Addendum 1 to 092308_PCCM_RFA

The deadline for PCCM provider enrollment applications has been extended from October 24, 2008 to October 31, 2008 at 3pm.

Consequently, the deadline for signature on the resultant provider agreement has been extended from November 10, 2008 to November 17, 2008.

Request for Applications for New Primary Care Case Management Program under HUSKY A (Medicaid for Children and Families)

The Department of Social Services is pleased to announce that as of January 1, 2009, the HUSKY A program, which provides Medicaid services to children and their families, will be piloting a new option for the delivery of health care. The Primary Care Case Management (PCCM) pilot program will be available to eligible clients as an alternative to enrolling with a Managed Care Organization (MCO) in areas of the state where sufficient numbers of primary care providers (PCPs) have agreed to participate.

PCCM is a managed care option which offers HUSKY A members the ability to enroll with a PCCM primary care provider (PCP) as an alternative to enrollment with a managed care plan. Under the PCCM model, all health care is coordinated and managed by a PCP. PCPs will include pediatricians, internists, family medicine practitioners, OB-GYNs, APRNs, PAs, and, with prior approval in individual cases, specialists. The PCP is compensated $7.50 per month per enrollee for case management and care coordination, in addition to payment under the Medicaid fee schedule for office visits and other health care services. The PCP will be responsible for coordinating each of their enrollee's care with the assistance of a case manager who is employed or contracted by their own office.

We are scheduling meetings at which DSS staff will be present to answer any questions you or your staff may have about this program or any of the attached documents. Meeting information will be posted on www.huskyhealth.com as it becomes available. In addition, any programmatic or operational questions about this program may be directed to our Medical Director, Dr. Robert Zavoski, preferably by email at Robert.Zavoski@ct.gov, or if necessary, via telephone at (860) 424-5583, and any contractual agreement questions may be directed to our staff attorney in contract administration, Julia Lentini, preferably via email at Julia.Lentini@ct.gov, or if necessary, via telephone at (860) 424-5940.

Attached is the Application for Enrollment in the PCCM Program. In addition, a draft PCCM Provider Enrollment Agreement is included.

The Department's goal is to open PCCM as an option to HUSKY A clients in as many geographic locations as possible by January 1, 2009. To allow sufficient advance notice to HUSKY A members for a January 1 enrollment date, completed applications to be enrolled as a PCP under PCCM must be submitted to DSS no later than **October 24, 2008** in order for a PCP to be enrolled by January 1. Applications received after this will be accepted and reviewed for potential enrollment after January. To be listed as a participating PCP for January 1, the Provider Enrollment Agreement must then be signed with DSS by **November 10, 2008**.

Applications should be sent via postal mail to **Attorney Julia K. Lentini**, Contract Administration, 9th Floor, Department of Social Services, 25 Sigourney Street, Hartford, Connecticut 06106 or via email at Julia.Lentini@ct.gov or via fax to her attention at (860) 424-4953.

We are excited about the advent of this program and encourage you to enroll in this program for our HUSKY A clients. Your participation as a PCP is the first step in providing the delivery of health care in this format to our clients. Thank you in advance for your anticipated participation.

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
APPLICATION FOR ENROLLMENT/RE-ENROLLMENT IN PCCM PROGRAM

The following provider wishes to enroll in the Connecticut Primary Care Case Management (PCCM) program. If approved, the provider will be responsible for approving and monitoring the care of eligible HUSKY A beneficiaries, for a case management fee of $7.50 per member/per month in addition to fee-for-service reimbursement for medical services and treatment. The case management fee pays for such things as locating, coordinating and monitoring the health services provided by physicians or other high level clinicians.

1. Provider Name_____

2. NPI ☐☐☐☐☐☐☐☐☐☐

3. Practice
   Name_____
   (if group practice or clinic, please complete question 5)

4. List all locations where you will provide direct patient care in descending order by the number of hours you spend in each location.

