

Primary Care Program Advisory Committee
Meeting Minutes
5/2/2024 11:00am-12:30pm

For all meeting materials (agendas, presentations, meeting minutes, and links to meeting recordings) to date, please see the [Primary Care Redesign Meeting website](#).

Agenda

- Opening Remarks
- PCMH+ Timeline Update
- Part 1: Updates to Phase 2 Review
- Part 2: Refined Payment Model Structure
- Part 3: Technical Design Subcommittee Update
- Wrap Up

Opening Remarks

Gui welcomed participants and announced he will be stepping down from his role as Medicaid Director, introducing Bill Halsey as his successor.

PCMH+ Timeline Update

DSS announced plans to extend PCMH+ for 2025 while designing the new primary care program.

- A member raised concerns about keeping PCMH+ closed to new entrants. DSS acknowledged the concern and cited resource constraints as a primary barrier to going through another RFP process.
- DSS clarified that the new model is intended to replace PCMH/PCMH+, but otherwise will not alter base payment. Provider eligibility requirements will be discussed in more depth during Phase 3.
- A member asked about the impact of the Governor's guidance to explore managed care on primary care planning. DSS noted this topic would be discussed at an upcoming MAPOC meeting and clarified that DSS is currently gathering data and information for consideration; there is no directive to move the program to managed care at this point.

Part 1: Updates to Phase 2 Review

DSS reviewed amendments based on the April 4th feedback.

- No additional refinements were requested.

Part 2: Refined Payment Model Structure

DSS reviewed the design principles, original payment model structure, committee and FQHC subcommittee feedback, and a refined payment model structure. Below is a non-exhaustive summary of comments and recommendations raised by the committee.

- A member commended DSS for reflecting committee feedback in the refined payment structure.
- A member raised concerns about gaming/profit maximization in risk-based tracks and recommended protections including quality gates based on performance (rather than improvement only) to participate in tracks with risk arrangements, delaying risk implementation, ensuring prevention of duplicative payments, and fully informing patients about providers in risk arrangements.
 - DSS acknowledged that preventing gaming will be a key consideration during design. Plans to implement quality gates from the beginning of the program were noted.
- There were questions about provider requirements and capabilities to participate, including whether PCMH recognition would be required to participate in program track 1.
 - DSS noted that there has been mixed feedback on PCMH recognition - it can be implemented as an accountability mechanism, but also represents a considerable administrative burden and cost for providers. DSS noted that provider requirements and capabilities would be a Phase 3 discussion.
- A member offered a proposal regarding the treatment of shared savings, noting the state has an opportunity to go beyond the current models to recognize the essential role that community partners play in improving the health and wellbeing of Medicaid members. The proposal included two recommendations for the state to support community actors in a budget neutral way: 1) Contingent on achieving certain Medicaid impact goals, reinvest 100% of the dollars saved, and 2) reinvest a majority share of dollars in community actors and hospitals to acknowledge the role they play in generating 70-80% of savings that will be realized in a TCOC model.
 - DSS highlighted that the shared savings service array will be defined in Phase 3 and will not necessarily be a TCOC model. The time required to pursue this type of community support given state and federal authority barriers as well as outstanding questions regarding hospital reform payments and the AHEAD model were raised as considerations.
 - Several members voiced support for a shared savings reinvestment strategy.
 - Multiple members debated the optimal approach for allocating shared savings, with some proposing a 30% primary care/70% community investment split and others expressing concerns about method and scope (e.g., investments should be made fairly and allocated to community services that are drivers of improved community health; the shared savings model should be limited to only hold PCPs accountable for what is within their control).
 - DSS agreed that community partners are crucial to improving health outcomes and recognized the importance of community investments. Acknowledging that primary care is only a part of the solution, DSS suggested that it is important to have a model that incentivizes primary care providers to achieve improvements that are within their domain.
- A member requested an update on the progress of PA 23-171 which calls upon DSS to develop a strategy to improve health care outcomes, community health, and health equity to support HUSKY Health members.
 - DSS noted the report is due to the legislature in January 2025 and cited plans to consult with community organizations this summer, highlighting they are very interested in finding mechanisms to invest in community organizations. The need

for multi-agency alignment on community investment strategies was also emphasized.

- The committee was asked to consider if it is optimal for community funding to go through the medical system or through other mechanisms, noting that if the shared savings comes only through health care organizations – community actors would have to approach health care organizations to request those funds rather than have funding flowing directly from the state.
- A member asked DSS about how the state perceives the value of the work of Health Enhancement Communities, agreeing with committee members that financial and other investments are needed to enable the work to be refined and scaled.
 - The Commissioner stated that this work is highly valued, and agreed there needs to be a commensurate fiscal investment, acknowledging that in the current limited resource environment there remains a question as to how to make this happen. The Commissioner invited further conversation on this matter.

Part 3: Technical Design Subcommittee Update

DSS closed out the meeting by reviewing the goals and expectations of the Technical Design Subcommittee, noting that DSS will be sending more information on Phase 3 in the coming weeks.