharge rates, hospital days, average length of day, and 30-day readmission rates for all PACE participants, for participants with End-Stage Renal Disease (ESRD), and for participants with behavioral health needs. Individual site reports were distributed to PACE organizations included in the study;

» in partnership with the University of North Carolina, submitted a research proposal to the National Institute on Aging with the goal of generating novel and comparative population-based data on factors associated with PACE participation vs. traditional Medicare fee-for-service and resulting health outcomes among medically complex older patients who are undergoing maintenance dialysis;

» the Quality Improvement Subcommittee of the NPA Quality Committee further evaluated the 2019 CODAC Disenrollment analysis to develop model practices for addressing voluntary disenrollments in PACE;

» the Performance Measures Subcommittee of the NPA Quality Committee developed its second group of PACE performance measures that include acute hospitalization, disenrollment, and participant satisfaction measures;

» the Education Subcommittee of the NPA Quality Committee initiated the development of a Quality Leader Learning Collaborative to meet the professional development needs of new PACE quality leaders;

» updated the PACE Quality Toolkits and Resources page on the NPA website with new resources, including performance measurement tools and a PACE Quality Plan template;

» hosted virtual 2021 and in-person 2022 Summer Conference Quality symposiums to provide educational and networking opportunities to new PACE quality leaders;

» convened quarterly virtual Quality Committee meetings to keep members informed of subcommittee activities, provide an opportunity to engage members in a discussion around a quality-related topic, and share external quality-related opportunities and resources;

» embarked upon an initiative to develop PACE quality leader proficiencies that align with the National Association for Healthcare Quality’s Healthcare Quality Competency Framework;
» distributed a national survey with the goal of identifying the needs of PACE organizations as they relate to workforce challenges; results informed on strategies to convene learning sessions and a workgroup charged with the development of workforce policy recommendations;
» collaborated with West Health Institute and Columbia University to conduct a study designed to improve the capacity of PACE organizations to integrate behavioral health into the full range of services; and
» concluded two rounds of the Behavioral Health Integration Coaching Program (BHICP), an initiative funded by RRF Foundation for Aging and led by the Education Task Force of the Behavioral Health Workgroup that seeks to accelerate the advancement of behavioral health integration across PACE organizations. Funding for an additional round of the program has been secured.

Looking forward, we will focus on the following Quality program activities:
» analyzing hospital utilization among different diagnostic groups for PACE participants with behavioral health needs and end-of-life care in PACE;
» developing resources to address hospital utilization in PACE;
» piloting the Quality Leader Learning Collaborative to provide professional development opportunities for newer PACE quality leaders;
» publishing a resource guide focused on strategies to mitigate voluntary disenrollment in PACE;
» developing PACE quality leader competency framework; and
» publishing an updated PACE Quality Director’s Handbook.

Over the past year, specific Compliance related accomplishments include the following:
» provided members with materials to educate them on revised PACE and Part D requirements in the final rule (CMS-4190-F2) published in the Federal Register (F.R.) on January 19, 2021. Resources include a summary of the revisions, a series of webinars and a related Q&A document, and template policies and procedures for the revised service determination request and appeals processes;
» developed and disseminated resources to assist PACE organizations in ensuring compliance with requirements outlined in the January 19, 2021, final rule;
» the Audit and Compliance Subcommittee of the NPA Quality Committee updated and published “Tips for CMS PACE Audit” on the NPA website;
» developed and submitted comments in response to CMS 60- and 30-day comment request on proposed revisions to the 2023 PACE Audit Protocol and Materials;
» hosted a webinar on the proposed 2023 PACE Audit Protocols to review revisions and discuss expectations for compliance with applicable regulatory requirements;
» hosted a webinar on PACE audit readiness where PACE organization representatives shared strategies for ongoing audit preparedness and compliance with PACE requirements; and
» hosted standing bi-monthly audit calls for members to discuss oversight and monitoring issues and share experiences with CMS PACE audits.

Looking forward, we will focus on the following Compliance program activities:
» development and revision of audit readiness resources to support PACE organizations’ efforts in preparing for and undergoing CMS program audits;
» development and revision of compliance program resources to support PACE organizations’ efforts toward establishing effective compliance programs;
  » development and implementation of a compliance program training strategy to educate PACE staff and advance PACE compliance program activities; and
  » continue to host bi-monthly audit calls to provide members with the opportunity to share experiences with the CMS PACE audit.
The Value of Membership

NPA is the only national organization that represents the PACE model of care and all 146 PACE organizations are members of NPA. We are committed to providing our members with programs and services that support them, their participants and PACE. During and after the COVID-19 pandemic, NPA has advocated with elected leaders and policy-makers about the specific challenges PACE organizations have faced and seven pieces of legislation specific to PACE are currently under consideration. NPA has provided an invaluable platform for PACE organizations to identify challenges and work together to develop solutions. Throughout the year, NPA has demonstrated 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, especially in the critical operational areas of compliance and audit, offer learning opportunities both in-person and virtually, shape PACE policy and promote the value of PACE, including articles in prominent publications and radio coverage.

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 2021), 91 percent of NPA revenue is dedicated to policy, education and member services, including data and communication.

Our primary expenditures are in the areas of membership services, public policy, education, PACE 2.0 and administration.

NPA revenue supports the NPA staff, whose time is devoted to providing programs and services to members. NPA staff time is allocated as indicated in the chart.
Unique Services

Through its Shared Service program, NPA contracts with a select number of strategic partners to provide services that are tailored to meet the unique needs of PACE organizations.

Over the past year, our efforts included the following:

» launched a new NPA e-Community for GrandPad users,
» hosted three educational webinars on reinsurance issues presented by Aon and PartnerRe; and
» continued to work with existing strategic partners under the Shared Services program in the areas of claims processing with encounter data reporting (PeakTPA), home technology solutions (GrandPad and Philips), reinsurance products (Aon and PartnerRe), participant satisfaction measurement (Vital Research) and pharmacy benefits management (Pharmastar).1

Looking forward, NPA will focus on the following:

» encouraging interested vendors to join NPA or exhibit at our conferences to learn more about PACE;
» identifying new vendors for the Shared Services program, as needed;
» supporting member user groups to provide feedback to strategic partners on their products and services;
» hosting educational sessions for members presented by the strategic partners; and
» conducting a member satisfaction survey of each Shared Services partner.

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.