	Street Address	City	State & ZIP	List Office Hours/Phone Number
Primary				
Secondary				
Tertiary				

5. If this is a group practice, clinic, or FQHC, please list:
   5a. Organization Name_____
   _____
   5b. Billing Provider NPI_____
   (note: if Provider participates in multiple groups, Provider may list only one billing provider for purposes of PCCM participation)

5c. Billing Address:

_____
Street

_____
City & State Zip Code + Four

6. Provider Specialty (check all that apply):

- ☐ Family medicine practitioner
- ☐ General practitioner
- ☐ Internist
- ☐ PCP affiliated with a FQHC
- ☐ Pediatrician
- ☐ Osteopath
- ☐ Obstetrician/Gynecologist
- ☐ APRN
- ☐ Nurse Midwife
- ☐ Physician Assistant (see 6b)
- ☐ Other Specialist (indicate specialty):

6a. If the applicant is an APRN or nurse-midwife, who is the collaborative physician?

Name_____

Address_____

_____

Phone Number _____

Collaborative Physician's NPI _____

6b. If the applicant is Physician Assistant, who is the supervising physician?

Name_____

Address_____

_____

Phone Number _____

Supervising Physician's NPI _____

Note: Supervising Physician's signature is required for Physician Assistant applicants.

7. Is the applicant a current Medicaid provider? Yes ☐ No ☐

   7a. If yes, what is your Medicaid ID #? _____

8. List the name and NPI of the provider who would be available to serve your HUSKY A PCCM patients when you are not on-site at any of the locations listed in #4 above.

   _____

   _____

9. Do you have hospital admitting privileges? Yes ☐ No ☐

   9a. If yes, list the hospital(s) where you have admitting privileges:

   _____

   9b If you do not have hospital admitting privileges, describe provisions that allow for hospital admission of patients.

   _____

   _____

   _____

10. How will case management services be provided?

Check all applicable		Name and contact information of contractor or employee
	By contract with	
	By employee	

   10a. What are the Credentials/Degree of individuals providing case management services?

   _____

11. Do you have an Electronic Medical Record system or an electronic disease management data registry? Yes ☐ No ☐

11a. If yes, describe the system (system name, scope, etc.)

_____

_____

11b. If no, indicate plans and timeframe for obtaining a system:

_____

12. Do you have the ability to receive data and reports from the Department electronically? Yes ☐ No ☐

13. Are you able to receive membership files in the HIPAA-compliant 834 format?

13a. If not, are you willing to take the necessary steps to begin receiving membership files in the 834 format within 3 months of PCCM participation? Yes ☐ No ☐

14. What is the maximum number of HUSKY A members you would be willing to see as PCCM members? _____

14a. What is your current patient caseload? _____

14b. What is your current Medicaid FFS caseload? _____

14c. What is your current HUSKY A caseload? _____

14d. How many additional HUSKY A members would you be willing to accept as new PCCM patients? _____

15. List any specific enrollment restrictions, such as age or gender:

_____

_____ _____
Provider Signature Date

_____
Print Name

_____
Title

_____ _____
Supervising Physician's Signature, if applicant is a PA Date

_____
Print Name

_____
Title

DRAFT

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
HEALTH CARE FINANCING

PROPOSED

PCCM PROVIDER AGREEMENT

_____
(Name of Applicant)

(hereinafter "Provider") is currently enrolled as a provider in the Connecticut Medical Assistance program as one of the following provider types: family medicine, general practitioner, internist, primary care physician affiliated with a federally qualified health center, pediatrician, osteopath, obstetrician-gynecologist, advanced practice registered nurse ("APRN"), nurse-midwife, physician assistant (PA) or other specialist approved by the Department of Social Services (the "Department" or "DSS"), to function as a Primary Care Provider ("PCP") in the Connecticut Primary Care Case Management ("PCCM") Program. By signing this PCCM Provider Agreement (the "Agreement"), the Provider is agreeing to its terms, as set forth herein.

