
CHAPTER 35: PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY

SECTION 35.9: PROGRAM MONITORING/QUALITY**PAGE(S) 3**

PROGRAM MONITORING/QUALITY

Under a Program of All-Inclusive Care for the Elderly (PACE) program agreement, the PACE provider, Centers for Medicare and Medicaid Services (CMS), and the state administering agency (SAA) shall jointly cooperate in the development and implementation of health status and quality of life outcome measures with respect to PACE program eligible individuals. As specified in 42 Code of Federal Regulations (CFR) 460.202, a PACE organization must establish and maintain a health information system that collects, analyzes, integrates, and reports data necessary to measure the organizations performance, including outcomes of care furnished to recipients. The data elements for monitoring are regularly reported by PACE organizations via the Health Plan Management System (HPMS). These items are specified in the PACE program agreement.

CMS requires the following nine data elements to be submitted quarterly by the PACE organization through the HPMS system:

- Routine immunizations;
- Grievances and appeals;
- Enrollments;
- Disenrollments;
- Prospective enrollees;
- Re-admissions to acute care hospitals;
- Emergent (unscheduled) care (emergency department in hospital or outpatient clinic);
- Unusual incidents for recipients and the PACE site, including staff if a recipient was involved (e.g., falls, van accidents, attempted suicide, medication errors, recipient injuries, etc.); and
- Deaths.

Level One Reporting Requirements refer to those data elements for monitoring that are regularly reported by the PACE organization via HPMS. The HPMS database is regularly monitored by CMS and SAA. PACE organization shall use the data to identify opportunities for quality improvement.

CHAPTER 35: PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY

SECTION 35.9: PROGRAM MONITORING/QUALITY**PAGE(S) 3**

Level Two Reporting Requirements apply specifically to unusual incidents that result in serious adverse health outcomes for recipient, or negative national or regional notoriety related to the PACE program. When unusual incidents meet specified thresholds PACE organizations must report them within on a timely basis to CMS and SAA. Level Two incidents require internal investigation and analysis of the occurrences by the PACE organization with the goal of identifying system failures and improvement opportunities. PACE organization must determine if the Level Two report requires a root cause analysis.

The National PACE Association (NPA) uses a web based benchmarking data collection system, DataPACE 2, which is maintained and managed by NPA. The DataPACE 2 data is used to create the PACE profile. DataPACE 2 provides NPA members the ability to cross-site data analysis and benchmark the data, prepare reports on recipient characteristics and monitor the development of the PACE model of care. Data collected includes, but is not limited to, areas of quality of care; recipients served, and service utilization. This data is compiled quarterly. Louisiana PACE organizations must participate in DataPACE 2. Data must be submitted by the PACE organization according to the most current NPA Data Calendar schedule. The data must be submitted timely so that validation is accurate. The due date for complete data submittal is 30-90 days after the end of a quarterly reporting period ends. The PACE organization must review the measurement results for the reporting period and validate their accuracy 120 days after each quarter. The State administering agency (SAA) monitors and reviews the compilation of data collected.

As required by 42 CFR 460.130, the PACE organization must develop, implement, maintain, and evaluate an effective data-driven quality assessment and performance improvement (QAPI) program. The QAPI program must include the full range of services provided by the PACE organization. The PACE organization must have the QAPI plan annually reviewed by the PACE governing body and revised if necessary in accordance with 42 CFR 460.132.

The PACE organization's QAPI plan must include, but not limited to:

- Identify areas to improve or maintain the delivery of services and patient care;
- Develop and implement plans of action to improve or maintain quality of care; and
- Document and disseminate the results of the QAPI activities to the PACE employees and contractors.

Interviews

As required by 42 CFR 460.136(c), a PACE organization must ensure that all interdisciplinary team (IDT) members, PACE staff, and contract providers are involved in development and

CHAPTER 35: PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY

SECTION 35.9: PROGRAM MONITORING/QUALITY**PAGE(S) 3**

implementation of QAPI activities. The quality improvement coordinator must encourage PACE recipients and his/her caregivers to be involved in QAPI activities, including providing information about their satisfaction with services.

As defined by 42 CFR 460.138, a PACE organization must establish one or more committees with community input to evaluate data collected pertaining to quality measures, address the implementation of, and results from, the QAPI plan and provide input related to ethical decision making.

Results

As defined by 42 CFR 460.134, the PACE organization QAPI program must, at a minimum, include the use of objective measures to demonstrate improved performance to the following:

- Utilization of PACE services such as decreased inpatient hospitalizations and emergency room visits;
- Measure and evaluate caregiver and recipient satisfaction with care and services;
- Outcome measures that are data collected during assessments;
- Effectiveness and safety of staff provided and contracted services; and
- Nonclinical areas as recipient and caregiver complaints and grievances.

The information on voluntary disenrollments must be used in the PACE organizations internal QAPI program as specified by 42 CFR 460.164 (c).

Plan of Correction

As required by 42 CFR 460.136(a), a PACE organization must use a set of outcome measures to identify areas of good or problematic performance; take actions targeted at maintaining or improving care based on outcome measures; incorporate actions resulting in performance improvement into standards of practice for the delivery of care and periodically track performance to ensure that any performance improvements are sustained over time; set priorities for performance improvement, considering prevalence and severity of identified problems, and give priority to improvement activities that affect clinical outcomes; and immediately correct any identified problem that directly or potentially threatens the health and safety of a PACE recipient.