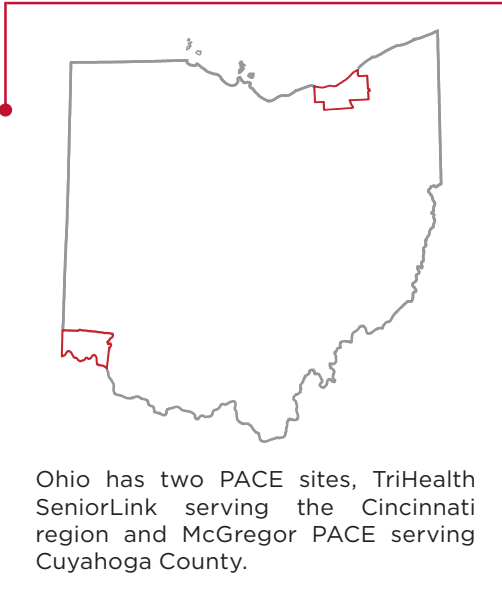




Research Brief

Evaluation of Ohio's Program of All-Inclusive Care for the Elderly (PACE)

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The Program of All-Inclusive Care for the Elderly (PACE) combines the provision and management of acute care services with long-term services, usually paid for by Medicare and Medicaid, respectively. Designed for individuals age 55 and older who are nursing home eligible under Medicaid, the program is responsible for an array of long-term services including adult day health services, personal care and home health services, transportation, meals, and nursing

home care, and a range of health-related services, such as physician care, inpatient hospital, prescription drugs, occupational and physical therapies, and nursing. In the 2012/2013 budget, the General Assembly requested that the Scripps Gerontology Center at Miami University evaluate Ohio's PACE sites to assess whether the PACE model should be expanded across the state. To determine program outcomes, we compared PACE participants to a matched sample of PASSPORT participants from the same region of the state over a four year time period.

Program Description

Ohio has two PACE sites: TriHealth SeniorLink serving 559 individuals in the Cincinnati region, and McGregor PACE serving 250 individuals in Cuyahoga County. Both PACE organizations operate a main site and a satellite branch; each location has an adult day health center and a clinic. The PACE payment rates are separate for Medicare and Medicaid. The Medicare rate is based on the acuity score given to each participant; payments range from a low of \$500 per-month to a high of \$8,000 per-month. Medicare payments vary by site; SeniorLink had an average Medicare monthly rate of \$2,181 and McGregor \$2,450. The Medicaid rate at SeniorLink was \$2,694 per-month and the McGregor rate was \$2,394.

Study Outcomes

SeniorLink PACE had the lowest disenrollment rate over the study period (45%), while the SeniorLink region PASSPORT sample had a disenrollment rate of 66.4%. McGregor PACE and its PASSPORT comparison group also had a higher rate of disenrollment than SeniorLink PACE, but they were similar to each other, with disenrollment rates of about 60%. The reasons for disenrollment vary by program and by site. SeniorLink PACE has the lowest proportion of disenrollments attributable to death (37%) compared to all three other research samples (49%, 51%, 55%). SeniorLink did have a higher proportion of disenrollments to nursing homes outside of the PACE network compared to the McGregor PACE site (33.5% and 13.2%, respectively).

The comparison of the PACE and PASSPORT research samples show that per-member, per-month Medicaid costs over the four year time period were higher for PACE. Average monthly expenditures for SeniorLink were \$3,118 and \$2,093 for the Cincinnati PASSPORT sample—a difference of \$1,025. For the Cleveland region, there was a smaller overall difference. The McGregor PACE research sample had average monthly Medicaid expenditures of \$2,612, compared to \$2,266 for the Cleveland PASSPORT sample (a monthly difference of \$346). Although the Medicaid monthly nursing home expenditures were higher for the PASSPORT sample, the cost differences between the two samples were not large enough to offset the higher PACE capitation rate.

Average Four-Year Per-Member, Per-Month Medicaid Expenditures

	PACE SeniorLink	SeniorLink Region PASSPORT	PACE McGregor	McGregor Region PASSPORT
Health Care Reimbursements by Category (PMPM) (in Dollars)	\$200	\$718	\$40	\$456
Nursing Home Services	\$304	\$343	\$241	\$328
Home- and Community-Based Services (PMPM) PASSPORT	\$57	\$1,032	\$31	\$1,482
PACE Capitation	\$2,557	--	\$2,300	--
All Medicaid Expenditures	\$3,118	\$2,093	\$2,612	\$2,266

Source: Ohio Department of Job and Family Services, Medicaid Decision Support System (2007-2010).

The report includes the following recommendations to improve PACE:

- » The programmatic goals of the PACE program should be clarified by state policy-makers.
- » As the state of Ohio continues to better integrate acute and long-term services for older people with disability, the role of the PACE model in that system should be considered.
- » Out-of-network nursing home use should be reviewed carefully.
- » The Medicaid rate should be comparable for the two PACE sites.
- » If the eligibility determination for PACE is done by an independent entity, the PACE sites and the overall system would benefit.

To download the full report, scan the QR code below with your mobile device or go to:

<http://scripps.muohio.edu/content/evaluation-ohios-program-all-inclusive-care-elderly-pace>

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