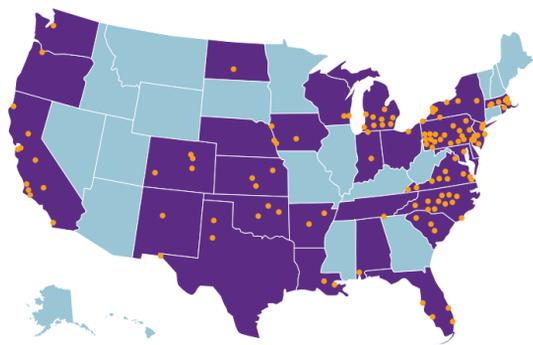


PACE IS GROWING

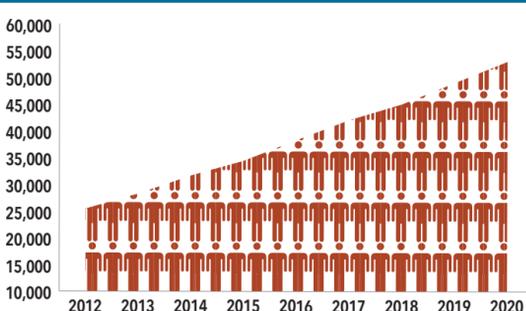


30 states have PACE programs

PACE ENROLLMENT ELIGIBILITY

- Age 55 and over
- Live in the PACE service area
- Certified to need nursing home care
- Able to live safely in the community with PACE support at time of enrollment

