

STATE OF CONNECTICUT
State Innovation Model
Healthcare Innovation Steering Committee

Webinar Summary
March 23, 2017

Members Present: LG Nancy Wyman; Jeffrey Beadle; Roderick Bremby; Patrick Charmel; Anne Foley; Mario Garcia (for Raul Pino); Rosanna Garcia (for Frances Padilla); Suzanne Lagarde; Sharon Langer; Alta Lash; Kate McEvoy (for Roderick Bremby); Robert McLean; Michael Michaud (for Miriam Delphin-Rittmon); Ron Preston (for Bruce Liang); Joseph Quaranta; Jan VanTassel; Deremius Williams; Michael Williams; Thomas Woodruff

Members Absent: Catherine Abercrombie; Patricia Baker; Robert Blundo; Mary Bradley; Terry Gerratana; Robin Lamott Sparks; Katharine Wade

Call to order and Introductions

Lieutenant Governor Nancy Wyman called the meeting to order at 1:04 p.m. Roll call was taken. It was determined that a quorum was present.

LG Wyman said a notice was sent out to all members regarding Medicaid. She said Medicaid will not be involved in the CPC+ program. LG Wyman said the Administration is very excited about the program. However, due to the stress that would be caused on Medicaid they cannot handle it at this time. She said today's focus will be to talk about the private payers and Medicare.

PCPM – Update & Stakeholder Engagement

Lauren Williams, of Qualidigm, presented on the primary care payment model update and stakeholder engagement ([see meeting presentation here](#)). The group discussed primary care payment models (PCPMs). It was noted that there are potential exclusions from the primary care bundles such as for rare diseases or highly complex patients who require a significant amount of services going in. Ms. Williams said certain types of services for certain patients might be excluded from the bundles.

Dr. Quaranta asked whether participation in the CPC+ program provides any relief for any of the MACRA or MIPS requirements. He asked where it would fall into the spectrum. Dr. Schaefer said CPC+ on its own has the care management fee, partial E&M bundle, and performance incentive payments that will be paid in advanced. Payments are pulled back if savings targets are not met. Dr. Schaefer said CPC+ qualifies as an Advanced Alternative Payment Model (APM) for independent practices and allows them to avoid MIPS unless the practice is participating in Track 1 of the Medicare Shared Savings Program (MSSP). Dr. Schaefer volunteered to answer questions offline. He mentioned that a FAQ was made available to HISC members.

PCPM – Recommendations of the Practice Transformation Taskforce and CHW Advisory Committee

Ms. Williams provided an overview of the Community Health Worker Advisory Committee and Practice Transformation Taskforce (PTTF) recommendations. She said the PTTF recommendations are preliminary and they intend to issue more as they have time to digest the proposed models. Ms. Lash said the recommendations pretty much summarized the thinking of the PTTF and she would be happy to answer any questions.

Mr. Charmel expressed concern that preference would be given in the round two selection process for SIM states with Medicaid participation and that CT may be excluded if Medicaid does not apply. He said for all the reasons outlined in today's presentation, he thinks CPC+ is very supportive of the transformation they are trying to accomplish. CMR Bremby said they strongly support moving forward with the application. He mentioned there were several applications in the first round that were successful without Medicaid participation. He said he doesn't think it would be a barrier to success this time around especially if it is demonstrated that this region is ready for CPC+.

LG Wyman asked for any other comments or questions. There were no other concerns raised.

Motion: to accept the recommendations from the Practice Transformation Taskforce and Community Health Worker Advisory Committee on the CPC+ initiative with respect to the private payers and Medicare – Patrick Charmel; seconded by Thomas Woodruff.

Discussion: Jan VanTassel said she lost the phone connection and missed part of the presentation and discussion. She asked whether there was a discussion on consumer protection. Dr. Schaefer provided a summary of recent PTTF discussions. Ms. VanTassel expressed concern about the absence of Health Information Technology to be able to report on outcomes for underservice. Dr. Schaefer said CMMI and CPC+ are emphasizing health information technology to enable the transformation and practice level reporting. He said they could take a closer look at whether the kind of reporting that CPC+ is asking for would provide the type of transparency being referred to if the CT market is selected.

Dr. Schaefer said only two of the seven recommendations pertain to CPC+ were included in the motion. He asked whether the motion can include all of the recommendations for the commercial and Medicare payers. The committee agreed.

Amendment: to accept the recommendations from the Practice Transformation Taskforce and the Community Health Worker Advisory Committee with respect to private payers and Medicare – Patrick Charmel; seconded by Thomas Woodruff.

Discussion: Ms. Langer asked whether they are agreeing to a specific option [for primary care payment reform] or a pursuit of the CPC+ model and to figure out the best option for Connecticut payers. Dr. Schaefer said the motion refers to the recommendations which do not commit to a specific option. He said PTTF deliberated on this particular recommendation and felt that they should not be prescriptive with respect to which payment options payers and providers undertake. Roll Call was taken on the motion. The motion was passed unanimously.

Vote: All in favor.

Next Steps

LG Wyman asked whether there was anything else for today and thanked everyone for all of the work that was done.

Adjourn

Motion: to adjourn – Sharon Langer; seconded by LG Nancy Wyman.

Vote: All in favor.

The call adjourned at 2:08 p.m.