Question	Answer
How do you apply to be a PACE Provider?	The HPMS PACE Memo titled, New Quarterly Submission Process of Applications for New PACE Organizations, Service Expansions of Existing PACE Organizations and New PACE Sites under Existing PACE Organizations, was posted on the HPMS website on January 29, 2014. If you go to the HPMS homepage and click on memos it can be searched by title or date.
What is the initial criterion for someone to qualify for PACE that is currently in a nursing home?	To participate in PACE, you must meet the following: (1) be 55 years old or older; (2) need a nursing home level of care; and (3) reside in the service area. This link for the Medicare.gov website will provide you will all information pertaining to PACE http://www.medicare.gov/your-medicare-costs/help-paying-costs/pace/pace.html
What should a PACE organization do if they have received an out of area designation reply code and the PACE organization believes the participant is within the approved Service Area?	The PACE regulation at 42CFR §460.150 and the PACE Manual Chapter 4 Section 10.2, discuss that in order to be eligible for enrollment in the PACE program the participant must reside in the qualifying service area. If the PACE organization believes their Service Area is in question they can verify it in HPMS. Please note that CMS issues an annual notice in late spring requiring all PACE Organizations to verify their entire Service Area for accuracy and completeness in HPMS. If you still have specific questions you can submit your inquiries through the DMAO portal.
Questions regarding Risk Adjustment?	Please submit your question to the CMS Risk Adjustment mailbox at: RiskAdjustment@cms.hhs.gov
How can the public access information on a PACE organization related to deficiencies and sanctions?	Information on actions taken against a PACE organizations can be found on the following website by clicking this link. http://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/Part-C-and-Part-D-Enforcement-Actions-.html
What is the timeframe to have a PACE waiver completed with a determination?	The HPMS PACE Waiver Guidance memo titled, Updated Instructions for Submitting a Waiver Request in the PACE Program, was posted on the HPMS website on February 23, 2012. If you go to the HPMS homepage and click on memos it can be searched by title or date.

If the compared service area zip codes and the HPMS Plan Service Area Report don't match and is missing zip codes what should we do?	The PACE regulation at 42 CFR §460.22 and the PACE Manual Chapter 17 Section 20.5, state that a Service Area Expansion (SAE) application to expand the geographic area without building another center would need to be completed. The PACE organization would need to follow the HPMS PACE Memo titled, New Quarterly Submission Process of Applications for New PACE Organizations, Service Expansions of Existing PACE Organizations and New PACE Sites under Existing PACE Organizations, posted on the HPMS website on January 29, 2014 for instructions and specified timeframes available for SAE submissions.
Do PACE Organizations submit a Part D Bid?	PACE organizations must submit a Part D bid to create plans in HPMS. PACE organizations only complete Section A of the PBP software, and must complete and submit a Part D BPT (no MA BPT is submitted).
What is the deadline for a New PACE organization to submit a Part D Bid?	A PACE applicant must submit the Part D bid at the same time the applicant submits the State Readiness Review. CMS will review the Part D bid during the second 90 day review period.
What is the deadline for a Renewing PACE organization to submit a Part D Bid?	Renewing PACE organizations must submit Part D bids by the bid submission deadline (first Monday in June).
Must an initial PACE applicant submit Part D bids by the bid submission deadline (first Monday in June)?	As stated above, a PACE organization must submit its initial Part D bid in HPMS at the same time the applicant submits the State Readiness Review. If the submission of the initial Part D bid occurs prior to the first Monday in June, the PACE organization also must submit in HPMS a Part D bid for the following contract year by the first Monday in June bid submission deadline.
What is the process for a PACE organization to follow when reporting a Date of Death for one of their beneficiaries?	CMS does not disenroll a beneficiary due to date of death. The family members of the deceased must report the death to SSA. Once SSA has updated their system, a notification to CMS will be received. At that time, the beneficiary will be disenrolled and their payment will be adjusted based on the date of death. If they have confirmed with SSA that they have a DOD on their system and MARX does not show a DOD, please call the MAPD Help desk at 1-800-927-8069 and report this issue.
Does CMS issue an acknowledgement letter upon receipt of the ACS checklist?	CMS is not issuing an acknowledgement letter for the ACS notification. The HPMS memo titled,

