



**MultiCare Health System**

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February 20, 2025

William N. Parham, III  
Director, Division of Information Collections and Regulatory Impacts  
Office of Strategic Operations and Regulatory Affairs  
Centers for Medicare and Medicaid Services  
Attention: CMS-10630 (OMB Identifier: 0938-1327)  
Room C4-26-05  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850  
Submitted electronically via <http://www.regulations.gov>

RE: The PACE Organization (PO) Monitoring and Audit Process (CMS-10630)

Dear Mr. Parham:

I am writing on behalf of MultiCare Health System to respond to the Centers for Medicare & Medicaid Services' (CMS) request for comments on the PACE 2026 Audit Protocol published in the Federal Register on Dec. 23, 2024. We share CMS' commitment to ensuring PACE participants have access to high quality services, yet we are concerned about the excessive administrative burden of the proposed protocol and its impact on patient care.

Pacific Northwest (PNW) PACE Partners, part of MultiCare, serves vulnerable older adults in Pierce and King counties who are eligible for our services. Launched in 2022, PNW PACE Partners currently has 195 enrolled members and continues to grow. Our PACE program has successfully completed three CMS audits as part of the trial period, achieving a 75 percent improvement year over year. Our 2024 CMS survey resulted in a total of three corrective action required (CAR) items and one immediate corrective action required (ICAR) item, which is lower than the 2023 national average of eight CARs and five ICARs for PACE programs in their trial period. We expect that PNW PACE Partners will have one of the best CMS survey outcomes nationally for the 2024 audit year.

MultiCare is concerned that the audit protocol, as currently implemented and as proposed for 2026, hinders our ability to adequately serve our PACE patients due to its significant data demands. These demands must largely be met through in-depth manual review of PACE participants' medical records, which places excessive burden on administrative and clinical staff, taking time away from direct patient care. CMS' burden estimates of 780 hours at approximately \$70 per hour fall substantially short in reflecting the actual time and resources PACE programs must invest in meeting the audit protocol. We are unaware

of any other instance where such detailed information is required on a per-enrollee basis to monitor other Medicare or Medicaid provider types.

PACE programs, by design, are intended to provide value-based care to a complex and frail population. This model of care demands a lean administrative support system so that program resources are dedicated to the interdisciplinary team serving our participants.

The current and proposed audit protocol essentially asks for PACE programs to hire staff purely to respond to audit requirements. In alignment with MultiCare's mission and values, we believe precious resources should be spent directly serving our participants and their families. When these resources are diverted to support burdensome audit tasks, participants' access to care and services suffers.

MultiCare urges CMS to consider how adding additional elements to a regulatory process that already lasts at least six months will negatively impact patient care and operations at PACE organizations. We request that CMS enact the recommended changes outlined in the comments from the National PACE Association, which accomplish the goal of reducing administration burden without compromising CMS' ability to assess compliance with regulatory practices.

Thank you for considering our comments. We appreciate the opportunity to provide feedback on this proposed audit protocol. Please let us know if there is additional information we can provide.

Sincerely,

A handwritten signature in black ink, reading "Ingrid S. Gourley Mungia". The signature is fluid and cursive, with a large initial 'I' and 'M'.

Ingrid S. Gourley Mungia, JD  
VP, Public Policy & Advocacy