



CONNECTICUT
Office of Health Strategy

Healthcare Innovation Steering Committee

May 10, 2018

Meeting Agenda

- | | |
|--|--------|
| 1. Introductions/Call to Order | 5 min |
| 2. Public Comment | 10 min |
| 3. Approval of the Minutes | 5 min |
| 4. Steering Committee Pediatrician Appointment | 5 min |
| 5. PCMH+ Update | 60 min |
| 6. CCIP Wave 2 Strategy | 35 min |
| 7. Adjourn | |

Introductions/Call to Order

Public Comment

2 minutes per comment

Approval of the Minutes

Steering Committee Pediatrician Appointment

Steering Committee Pediatrician Recommendation

- **Elsa Stone**, American Academy of Pediatrics-CT Chapter Board of Directors and Past President, Practice Transformation Task Force Co-Chair

PCMH+ Update



**PCMH+ STATUS UPDATE
MAY 2018
SIM STEERING COMMITTEE**

- Initial performance indicators for Wave 1 demonstrate a successful implementation of PCMH+. Key indicators include a low member opt-out rate, low rate of member complaints, and successful Participating Entity (PE) implementation of care coordination activities and establishment of community partnerships.
- Interest and response in the Wave 2 Request for Proposals (RFP) was high.

- DSS has completed the Wave 2 procurement and has awarded 3 Advanced Networks and 2 FQHCs the right to negotiate a contract for PCMH+ Wave 2.
- DSS will continue to monitor key indicators for Wave 2, and will conduct a review of claims-based utilization to ensure that services have not been disrupted in any way.

- **Member Participation:** The number of assigned members dropped in 2017. 85% of members removed from PCMH+ during 2017 was due to member loss of HUSKY eligibility.
- **Opt-Outs:** Overall, there was a low incidence of opt-outs. 88% of opt-outs occurred prior to the launch of PCMH+.
- **Mystery Shopper Survey:** DSS conducted a mystery shopper survey to evaluate the ability of HUSKY Health members to obtain a medical appointment. 94% of PCMH+ primary care practices offered an appointment, as compared to 83% of PCMH practices.

- **Complaints:** 2017 PCMH+ member complaints are lower than the 2016 historic average for the same population. Member complaints have decreased since the initial launch of PCMH+.
- **PE Activities:** PEs have successfully implemented the PCMH+ care coordination activities and have established partnerships with diverse community organizations.

1. PCMH+ participation data summary, including opt-out information
2. PCMH+ complaint data summary
3. PCMH+ mystery shopper data summary
4. PE activity data summary
5. Additional information and next steps

Extensive information is publicly available on the DSS PCMH+ website: portal.ct.gov/dss/Health-and-Home-Care/PCMH-Plus

The screenshot shows the website header with the logo and search bar. The breadcrumb trail is: HOME / DEPARTMENT OF SOCIAL SERVICES / HEALTH & HOME CARE / FOR PROVIDERS / PERSON-CENTERED MEDICAL HOME PLUS (PCMH+). The main heading is 'Person-Centered Medical Home Plus (PCMH+)'. On the left, there is a navigation menu with 'Overview' and 'Documents/Forms' (circled in yellow). Below the menu, it says 'Provided by: Department of Social Services'. A yellow arrow points from the 'Documents/Forms' menu to a yellow-bordered box containing a list of documents:

- ✓ Member Participation Data
- ✓ Member Complaint Summary
- ✓ Mystery Shopper
- ✓ PCMH+ Wave 1 Compliance Review Findings
- ✓ Participating Entity (PE) Monthly Reports
- ✓ PE Tools and Resources

The main content area has an 'Overview' section with the following text: 'Person-Centered Medical Home Plus or PCMH+ provides person-centered, comprehensive and coordinated care to HUSKY members. If you are PCMH+ HUSKY Member, **your HUSKY benefits do not change.** PCMH+ builds on the success of Connecticut Medicaid's Person-Centered Medical Home (PCMH) program which works to improve the quality of care our members receive. The PCMH+ program works to improve your overall health and help you get services like access to healthy food, transportation to your appointments and assistance finding community agencies that may help you with housing or finding employment. Learn more about PCMH+ with the [Member Information](#) guide. If you have questions about your provider, or questions about your care, please call HUSKY Health at 1-877-858-7012. To view the [HUSKY Health Program Covered Services guide](#), you can call 1-877-858-7012 Option #2. [PCMH+ Program Information and Updates](#)



PCMH+ PARTICIPATION DATA

2017 SUMMARY

- The number of assigned members dropped in 2017, almost entirely due to member loss of HUSKY eligibility.

