Strategies to Increase Access to PACE: Findings from the NASHP State PACE Action Network

Tuesday, May 10, 2:00-3:00 EDT
Agenda

• Introductions and overview of state accomplishments
  • Neva Kaye, Senior Policy Fellow, NASHP

• Selecting and onboarding new PACE organizations
  • Laura Goodman, Deputy Director, Medicaid Office of Innovation, Research and Development, Maryland

• Improving the PACE enrollment process
  • Daniel Cohen, Deputy Director of Integrated Care, MassHealth

• Discussion
The State PACE Action Network

• An 8-month technical assistance program supporting states seeking to expand access to PACE by
  • Implementing Medicaid policies that increase access to existing sites
  • Enabling existing PACE programs to serve more people in their current service areas
  • Enabling existing PACE programs to serve people in more areas of the state

• Supported by
  • A partnership between NASHP and the National PACE Association
  • Funding from The John A. Hartford Foundation, the Gary and Mary West Foundation, and the Harry and Jeanette Weinberg Foundation
State Participants

- Iowa
- Louisiana
- Maryland
- Massachusetts
- New Jersey
State Highlights – Progress Toward Expanding Access to PACE

• **Iowa**
  - Drafted an application memo detailing PO application process and requirements.
  - The process was being piloted by one applicant that was seeking to add three new counties to its service area.

• **Louisiana**
  - Issued a request for information (RFI) seeking either new or existing contractors willing to serve new areas of the state.
  - The RFI included a special focus on behavioral health to ensure that POs were ready to serve Medicaid beneficiaries with severe mental illness.
  - Selected two new POs

• **Maryland**
  - Issued a competitive solicitation seeking new POs
  - Selected 4 new POs, including one serving a rural area

• **Massachusetts**
  - Revised consumer outreach and enrollment policies
  - Revised zip code policies to increase access
  - Made progress on reducing days between decision to enroll and enrollment and aligning PACE contractual requirements holistically

• **New Jersey**
  - Identified potential improvements to its enrollment process and working to implement them.
Expanding PACE in Maryland

NASHP PACE Action Network

May 10, 2022
Overview

• Phase I: Foundations
• Phase II: Selection
• Phase III: Preparing for Implementation
• Commentary: Rural
Phase I: Foundations
Why PACE?

PACE expansion is a key part of Maryland’s strategy for improving care for individuals dually-eligible for Medicare and Medicaid.

- Fully-integrated, capitated program
- Existing authority
- Precedent in Maryland

Hopkins ElderPlus

- Located on the campus of Johns Hopkins Bayview Medical Center
- Participants must live within the 20 ZIP codes within the Baltimore City vicinity
- Current enrollment of approximately 150 participants
- Can serve up to 200 participants
History of PACE in Maryland

1997 • Hopkins ElderPlus established

2018 • Maryland changed regulations to allow additional PACE sites

2019 • Internal planning ramps up

2020 • Budget initiative submitted

2021 • Solicitation developed and released

2022 • Selections announced, state operational infrastructure under development, PACE organizations working toward CMS applications

2023- • Implementation (and hopefully future expansions!)
Expansion Design

After speaking with several states and assessing the Maryland context, MDH developed the following parameters:

- Only one PACE organization per service area
- Initial cap of 200 participants per PACE program
- May cover all/some zip codes listed in solicitation for each service area
- Encounter data collection
- Solicitation via competitive Letter of Intent (LOI)
- Applicants may submit LOIs for multiple service areas
Expansion Regions

• MDH sought to increase populations served by expanding to 3* more service areas with an initial cap of 200 individuals each:
  • Baltimore Metro (excluding zip codes served by Hopkins ElderPlus)
  • Montgomery County
  • Prince George’s County
• Rural
  • Initial cap of 100 participants
  • Applicants to propose zip codes intending to cover; indicating jurisdictions
Phase II: Selection
Overview of Process

1. Letter of Intent (LOI)
2. Request for Additional Information (RAI)
3. CMS PACE Application
4. Maryland Adult Medical Day Care Facility License
5. State Readiness Review
6. PACE Agreement
Competitive Letter of Intent: Process