PCCM is a system in Connecticut to manage care through the use of a PCP. The role of the PCP is to approve and monitor the care of enrolled HUSKY A beneficiaries, in exchange for a monthly case management fee from the Department. The case management fee is in addition to the fee-for-service reimbursement for medical services and treatment the provider receives from the Department and pays for such things as locating, coordinating, and monitoring the health care services provided by a physician, physician group practice, or other high level clinician.

A. Definitions:

Case Management/Coordination Fee: The amount paid to the provider, per member per month, for each enrollee who has chosen the provider as a PCP.

Department: The Connecticut Department of Social Services.

Enrollee: A Medicaid HUSKY A client who has been certified by the Department to be enrolled in PCCM.

Primary Care Case Management (PCCM): The practice of providing, directing and coordinating the receipt of, health care services for enrollees. Health care services are medically necessary medical services, as defined by the Department's Fee-for-Service Policy, which are either authorized or arranged for, or provided directly by, the PCP.

Preventive Services: Services rendered for the prevention of disease in adults and children, as defined by Connecticut Fee-for-Service Policy.

Primary Care: The ongoing care that is provided by the PCP to an enrollee, which includes the direct provision of medical care (including diagnosis and/or treatment), regardless of the presence or absence of disease. It includes health promotion, identification of individuals at risk, early detection of serious disease, management of acute emergencies, rendering continuous care to chronically ill patients and referring the enrollee to another provider, when necessary.

Primary Care Provider (PCP): The participating physician or physician extender (APRN, nurse-midwife, physician assistant) selected by the enrollee to provide or coordinate all of the enrollee's health care needs and to initiate and monitor referrals for specialized services when required.

Specialist: A physician whose practice is limited to a particular branch of medicine or surgery, especially one who, by virtue of advanced training, is certified by a specialty board as being qualified to so limit it.

Urgent Visit: A visit for treatment of an illness or injury that is less serious than an emergency, but is required to prevent serious deterioration in the patient's health status and cannot be delayed without imposing undue risk to the patient's well-being.

B. Functions and Duties of the Provider

The Provider agrees to maintain enrollment as a provider in the Connecticut Medical Assistance Program and comply with all of the provisions in the previously executed and currently effective Connecticut Medical Assistance Program Provider Enrollment Agreement. In addition, the Provider agrees to do the following as a PCP in the PCCM Program:

1. Consent to being listed with the Department and its agents as a PCP in the PCCM Program for the purpose of providing primary care and PCCM services to enrollees.
2. Accept_____ number of enrollees who live within a 20-mile radius of the Provider's primary business location, with exceptions as approved by the Department.
3. Provide primary care and PCCM services to enrollees in accordance with the provisions of this Agreement and comply with relevant policies set forth in Medicaid provider manuals and relevant state and federal laws.
4. Develop an ongoing relationship with enrollees for the purpose of providing continuity of care.
5. Provide or arrange for primary care coverage for "on-call" services, consultation or referral, and treatment for emergency medical conditions, twenty-four (24) hours per day, seven (7) days per week, with assistance from a nurse advice line, to be made available by the Department at a later date. Automatic referral to the hospital emergency department for services does not satisfy this requirement.
6. Provide care for or schedule an appointment with the enrollee within 6 weeks of calling for an appointment for a well-care visit, within 10 days of calling for an

appointment for a non-urgent, symptomatic visit and within 48 hours for an urgent visit.