Initially Assigned Wave 1 Enrollees:

135,169 (100%)

Enrollees as of January 1, 2018:

91,205 (67% of initially assigned members)

Opt-Outs in 2017:

**1,817 (4% of total members
who became ineligible)**

**Loss of HUSKY Eligibility in
2017:**

**37,334 (85% of total members
who became ineligible)**

**Moves to Excluded Categories
in 2017:**

**4,813 (11% of total members
who became ineligible)**

- Overall, there was a low incidence of opt-outs. 88% of opt-outs occurred prior to the launch of PCMH+.

| Month | ANs ¹ | FQHCs ² | Total | % of Total PCMH+ Participants |
|-----------------|------------------|--------------------|--------------|-------------------------------|
| Before 1/1/2017 | 490 | 1,116 | 1,606 | 1.19% |
| January | 49 | 113 | 162 | 0.12% |
| February | 1 | 12 | 13 | 0.01% |
| March | 2 | 6 | 8 | 0.01% |
| April | 8 | 5 | 13 | 0.01% |
| May | 2 | 4 | 6 | 0.00% |
| June | 0 | 0 | 0 | 0.00% |
| July | 0 | 1 | 1 | 0.00% |
| August | 0 | 0 | 0 | 0.00% |
| September | 0 | 2 | 2 | 0.00% |
| October | 0 | 1 | 1 | 0.00% |
| November | 0 | 3 | 3 | 0.00% |
| December | 1 | 1 | 2 | 0.00% |
| Total | 553 | 1,264 | 1,817 | 1.34% |

- PCMH+ eligible members received an introductory welcome letter developed with the Care Management Committee. The letter is posted on the DSS PCMH+ website.

- The letter included:
 - A description of PCMH+ care coordination benefits.
 - An introduction of the concept of shared savings and that providers may receive a bonus payment if they reached quality goals and saved money.
 - Steps to take if the member felt their care was restricted, if they were not referred to other providers appropriately, if they were not told of all care choices or if they were transferred to another provider only to save money.

- The letter also included information regarding a member's right to opt-out at any time – either by phone OR by signing and returning the PCMH+ opt-out form.
- A neutral contractor (Conduent) is handling all PCMH+ opt-outs.

- 85% of members removed from PCMH+ during 2017 was due to member loss of HUSKY eligibility.

| Month | ANs | FQHCs | Total | % of Total PCMH+ Participants |
|--------------|--------------|---------------|---------------|-------------------------------|
| January | 608 | 2,614 | 3,222 | 2.38% |
| February | 477 | 2,288 | 2,765 | 2.05% |
| March | 587 | 2,593 | 3,180 | 2.35% |
| April | 502 | 2,702 | 3,204 | 2.37% |
| May | 508 | 2,257 | 2,765 | 2.05% |
| June | 542 | 2,782 | 3,324 | 2.46% |
| July | 506 | 2,520 | 3,026 | 2.24% |
| August | 456 | 2,181 | 2,637 | 1.95% |
| September | 342 | 1,536 | 1,878 | 1.39% |
| October | 305 | 1,375 | 1,680 | 1.24% |
| November | 360 | 1,362 | 1,722 | 1.27% |
| December | 322 | 1,264 | 1,586 | 1.17% |
| Total | 6,714 | 30,620 | 37,334 | 27.62% |

- DSS has adapted the assignment methodology for Wave 2 to address members who lose and then re-gain HUSKY eligibility.
- The new methodology allows for FQHC payments during all gap months if a member's HUSKY eligibility is reinstated retroactively within four months.

- 11% of members removed from PCMH+ during 2017 was due to members moving to PCMH+ excluded categories.

| Month | ANs | FQHCs | Total | % of Total PCMH+ Participants |
|--------------|------------|--------------|--------------|-------------------------------|
| January | 131 | 522 | 653 | 0.22% |
| February | 58 | 244 | 302 | 0.19% |
| March | 62 | 199 | 261 | 0.45% |
| April | 124 | 490 | 614 | 0.24% |
| May | 57 | 270 | 327 | 0.27% |
| June | 55 | 312 | 367 | 0.20% |
| July | 45 | 231 | 276 | 0.25% |
| August | 61 | 277 | 338 | 0.30% |
| September | 79 | 328 | 407 | 0.30% |
| October | 62 | 340 | 402 | 0.19% |
| November | 44 | 216 | 260 | 0.24% |
| December | 76 | 244 | 320 | 0.21% |
| Total | 916 | 3,897 | 4,813 | 3.56% |



