February 18, 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 *Prosper LLC DBA myPlace PACE* to respond to the Centers for Medicare & Medicaid Services' (CMS) request for comment on the PACE 2026 Audit Protocol published in the *Federal Register* on December 23, 2024. We share CMS' commitment to ensuring PACE participants' access to high quality care consistent with PACE regulatory requirements. With this being our primary focus every day, we appreciate the opportunity to provide feedback on the proposed audit protocol.

myPlace PACE is a newer PACE Organization serving participants in the greater and southern Los Angeles, California, region. In our first year we have welcomed over 50 individuals who speak English, Spanish, Korean, Tagalog, and Armenian as their preferred primary language. Nearly two-thirds of our participants are dually eligible for Medicare and Medicaid with 36% qualifying for only Medicaid. Our participants have diverse backgrounds including prior histories of being unhoused and lack of coordinated medical care. We have successfully completed our first-year audits with CMS and our State Authorizing Agency. There has been no immediate corrective action required to date by either CMS or our State Authorizing Agency.

As a member of the National PACE Association (NPA), we want to express our support for NPA's comments on the PACE 2026 Audit Protocol. We support NPA's comments, specifically as it relates to the significant burden imposed by the audit on PACE organizations (POs) overall and, most importantly, on POs' provider/clinical staff. The audit as currently implemented and as proposed for 2026 requires an excessive amount of time from providers who are then not available for participant care. We believe that NPA's recommendations accomplish the goal of reducing burden without compromising CMS' ability to assess compliance with key regulatory requirements. More specifically, we agree with NPA that:

- CMS' approach to auditing the provider aspects of PO operations is predicated on the assumption that POs can easily extract large volumes of information from participant medical records. However, since clinical documentation is typically narrative in nature, this data is not easily retrievable. Consequently, the significant data demands built into the 2023 audit and the proposed 2026 audit must largely be met through manual reviews of PACE participants' medical records. While POs' data systems are improving, electronic medical records (EMRs) are mainly designed to capture clinical data needed for documenting and coordinating assessments and treatments. The extensive data requests during the audit process place a significant burden on clinical staff, diverting them from their primary role of providing participant care to manually reviewing medical records. We are unaware of any other instance where such detailed information is required on a per-enrollee basis to monitor MAOs or other Medicare or Medicaid provider types.

- POs should not be expected to retrieve data from their EMR systems in the same way that MAO/Part D plans access their administrative databases. While EMRs are designed to provide immediate and continuous access to patient health records to enhance care, they are not built to generate comprehensive data reports covering all the information documented in the system. There is a key distinction between the data entered into the EMR for access by healthcare providers and the data that can be extracted for audit purposes.

- The burden estimates of 780 hours, at approximately $70/hour equating to $54,600 provided by CMS for the PACE 2026 Audit Protocol, are too low and fall short of reflecting the time and resources required of POs being audited, especially for medium and large size programs. NPA's estimates of burden, based on input from many POs, are substantially higher than these figures. In large part, this is due to requirements for information that often is only accessible by undertaking in-depth medical record reviews involving significant numbers of providers. It is extremely important that CMS continue to take steps to reduce the burden on the audit process which, as proposed, is excessive and will harm our organization's ability to provide care to the participants we serve.

As a young organization, we found the time to prepare and participate in the CMS audit process required more than the efforts of four individuals. Preparation included team members from our IT, People Team, Health Plan Management, and Compliance departments to extract and validate the necessary data to complete the audit universes. Support is also required from our IT and Learning and Development teams to provide training to CMS audit team members. During the audits, multiple teams are tasked in responding to CMS's Requests for Additional Information (RAI), including multiple members of the IDT, Quality Improvement, Compliance, and support team members. Each RAI requires in depth manual medical record audits, data extraction, and formulation of responses to CMS. To meet the deadlines for responding to all RAIs, the IDT, clinical, quality, and compliance team must collaborate extensively and conduct research, which impacts their ability to provide participant care and often requires working after hours.

As a new PACE Organization undergoing the initial comprehensive review, we are aware that our CMS audit experience was very limited. However, as we will experience our first full audit this year, we can extrapolate that the hours required to complete all audit elements will exceed 780 hours and will require more than four individuals to complete all the tasks. As the audits become more expansive and complex, PACE organizations will likely need to

hire teams to support the audit process which could divert resources away from participant care. Given the proposed changes for 2026, we anticipate that CMS PACE audit burdens to grow, potentially becoming more difficult and time-consuming than other audits.

Thank you for considering *myPlace PACE's* input and experience in assessing the impact of the PACE 2026 Audit Protocol on POs. We are hopeful that CMS will consider these and NPA's comments to revise the proposed protocol in ways that will reduce the burden experienced by POs when they are audited by CMS. If you have questions or need for follow-up, please do not hesitate to contact me at *cflake@myplacehealth.com or (213) 729-9856.*

Sincerely,

Crissy Flake, DHA

Crissy Flake, DHA, FACHE, CPHQ, CPPS, PMP, PMI-ACP, LSSBB
National Director of Quality and Compliance Programs