7. Maintain hospital admitting privileges or arrange for and maintain a collaborative relationship with a practice that has hospital admitting privileges to ensure that enrollees may be hospitalized, as necessary and appropriate.
8. Assess all patients' risk factors and identify high risk conditions or needs by performing a risk assessment for all enrollees using the "at-risk" screening tool selected by the Department, with input from the provider advisory committee, which identifies enrollees' medical and social risk factors.
9. Coordinate enrollees' access to needed services, which includes making referrals for medically necessary health care services and specialty care, and documenting these services in the medical record.
10. Provide patient education designed to assist enrollees in managing their own care and appropriately using their medical equipment and pharmaceutical products.
11. Refer enrollees for second opinions, in response to their requests.
12. Review emergency department utilization - integrating appropriate outreach, follow-up, and educational activities based on emergency department use by enrollees.
13. With support from the Department, refer patients to community-based non-medical services and support systems, as appropriate.
14. Identify inappropriate high costs and high users for the purpose of developing and implementing activities that lower inappropriate utilization and cost.
15. Collect data on process and outcomes measures, such as EPSDT, etc.
16. Participate in, be represented on, or provide feedback to the provider advisory committee, in collaboration with the Department, to do the following, as well as implement and use the following once they have been developed:
    a. Develop and implement quality initiatives and disease management programs, including the measurement of outcomes;
    b. Develop and test protocols and reports;
    c. Submit information, such as clinical or process data, to the Department for PCCM program management purposes;
    d. Participate in performance measurement and review;
    e. Develop reporting methodologies that will support best practices to improve patient outcomes and meet the needs of the Medicaid waiver authority; and
    f. Establish practice guidelines, including those regarding assessments of patients and development of written care plans.
17. Implement, within 1 year of signing this Agreement, an Electronic Medical Record (EMR) system or an electronic disease management data registry which

satisfies the Department's data requirements, according to standards developed with the provider advisory group.

18. Provide case management services, either through direct employees or contracted services, to PCCM enrollees in the method approved by the Department during the provider's application process or otherwise.
19. Coordinate with the Connecticut Behavioral Health Partnership ("CT-BHP") and with the Dental Benefits Manager ("DBM") to:
    a. Make appropriate referrals to the CT-BHP and DBM for patients assessed as requiring either behavioral health or dental services;
    b. Provide medication management; and
    c. Coordinate care with the enrollee's behavioral health or dental providers.
20. Obtain from the Department and interpret the provider's monthly enrollment file, to be sent in a HIPAA compliant 834 data transaction set and made available via the EDS WEB mailbox at the end of each month.
21. Receive data and reports electronically from the Department in Excel or text format via e-mail or mail using a CD Rom.
22. Participate in the Department's utilization management, quality assessment, and administrative programs.
23. Refrain from discriminating against enrollees on the basis of their health status or their need for health care services.
24. Offer hours of operation to Enrollees that are no less than the hours of operation offered to commercial enrollees, and provide direct patient care for a minimum of 30 hours per week, to include some weekend and/or evening hours.
25. Comply with the HUSKY Marketing Guidelines in Appendix A for any marketing activities undertaken.
26. Comply with all applicable laws, regulations, and policies regarding language access for Enrollees, including making written information available in the prevalent non-English languages the Provider's particular service area and by making oral interpretation services available in all non-English languages free of charge to each Enrollee. Provider must also notify Enrollees about the availability of said written information and oral interpretation services.
27. Comply with all federal and state laws, regulations, and policies that are applicable to the services to be provided under this agreement.

C. Functions and Duties of the Department

The Department agrees to do the following:

1. List the Provider's name as a PCP in the Connecticut PCCM program.

2. Pay the Provider a case management/coordination fee to perform the agreed functions and duties, in addition to the standard Medicaid rate for visits and procedures.
3. Provide the provider with an accurate and up-to-date HIPAA compliant 834 enrollment file on a monthly basis, which will contain the names and other information concerning those enrollees who have selected the provider as their PCP and will serve as the basis for payment of the case management/coordination fee.
4. Provide training and technical assistance to providers concerning the PCCM program.
5. Provide the Provider with periodic utilization and cost reports.
6. Gather and analyze data relating to service utilization by enrollees to determine whether providers are within acceptable PCCM peer comparison parameters.
7. Provide an ongoing quality assurance program to evaluate the quality of health care services rendered to enrollees.
8. Provide information about the PCCM program to potential enrollees so that they may decide whether to enroll in the program.
9. Provide information to enrollees concerning their rights and responsibilities and the availability of the complaint and grievance process in the PCCM program.
10. Provide access to telephonic or, if clinically indicated, face-to-face medical interpretation services to assist in providing care to enrollees with limited English proficiency.
11. Provide written materials to enrollees and potential enrollees in a manner that is easily understood, in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency.
12. Provide enrollees with access to a nurse advice line at a future date.
13. Notify the Provider prior to enrollment if a Member was previously disenrolled for cause from another PCCM Provider or MCO.

D. <u>Miscellaneous Provisions</u>

1. The Provider shall not discriminate, within the scope of their practice, against individuals eligible to enroll on the basis of race, creed, color, national origin, ancestry, sex, sexual orientation, marital status, age, lawful source of income, mental retardation, or mental or physical disability and will not use any policy or practice that has the effect of discriminating on any such basis. The provider shall not discriminate in enrollment activities on the basis of health status or the individual's need for health care services, and shall not attempt to discourage or delay enrollment with the provider of prospective Members or encourage disenrollment from the provider of current Members.

2. The provider shall conduct continuous open enrollment, up to the agreed upon level,

during which time the provider shall accept individuals eligible for coverage under this agreement in the order in which they are enrolled without regard to the need for health services or the health status of the individual.

3. Special Disenrollment

a. The Provider may request in writing and the Department may approve disenrollment of

specific Members upon evidence of "good cause" but only based upon evidence of good cause as defined in section (b) of this subsection. The request shall cite the specific event(s), date(s) and other pertinent information substantiating the Provider's request. Additionally, the Provider shall submit any other information concerning the Provider's request that the Department may require in order to make a determination of "good cause."

b. Good cause is defined as a case in which a Member exhibits uncooperative or disruptive behavior. If, however, such behavior results from the Member's special needs, good cause may only be found if the Member's continued enrollment seriously impairs the Provider's ability to furnish services to either the particular Member or others.

c. The effective date for an approved disenrollment shall be no later than the first day of the second (2nd) month following the month in which the Provider files the disenrollment request. If the Department fails to make the determination within this timeframe, the disenrollment shall be deemed approved.

d. The Department will notify the Provider prior to enrollment if a Member was previously disenrolled for cause from another PCCM Provider or MCO pursuant to this section.

E. Violations of the Agreement

1. If the Provider fails to comply with the terms of this Agreement, the Department may take one or more of the following actions:
   a. Notify the Provider of the deficiency and require the development and implementation of a corrective action plan, specifying a date when such corrective action must be completed;
   b. Limit member enrollment with the Provider;
   c. Withhold all or part of the Provider's monthly PCCM management/coordination fee;
   d. Refer the Provider to the Department's Fraud Unit or to the State Attorney General;
   e. Refer the Provider to the Connecticut Medical Examining Board; and/or

f. Terminate the Agreement and recover payment for case management services not rendered.

2. If the Department determines that it is necessary to take one or more of the above-listed action against a Provider, the Department will notify the Provider of its decision by certified mail, return receipt requested, or via email, read receipt requested. If the Department determines that the health or welfare of an enrollee(s) is endangered, the action may be taken immediately; otherwise, the action will be taken within the time specified in the notice. If the Provider disagrees with the Department's determination, the Provider may request a meeting, as set forth in the PCCM Policy. The Department may initiate one or more sanctions against the Provider simultaneously, at its discretion and based on the severity of the violations of the Agreement.

3. Failure of the Department to take action against a Provider for a violation of the Agreement does not prohibit the Department from exercising its right to do so for subsequent violations.