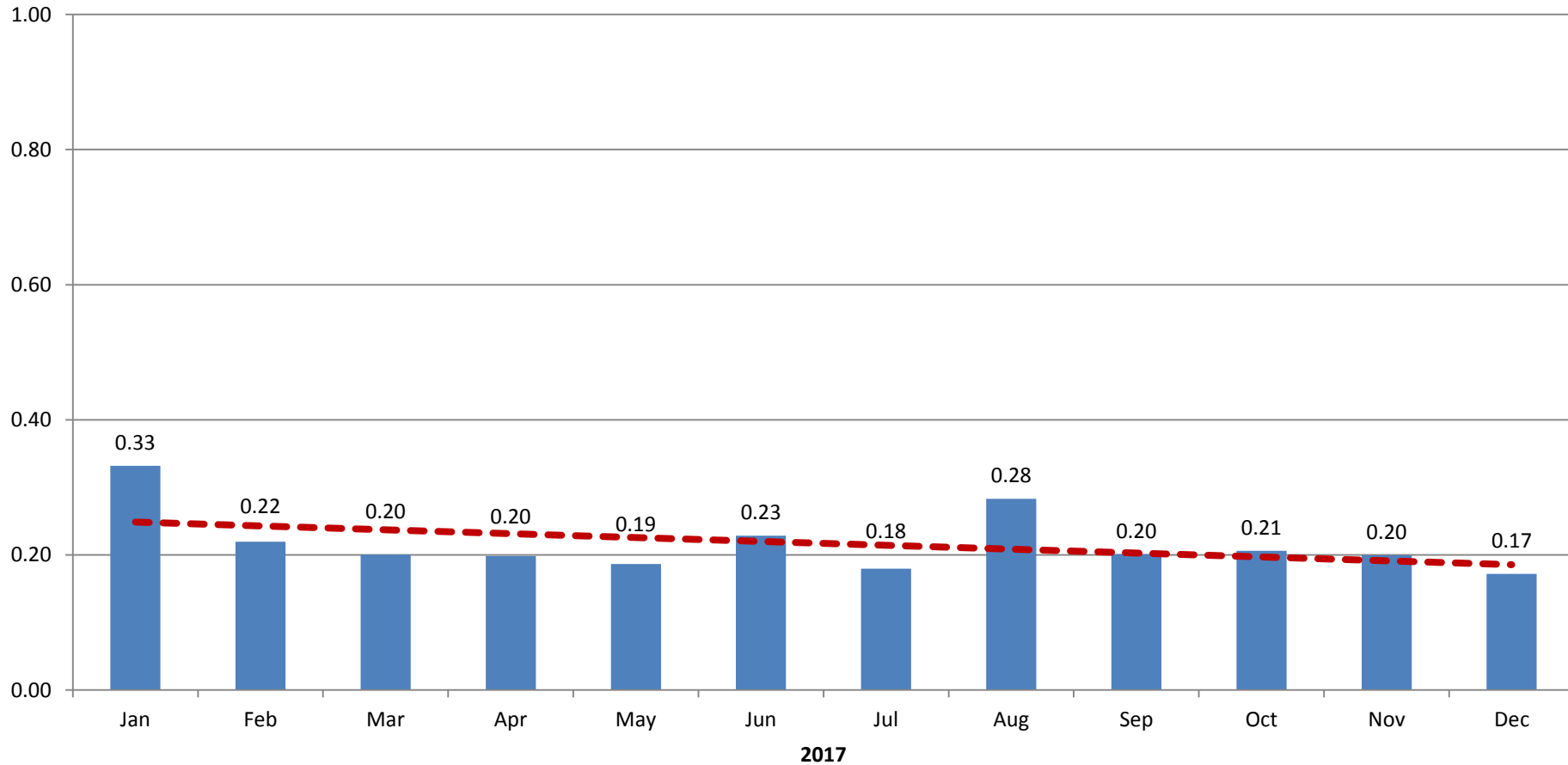
PCMH+ COMPLAINT DATA

2017 SUMMARY

| Complaint Category | Complaints per 1,000 Members | | | |
|--|------------------------------|-------------|------------------|-------------|
| | PCMH+ | | Comparison Group | |
| | 2016 | 2017 | 2016 | 2017 |
| Quality of Provider Services | 1.57 | 1.14 | 0.71 | 1.06 |
| Delayed Access/Wait Time | 0.12 | 0.10 | 0.10 | 0.13 |
| Other (NEMT, Dental, Behavioral Health, etc.) | 0.53 | 0.52 | 0.27 | 0.53 |
| Financial (Member Billed, Cost Share, etc.) | 0.44 | 0.55 | 0.59 | 0.73 |
| Provider Access-No Access | 0.24 | 0.32 | 0.20 | 0.24 |
| Quality of Administrative Services Organization (ASO) Services | 0.06 | 0.00 | 0.04 | 0.00 |
| All Categories | 2.97 | 2.63 | 1.91 | 2.69 |



- 2017 PCMH+ member complaints are lower than the 2016 historic average for the same population. Member complaints have decreased since the launch of PCMH+.