	Alternative care Settings in the PACE Organization, was posted on the HPMS website on December 5, 2014. If you go to the HPMS homepage and click on memos it can be searched by title or date.
How can I find out if PACE is available in a certain state and or zip code?	This link will take you to the Medicare.gov website to view the PACE information. This website allows you to see if your State has a PACE program available for you. http://www.medicare.gov/your-medicare-costs/help-paying-costs/pace/pace.html
May a PACE participant choose to pay for services not authorized by the PACE organization?	PACE participants must receive Medicare and Medicaid benefits solely through the PACE organization. Under the PACE program regulations at 42 C.F.R. §§460.90 and 460.92, PACE organizations are required to provide enrollees with all medically necessary services, including drugs, without any limitation or condition as to the amount, duration, or scope. If a Medicare beneficiary or Medicaid recipient chooses to enroll in a PACE program, Medicare and Medicaid benefit limitations and conditions relating to amount, duration, scope of services, deductibles, copayments, coinsurance, or other cost-sharing do not apply. The amount, duration and scope of services provided to PACE participants are participant-specific and are specified by the interdisciplinary team (IDT) in the participant's plan of care. In addition to all Medicare- and Medicaid-covered items and services, the PACE benefit package must include any other item or service determined necessary by the IDT to improve and maintain the participant's overall health status. Services that are excluded from coverage under the PACE program are listed in §460.96 and include private room and private duty nursing services (unless medically necessary), and non-medical items for personal convenience in inpatient facilities. However, there is nothing in the current regulations to prohibit a PACE participant from obtaining and privately paying entities other than PACE organizations for otherwise excluded or unauthorized services, such as any additional cost associated with a private room in an inpatient facility, as discussed further below. Moreover, under §460.82(d)(2), PACE

	marketing materials must state clearly that PACE participants may be fully and personally liable for the costs of unauthorized or out-of-PACE program agreement services. Although a PACE participant may elect to purchase unauthorized items or services from an entity that is not a PACE organization, the participant may not pay the PACE organization for any unauthorized services if he or she is a participant for whom the PACE organization receives Medicare or Medicaid payments. This is because PACE organizations are prohibited from collecting any payments from Medicare or Medicaid participants other than those listed under §460.180(b)(7) and §460.182(c), respectively. Thus, a Medicare or Medicaid PACE participant may only purchase unauthorized items or services directly from an entity that is not a PACE organization. We reiterate, however, that PACE organizations must provide all items or services determined necessary by the IDT, and should be informing PACE participants that they will be responsible for the costs of any unauthorized items or services. We also remind PACE organizations that a PACE participant is not responsible for any deductibles, copayments, coinsurance or other cost-sharing for PACE services.
May a PACE participant elect to attend the PACE center daily even when daily attendance has not been authorized by the IDT?	Under §460.98(e), the frequency of a participant's attendance at the PACE center is determined by the IDT based on the needs and preferences of each participant. If a PACE participant prefers to attend the center on a daily basis, the IDT should consider this in developing the participant's plan of care to meet the participant's medical, physical, emotional and social needs. If not authorized by the IDT, the additional days would not be covered by PACE. Nor may a participant for whom the PACE organization is receiving Medicare or Medicaid payments privately pay the PACE organization for any additional days, as those direct payments to the PACE organization would violate the restrictions in §460.180(b)(7) and §460.182(c).

	Under §460.98(d), the PACE organization must operate at least one PACE center either in, or contiguous to, its designated service area with sufficient capacity for routine attendance by its participants. The PACE organization must ensure accessible and adequate services to meet the needs of all its participants. When necessary, the organization must increase the number of centers, staff, and other PACE services. If a PACE organization operates more than one center, each PACE center must offer the full range of services and have sufficient staff to meet the needs of participants.
How can I find if PACE is available in my State?	Use the PACE Finder link below to see if PACE is available in your area. Once this is determined there is contact information to be able to reach out and get additional information from the specific PACE organization. PACE Finder - https://www.medicare.gov/find-a-plan/questions/pace-home.aspx