PACE ENROLLMENT APPROXIMATELY 55,000



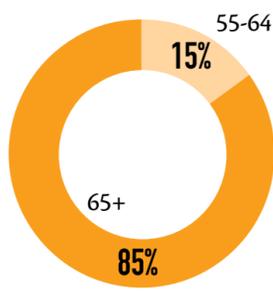
140 Sponsoring Organizations

272 PACE Centers
as of July 2021

PACE SERVES OUR SENIORS

95% Live in the community

77
Average age



69% WOMEN
31% MEN

NEED HELP WITH ACTIVITIES OF DAILY LIVING



Dressing



Bathing



Transferring



Toileting



Eating



Walking

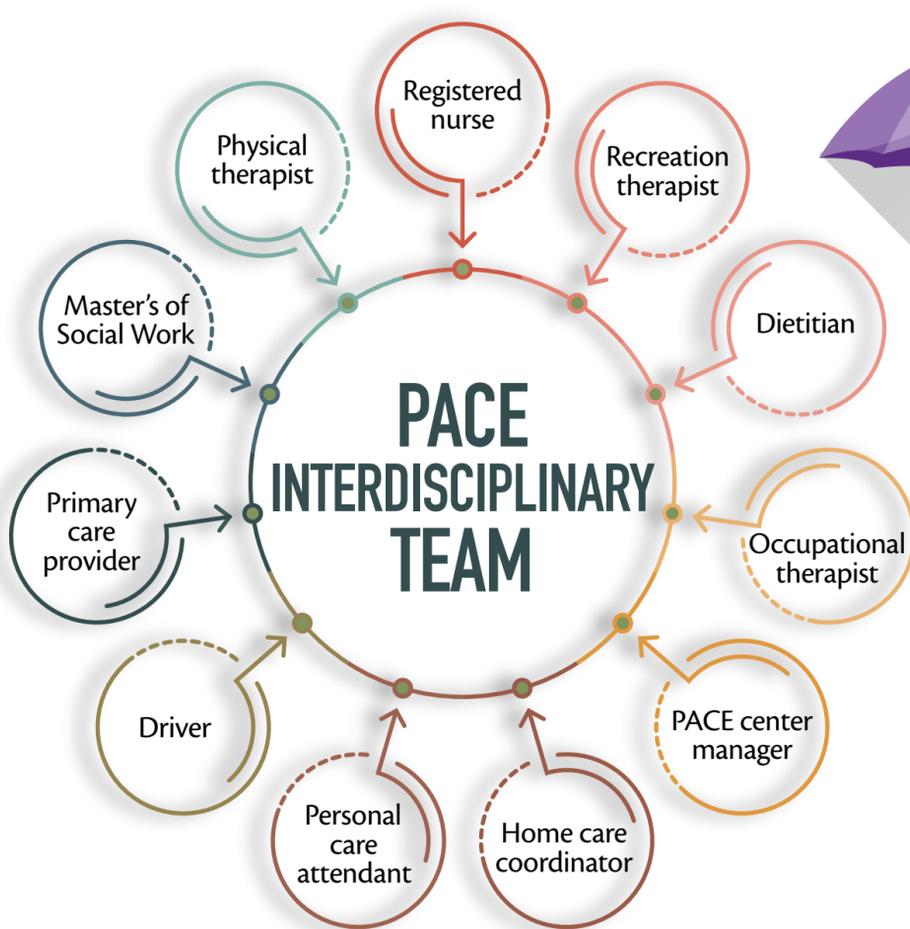
1-2: 26%

3-4: 24%

5-6: 33%

Average number of ADLs with which participants need assistance

PACE IS AN INNOVATIVE MODEL OF CARE



Across **ALL** settings, PACE integrates and coordinates care for participants, including drugs, transportation and meals.

TOP 5 CHRONIC CONDITIONS OF PACE PARTICIPANTS

- Vascular Disease
- Major Depressive, Bipolar and Paranoid Disorders
- Diabetes with Chronic Complication
- Congestive Heart Failure
- Chronic Obstructive Pulmonary Disease

IN AN AVERAGE MONTH

6 Prescriptions

7 Visits to PACE Center

5.8 Chronic Conditions



46% Dementia

16 TRIPS
PER MONTH
PER PARTICIPANT



PACE SERVES 21,918 MEALS A DAY

PACE PARTICIPANTS

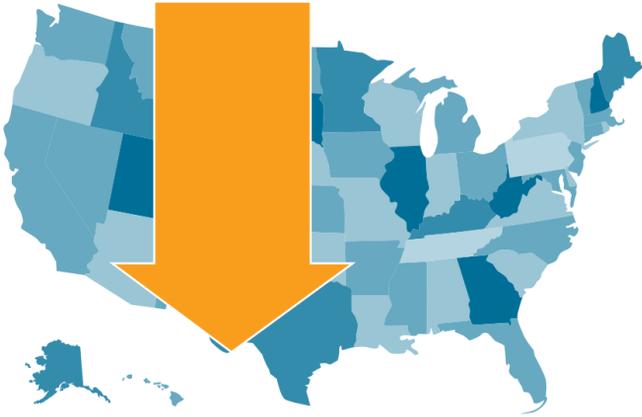
90% Are dually eligible for Medicaid and Medicare

9% Are Medicaid-only

1% Pay a premium (Medicare-only or other)



PACE Saves Taxpayer Dollars



States pay PACE programs

13% LESS

than the cost of other Medicaid services

- States pay PACE programs on average 13 percent less than the cost of caring for a comparable population through other Medicaid services, including nursing homes and home and community-based waiver programs.ⁱ
- In Medicare, payments to PACE organizations are equivalent to the predicted costs for a comparable population to receive services through the fee-for-service program.ⁱⁱ

PACE Provides High-Quality Outcomes



LESS THAN

1

ER VISIT

PER YEAR

- Reduced Hospital Admissions: A 24 percent lower hospitalization rate than dually-eligible beneficiaries who receive Medicaid nursing home services.ⁱⁱⁱ
- Decreased Rehospitalizations: 16 percent less than the national rehospitalization rate of 22.9 percent for dually-eligible beneficiaries age 65 and over.ⁱⁱⁱ
- Reduced ER Visits: Less than one emergency room visit per member per year.^{iv,v}

- Fewer Nursing Home Admissions: Despite being at nursing home level of care, PACE participants have a low risk of being admitted to a nursing home.^{vi}
- PACE participants receive better preventive care, specifically with respect to hearing and vision screenings, flu shots and pneumococcal vaccines.^{vii}



PACE
**HOSPITAL
READMISSION
RATE**
19.1%

30-Day All-Cause Hospital Readmission Rates: Comparable rate for all age 65 dual-eligible enrollees is 22.9% and Medicare fee-for-service beneficiaries is 19.6%.