F. Termination

1. If the Provider decides to terminate this Agreement, the Provider must:
    a. Notify the Department, in writing, of its intent to terminate the Agreement at least 60 days in advance of the proposed date of the termination; and
    b. Notify his or her enrollees of the termination at least 30 days in advance of the proposed termination date in order to allow enrollees to find other providers.
2. Termination of the Agreement by the Provider does not disqualify the Provider from continuing to participate as a provider of Medicaid services.

3. If the Department decides to terminate the Agreement for a reason other than those listed below, it must notify the Provider, in writing, of its intention do so at least 60 days in advance of the effective date of the termination.

4. The Department may terminate this Agreement immediately if the Provider:
    a. violates the terms of this Agreement for any reason other than illness;
    b. violates applicable state or federal law or Department policy; or
    c. fails to maintain the required State certifications or licensures.

The effective date of this Agreement is _____. This Agreement shall thereafter be in effect for a period of _____, ending _____ unless terminated by either party prior to the stated ending date.

THE UNDERSIGNED, BEING THE PROVIDER OR HAVING THE SPECIFIC AUTHORITY TO BIND THE PROVIDER TO THE TERMS OF THIS AGREEMENT, AND HAVING READ THIS AGREEMENT AND UNDERSTANDING IT IN ITS ENTIRETY, DOES HEREBY AGREE, BOTH INDIVIDUALLY AND ON BEHALF OF THE PROVIDER AS A BUSINESS ENTITY, TO ABIDE BY AND COMPLY WITH ALL OF THE STIPULATIONS, CONDITIONS, AND TERMS SET FORTH HEREIN.

THE UNDERSIGNED ACKNOWLEDGES THAT THE COMMISSION OF ANY MEDICAID RELATED OFFENSE AS SET OUT IN 42 U.S.C. § 1320a-7b MAY BE PUNISHABLE BY A FINE OF UP TO $25,000 OR IMPRISONMENT OF UP TO FIVE YEARS OR BOTH.

_____

Provider Entity Name (doing business as)

_____

Name of Authorized Representative (typed) (Must be an Authorized Officer, Owner, or Partner)

_____

Signature Date

_____

Primary Care Provider (typed)

_____

Primary Care Provider Signature: Date:

_____

Title: Commissioner for the Department of Social Services

_____

Date of Signature

Appendix A: HUSKY Marketing Guidelines

The following grid provides a summary of the marketing guidelines.

Permitted = 1; Not Permitted = 2; Permitted With Dept. Approval = 3

	Marketing Guidelines Summary	1	2	3
	Type of Marketing Activity			
1	Marketing materials and approaches			
2	PCCM marketing in provider care sites		X	
3	Advertising in Department - eligibility offices, including hospital-based			X
4	Face to face allowed marketing activities			X
5	Provider communications with Medicaid patients about MCO options			X
6	Potential Member-initiated telephone conversations with MCO and Provider staff	X		
7	Mailings by PCCM in response to potential Member requests			X
8	Unsolicited PCCM mailings		X	
9	Cold calling and telemarketing		X	
10	PCCM group meetings held at PCCM		X	
11	PCCM marketing at public facilities such as churches, health fairs			X
13	PCCM group meetings held in private clubs or private homes		X	
13	Individual solicitation at residences		X	
14	Marketing at employer sites and employer solicitation		X	
15	Gifts, cash, incentives, or rebates to potential Members			X
16	Raffles to prospective members		X	
17	Gifts to Members for specific health events			X
18	Phoning by potential Members from health care provider locations		X	
19	Beverages and light refreshments for potential Members at meetings		X	
20	Use HUSKY name and logo (as specified)	X		
21	Generic Health Education materials	X		
22	HUSKY specific Health Education materials			X
23	Health education and prevention activities at providers sites, as specified	X		
24	Soliciting contact information from members, prospective members, as specified			X
25	Communication with Members by marketing/outreach staff, telephone use, as specified only			X