



A Program of All-Inclusive Care for the Elderly

Sally Coyne Center  
100 Malta Lane  
North Syracuse, NY 13212  
315.452.5800  
Fax: 315.452.5739

McAuliffe Health Center  
115 Creek Circle  
East Syracuse, NY 13057  
315.492.6430  
Fax: 315.469.2794

May 28, 2019

Centers for Medicare & Medicaid Services  
Office of Strategic Operations and Regulatory Affairs  
Division of Regulations Development  
Attention: CMS-10630 (OMB control number: 0938-1327)  
<http://www.regulations.gov>

**RE: CMS-10630—Programs of All-Inclusive Care for the Elderly (PACE) 2020 Audit Protocol**

I am writing on behalf of PACE CNY to respond to the Centers for Medicare & Medicaid Services' (CMS) request for comment on the PACE 2020 Audit Protocol published in the Federal Register on March 15, 2019. 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, related burden estimates and supporting documentation.

PACE CNY has been providing services to elders in Syracuse, NY located in Onondaga County in Upstate New York since 1997. We operate two centers and currently serve 626 participants and the potential for improving quality of life is remarkable when you consider national PACE statistics, which mirror PACE CNY's experience locally. A full 96% of older adults in our PACE program are 65 and older (average age of 83). They have an average of 8 diagnosed medical conditions including ailments like hypertension, arthritis, diabetes, dementia (45 percent, with another 30 percent showing cognitive impairment) and coronary artery disease. During our last audit in 2018 we established ourselves as a high performing PACE program with an overall audit score of 1.8 and no quality of care issues.

As a member of the National PACE Association (NPA), we want to express our support for the comments submitted by NPA on the PACE 2020 Audit Protocol. We support NPA's recommendations for changes to the protocol which would significantly reduce the burden imposed by the audit on PACE organizations overall and, most importantly, on PACE organizations' provider/clinical staff. The audit as currently implemented and as proposed for 2020 requires an excessive amount of time from providers who are then not available for participant care. Impact analyses can be requested of PACE organizations for weeks following the onsite portion of the audit so that demands on providers extend well beyond the two-week audit fieldwork period. 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:

- The burden estimates of 600 hours and \$41,250 provided by CMS for the PACE 2020 Audit Protocol are too low and fall short of reflecting the time and resources required of PACE organizations being audited, especially for medium and large size programs. NPA's estimates of burden, based on input from many PACE organizations, are more than double 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 take steps to reduce the burden of the audit process which, as proposed, is excessive and will harm our PACE organization's ability to provide care to the participants we serve.
- It is possible to effectively and comprehensively audit PACE organizations using a less burdensome protocol more consistent with those developed for other types of providers. At a minimum, the proposed PACE 2020 Audit Protocol should be modified to reduce burden in numerous ways consistent with recommendations offered by NPA in its comment. These recommendations include: 1) reducing the number of requests for information that can be met only by undertaking exhaustive medical record reviews; 2) clarifying expectations of PACE organizations with respect to service delivery requests and grievances; 3) raising thresholds for requiring PACE organizations to undertake Root Cause Analyses (RCAs) and Impact Analyses (IAs); and, very importantly, 4) using a sampling methodology that allows PACE organizations to initially undertake IAs for a sample, e.g., of participants, with 100% samples being required only in much more limited situations. We refer you to NPA's comment for more detail.

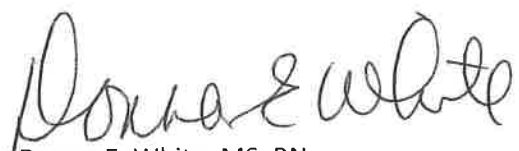
Under the current (2017) Audit Protocol, PACE CNY's administrative and clinical burden to complete the audit requirements in 2018 totaled over 750 hours and utilized six full-time staff members during the two-three week audit time period. Some of these staff members were pulled from clinical care with participants in order to complete extensive chart reviews for 18 Root Cause Analyses (RCA) and 15 Impact Analyses (IA) our PACE Organization was tasked with completing. This created challenges in coverage for participant care as our PACE organization runs three full IDT teams within two PACE centers. We are concerned that under the proposed 2020 Audit Protocol with the increased number of data collection tools from 18 to 33 the estimated administrative and clinical burden could double to 1500 hours. We are specifically concerned with the new On-Site Observation Participant List and the increase in RCA's and IA's potentially required that would pull staff from clinical responsibilities to assist with manual chart reviews in order to meet audit deadlines.

Thank you for considering *PACE CNY's* input and experience in assessing the impact of the PACE 2020 Audit Protocol on PACE organizations. 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 PACE organizations when they are audited by CMS. If you have questions or need for follow-up, please do not hesitate to contact Donna or me by phone at (315) 452-5800 or by email [sbutton@lorettosystem.org](mailto:sbutton@lorettosystem.org) or [dwhite@lorettosystem.org](mailto:dwhite@lorettosystem.org).

Sincerely,



Stephanie Button, MSW  
Vice President/Executive Director



Donna E. White, MS, RN  
Director of Quality Management