PCMH+ MYSTERY SHOPPER DATA

2017 SUMMARY

- The annual statewide HUSKY Health evaluates the ability of HUSKY Health members to obtain a medical appointment.
- The PCMH+ mystery shopper is a tool to evaluate underservice by PCMH+ PEs.
- Statewide results are broken out by practice type, region and PCMH+ PE.
- All PEs surveyed were identified as an adult primary care setting for the purpose of this study.
- All 9 PEs were sampled, with 46 primary care sites sampled.
- Segmentation results are NOT to be considered a representative sample of PCMH+ PEs; rather a qualitative snapshot of member access to primary care in the PCMH+ program.

- Accepting New Patients for Adult Primary Care Provider at Desired Site

| | PCMH (N=160) | | PCMH+ (N=46) | |
|---------------------------------|-----------------|-----|-----------------|-----|
| Yes, Dr. X or another doctor | 136 | 85% | 36 | 78% |
| No, for any reason ¹ | 24 | 15% | 10 | 22% |

- Appointment Availability after Identifying HUSKY Insurance

| | PCMH (N=136) | | PCMH+ (N=36) | |
|---|-----------------|------------|-----------------|------------|
| Yes | 76 | 56% | 26 | 72% |
| Yes, under certain conditions (medical records, age, location, new patient appt.) | 36 | 27% | 7 | 19% |
| Yes, with referral | 1 | <1% | 1 | 3% |
| TOTAL Yes | 113 | 83% | 34 | 94% |
| TOTAL No | 23 | 17% | 2 | 6% |



PCMH+ PARTICIPATING ENTITY ACTIVITIES

2017 SUMMARY

PCMH+ care coordination activities help address social determinants of health and strongly support behavioral and physical health integration

PCMH+ Care
Coordinators
across 9 PEs:

86 FTEs

PCMH+ BH Care
Coordinators
across 8 PEs:

15 FTEs

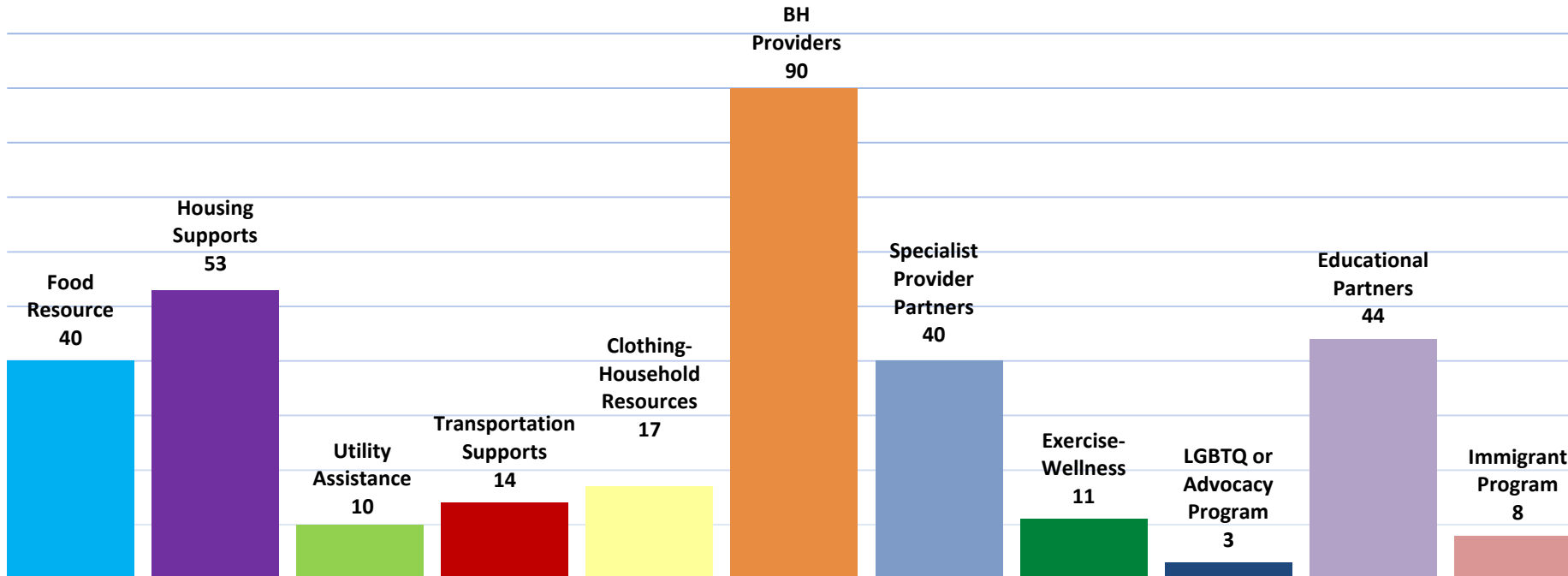
- For the initially assigned Wave 1 Enrollees (135,169 individuals), the PEs performed:
 - **131,924** care coordination contacts (members may receive multiple contacts)
 - **66,291** behavioral health screenings (members may be screened several times annually)
 - **8,876** Wellness Recovery Action Plans (WRAP) or other recovery plans (WRAPs were collected and included in member files)
 - **5,994** WRAP or other recovery plans updates

