

Coordinating care for dual-eligible beneficiaries through the PACE program

ISSUE: Dual-eligible beneficiaries are eligible for both Medicare and Medicaid benefits and receive services through two separate systems (Medicare and Medicaid). In this analysis, we focus on the experiences of Program of All-Inclusive Care for the Elderly (PACE) providers, the Medicare payment system methodology for PACE providers, and the public availability of quality data on the PACE program.

KEY POINTS: In September and October, we discussed how the PACE model organizes the care delivery for dual-eligible beneficiaries and functions in both urban and rural areas. However, Medicare spending on the PACE program is high relative to fee-for-service spending levels. In addition, enrollment in the program is slow and CMS does not publish the quality data that it collects on PACE providers. We identified a number of options to improve the PACE program.

ACTION: Commissioners will continue to discuss the findings and will vote on recommendations to improve the PACE program.

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