- Solicitation drafted Spring-Summer 2021
- Pre-solicitation conference held September 17, 2021
- Solicitation due November 3, 2021
- Selected providers announced March 15, 2022
- Solicitation posted September 1, 2021
- Questions accepted until September 30, 2021
- Evaluation panel met November 2021 – February 2022
Competitive Letter of Intent: Contents

Four principal sections, plus a cover letter:

1. Details experience developing/operating a PACE organization and/or directly providing home- and community-based services
2. Demonstrates familiarity with the service area (or a similar service area)
3. Provides a detailed plan for service delivery
4. Outlines financial capability and readiness to assume risk, including a fiscally-sound financial plan for implementing a new program
Request for Additional Information

• Selected applicants must submit response to RAI within six months of receipt.
• Contents:
  • Providing specific applicant information (proof of legal status, identification of key leadership and their roles and responsibilities, org chart, job descriptions, etc.)
  • Identifying target populations for Selected Service Area including barriers to enrollment and strategies for overcoming these barriers
  • Service delivery arrangements including pharmaceutical and transportation services
  • Proposing the PACE Physical Plant (location, description, potential problems, alternate care sites, construction/renovation needs)
  • Planning for marketing and enrollment
  • Demonstrating financial capacity (fiscal soundness, financial projections, provisions for insolvency
  • Preparation for Quality Improvement Activities and data collection
  • PACE Technical Assistance Center information (if used)
  • Provide a PACE Development Timetable
Phase III: Implementation
Next Steps

PACE Organizations
- RAI Completion
- CMS Application Preparation

Onboarding
- Eligibility Workflows
- Marketing and Enrollment

Data Collection and Systems
- Encounter Data Workgroup
- MMIS Updates and Rate-Setting

Staffing
- Identification of Roles
- Funding
Lessons Learned and Keys for Success

• Prioritize communications.
  • Identify single point of contact
  • Prepare templates for FAQs, formal communication

• PACE is popular—Budget time for evaluation!

• Build in concurrent workstreams.
Expanding to Rural Counties

Maryland’s 2021 solicitation focused on population centers but welcomed applications from potential rural sites.

- Option for the Department to select one
- Lower initial participant cap (100)
- Selected provider currently operates PACE programs in contiguous counties in western Pennsylvania and is aligned with a health system.
- *Eager to see how it goes!*
Potentially Eligible Individuals by ZIP Code

Range
- 14 and below
- 15 to 39
- 40 to 76
- 77 to 126
- 127 to 199
- 200 to 299
- 300 to 599
- 600 and above
Contact

Laura Goodman
Deputy Director
Medicaid Office of Innovation, Research and Development
laura.goodman@maryland.gov

MDH PACE website:
https://health.maryland.gov/mmcp/waiverprograms/Pages/PACE.aspx
May 10, 2022

The NASHP PACE Action Network in Massachusetts

Executive Office of Health & Human Services

Daniel Cohen, Deputy Director of Integrated Care Policy

PACE
All you need in one place.
## Massachusetts PACE NASHP Goals

<table>
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<th>GOALS</th>
<th>PROGRESS</th>
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<td>Revise consumer outreach and enrollment policies</td>
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<td>Our teams ensured that those who qualify for the program can make an informed choice about enrolling in PACE.</td>
<td>With possibility of ongoing improvements</td>
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<td>Ensure that sufficient PACE capacity exists</td>
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<td>Revise policies governing PACE zip code expansion to give more members access to enroll into PACE.</td>
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<td>Reduce the number of days between decisions to enroll in PACE and enrollment.</td>
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<td>Align PACE contractual requirements holistically</td>
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<td>Use best practices across MassHealth Integrated Care Programs.</td>
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Immediate Challenges need to be addressed before instituting long-term change

- There is no clear documentation of the process, relying on historical memory instead of a standard operating procedure
- PACE Organizations and MassHealth enrollment teams sometimes have differing understanding of rules and where breakdowns in the process may occur

In Summer 2021, MassHealth conducted a full analysis of the current enrollment process steps from the perspective of three stakeholder informants:

- PACE Organizations
- MassHealth PACE clinical team
- MassHealth Enrollment Center (MEC)
Potential participant expresses interest in program and engages with PACE org

PACE conducts preliminary screening over the phone (24-72 hours)

PACE works with prospect to fill out MH application, and collect documents to verify income (1-4 months)

Prospect visits PACE center and meets with IDT team who then makes decision regarding enrollment

PACE RN will conduct in-home visit and completes MDS assessment

MH Clinical Team

MH system screens MDS and screens for NHC eligibility Approved?

