

249H.8 PACE and pre-PACE programs.

For the purposes of this chapter, all of the following apply to a PACE program:

1. A person operating a PACE program shall have a PACE program agreement with the centers for Medicare and Medicaid services of the United States department of health and human services, shall enter into a contract with the department of human services, and shall comply with 42 U.S.C. § 1396(u)(4) and all regulations promulgated pursuant to that section.
2. Services provided under a PACE or pre-PACE program shall be provided on a capitated basis.
3. A pre-PACE program may contract with the department of human services to provide services to individuals eligible for medical assistance, on a capitated basis, for a limited scope of the PACE service package through a prepaid health plan agreement, with the remaining services reimbursed directly to the service providers by the medical assistance or federal Medicare programs.
4. PACE and pre-PACE programs are not subject to regulation under chapter 514B.
5. A PACE or pre-PACE program shall, at the time of entering into the initial contract and of renewal of a contract with the department of human services, demonstrate cash reserves in an amount established by rule of the department to cover expenses in the event of insolvency.

2000 Acts, ch 1004, §8, 22; 2000 Acts, ch 1232, §62; 2002 Acts, ch 1050, §27