

Having Trouble Keeping PACE?

CMS has increased its focus on audits of Programs of the All-Inclusive Care for the Elderly (PACE) plans. As a result, some PACE plans are facing more regulatory scrutiny and even receiving sanctions and civil money penalties (CMPs) for non-compliance.

Program of All-Inclusive Care for the Elderly (PACE) audits evaluate the delivery of health care services provided to participants enrolled in PACE Organizations.

These audits measure a PACE organization's compliance with the terms of its contract with CMS, in particular, the regulatory requirements associated with access to services, drugs, and other protections required by Medicare.

It is critical for plans to have compliant and effective procedures in place to improve the efficiency and effectiveness of the audit process.



BluePeak can assist plans with the following:



Quality Review



PACE Audit Protocols



PACE Audit Process



Case Review Preparation



Answer the following questions to check your PACE audit-readiness:

- Are roles and responsibilities clearly defined?
- Do you have a process for high-level reporting and appropriate governance oversight to involve senior leadership and ensure accountability?
- Are policies and procedures reviewed regularly, updated, and enforced?
- Is quality monitoring conducted regularly using standardized templates to ensure best practice, quality, and compliance?
- Do staff frequently receive education regarding audit findings and on-the-job training?
- Are formalized process used to pull and accurately validate universes?
- Can you describe a best practice approach for chart review?
- Is information and documentation consistent among facilities?
- Have you completed a mock audit in the last 12 months?
- Is staff prepared to speak to CMS/other regulators on known issues of non-compliance?

If you answered “no” to any of the above, call BluePeak for help! Contact us today.



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