Yes

MH clinical sends signed eligibility letter to PACE

No

If MDS is denied by system, review and reach out to PACE if necessary

Resubmit MDS with updated criteria

Approved?

Yes

Send application approval to PACE

No

Resubmit MDS with updated criteria

Yes

Send application approval to PACE

MEC

Submits application for asset verification to check for additional assets (11 days)

Application is reviewed by MEC system (2 weeks)

Send application approval to PACE
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Completed Enhancements to Improve Timeline

Stemming from participation in the NASHP PACE Action Network, MassHealth has made the following improvements:

• Required each PACE set up a dedicated secure email address to receive and respond to questions from MassHealth Clinical Team and MEC

• Moved to electronic transmittal of clinical eligibility confirmation, previously via traditional mail and fax

• Released Managed Care Entity Bulletin 81, in January 2022 which
  – Eliminated annual MDS conducted by PACE for participants in long-term care facilities (MassHealth will receive directly from facility)
  – Extended allowable time between initial MDS assessment and enrollment from 90 days to one year
  – Clarified that physician signatures are not required for MDS submission – a Registered Nurse may sign the document
Completed Enhancements to Improve Timeline cont.

- Established process for **smooth transfers between PACE Organizations** when necessary

Additionally, PACE Organizations are developing their own internal analysis to identify every single step and look for opportunities to shorten timeline.
### Continuing Work Started in NASHP – Next Steps

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<th>Assessment Process</th>
<th>Targeted Implementation</th>
<th>System Changes</th>
<th>Funding</th>
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<tr>
<td>Automate electronic delivery of clinical eligibility notification</td>
<td>Summer 2022</td>
<td>Yes</td>
<td>ARPA</td>
</tr>
<tr>
<td>Automatically adjudicate MDS assessments to establish clinical eligibility without manual intervention</td>
<td>Late 2022</td>
<td>Minimal</td>
<td>ARPA</td>
</tr>
<tr>
<td>For MDS assessments that do not pass auto-adjudication, provide clear explanation of necessary updates and instructions for resubmission for PACE Orgs and MassHealth Clinical Team</td>
<td>Late 2022</td>
<td>Minimal</td>
<td>MassHealth</td>
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Continuing Work Started in NASHP – Next Steps cont.

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<th>Targeted Completion</th>
<th>System Changes</th>
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<tr>
<td>Establish cross agency workgroup</td>
<td>April 2022</td>
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<tr>
<td>Identify outside project management resource to shepherd initiative</td>
<td>April 2022</td>
<td></td>
<td>ARPA</td>
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<tr>
<td>Consider moving PACE from MassHealth long-term care regulation to a more appropriate regulation</td>
<td>August 2022</td>
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<tr>
<td>Utilize the asset and clinical information on file in order to lessen the burden on PACE orgs and participants</td>
<td>TBD</td>
<td>Yes</td>
<td>TBD</td>
</tr>
<tr>
<td>System Build, including testing</td>
<td>TBD</td>
<td>Yes</td>
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PACE
All you need in one place.

Daniel Cohen, MBA
Deputy Director of Integrated Care Policy
Senior PACE Advisor

daniel.cohen@mass.gov

mass.gov/hhs/PACE
Discussion

• Please use the Q&A feature to ask questions.
Thank you!

• Thank you for joining us.
• Please complete the evaluation that appears after closing the webinar.

NASHP also thanks the state teams for their ongoing efforts to increase access to PACE, our partners at the National PACE Association, and our funders: The John A. Hartford Foundation, the Gary and Mary West Foundation, and the Harry and Jeanette Weinberg Foundation