**ONLY
5%**
of nursing home-eligible PACE participants currently reside in a nursing homeⁱⁱⁱ

PACE Provides a High Quality of Life



- The Institute of Medicine report titled "Retooling for an Aging America" recognizes PACE as a model of care with the capacity to bring geriatric expertise and care coordination to the needs of older adults.^{viii}
- PACE was found to reduce family caregiver burden and provide support to improve family caregiving.^{ix}

- There is high caregiver satisfaction. More than 96 percent of family members are satisfied with the support they receive through PACE, and 97.5 percent of family caregivers would recommend PACE to someone in a similar situation. While nearly half of family members reported a high caregiver burden at the time their loved one enrolled in PACE, more than 58 percent experienced less burden after enrollment.^{ix}

97.5%

of family caregivers would recommend PACE to someone in a similar situation



- PACE enrollees are less likely to suffer depression. A study showed that 27 percent of new PACE enrollees scored as depressed on an assessment administered before enrollment. Nine months later, 80 percent of those individuals no longer scored as depressed.^x
- Participants rated their satisfaction with PACE as 4.1 out of 5.^{xi} The disenrollment rate is almost 5 percent less than Medicare Advantage plans.^{xii,xiii}

ⁱ NPA Analysis of PACE Upper Payment Limits and Capitation Rates, March 2017.

ⁱⁱ Mathematica Policy Research. (2014). The Effect of PACE on Costs, Nursing Home Admissions and Mortality: 2006-2011. Evaluation prepared for U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy.

ⁱⁱⁱ Segelman, M., Szydowski, J., Kinoshian, B., et al. (2014). Hospitalizations in the Program of All-Inclusive Care for the Elderly. *Journal of the American Geriatrics Society*, 62: 320-24.

^{iv} Division of Health Care Finance and Policy, Executive Office of Elder Affairs. (2005). PACE Evaluation Summary. Accessed online on May 25, 2011.

^v Kane, R.L., Homyak, P., Bershadsky, B., et al. (2006). Variations on a theme called PACE. *Journal of Gerontology Series A*, 61 (7): 689-93.

^{vi} Friedman, S., Steinwachs, D., Rathouz, P., et al. (2005). Characteristics predicting nursing home admission in the Program of All-Inclusive Care for Elderly People. *Gerontologist* (2009), 45 (2): 157-66.

^{vii} Leavitt, M. (2009). Interim report to Congress. The quality and cost of the Program of All-Inclusive Care for the Elderly. Mathematica Policy Research evaluation prepared for the Secretary of the U.S. Department of Health and Human Services for submission to Congress.

^{viii} Institute of Medicine. (2008). *Retooling for an Aging America: Building the Health Care Workforce*.

^{ix} National PACE Association. (2018). PACE Reduces Burden of Family Caregivers, Aug. 30.

^x Vouri, S.M., Crist, S.M., Sutcliffe, S., Austin, S. (2015). Changes in Mood in New Enrollees at a Program of All-Inclusive Care for the Elderly. *The Consultant Pharmacist*, 30 (8): 463-71.

^{xi} PACE Facts and Trends. (2016).

^{xii} Temkin-Greener, H., Bajorska, A., Mukamel, D.B. (2006). Disenrollment from an acute/long-term managed care program (PACE). *Medical Care*, 44 (1): 31-38.

^{xiii} Government Accountability Office. Medicare Advantage: CMS should use data on disenrollment and beneficiary health status to strengthen oversight.