- PEs are required to include PCMH+ member participants in their Member Advisory Body (MAB) meetings. PEs may choose to use a pre-existing member advisory group.
- PEs have been providing extensive support to ensure member attendance.
- Overall, experience in Wave 1 included:
 - **38** MAB meetings
 - **183¹** PCMH+ members attending MAB meetings
 - **50¹** PCMH+ voting members attending MAB meetings

¹Counts may not be unique members as members may attend multiple meetings between April 2017 and January 2018.

PEs have formed partnerships with a variety of community organizations designed to target social factors that influence health and to support timely linkage to community resources.

**Types of Community Resource Partners
in PCMH+**





**ADDITIONAL INFORMATION
AND
NEXT STEPS**

- Response and enthusiasm about the Wave 2 RFP was greater than expected.

- Three Advanced Networks and two FQHCs have been awarded the right to negotiate a contract with DSS:
 - **Advanced Networks**
 - Wheeler Clinic, Inc./Torrington
 - Prospect CT Medical Foundation, Inc.
 - Hartford Healthcare Medical Group, Inc.
 - **FQHCs**
 - First Choice Health Centers Inc.
 - United Community and Family Services

- Total members assigned at the end of Wave 1: **66,325**

- Total member assignment for Wave 2: **181,902**
 - FQHCs: **132,155**
 - Advanced Networks: **49,747**

- Some respondents were not selected for Wave 2.

- Wave 2 contracts are effective from April 1, 2018 (for Legacy PEs) or May 1, 2018 (for New PEs) through December 31, 2019 (with a separate performance year for each of calendar years 2018 and 2019).
- Member notice letters are being mailed in May.
- DSS intends to hold member informational sessions in May and June.

- DSS intends to hold a PE informational session on May 15, 2018 for both Legacy and New PEs.
- In September 2018, DSS will perform claims-based utilization reviews to ensure that services for members have not been disrupted in any way.

- The federal evaluation of SIM includes focus groups with members. Federal evaluators have requested 600 PCMH+ member names from the Hartford area to contact regarding participation in focus groups, which will occur soon.
- DSS has alerted PEs to the fact that this process is occurring.
- Any SIM Steering Committee questions regarding the SIM federal evaluation may be directed to DSS.

- PCMH+ uses a five-pronged approach to identify indicators of under-service utilization practices.



- Additional information can be found [here](#).




- In addition to the five-pronged approach, DSS also uses a variety of initiatives to ensure that Medicaid member quality of care and access to medical care is not adversely affected as a result of the PCMH+ program.
- More information can be found [here](#).

Community and Clinical Integration Program Wave 2 Strategy




Purpose of the CCIP & CCIP Standards

- CCIP was designed to support Advanced Networks and FQHCs in the development and implementation of network-wide capabilities to improve primary care
- CCIP was envisioned to complement PCMH+, by providing support to only those networks participating in PCMH+, and by focusing on capabilities that could lead to improvements in key PCMH+ measures

CORE STANDARDS

-  Comprehensive Care Management
-  Health Equity Improvement
-  Behavioral Health Integration

ELECTIVE STANDARDS

-  Comprehensive Medication Management
-  Oral Health Integration
-  E-Consults

CCIP Strategy: Wave 1

During Wave 1, our CCIP Strategy was to provide technical assistance and transformation award funding to the three Participating Entities: Community Health Center, Inc., Northeast Medical Group, and the Value Care Alliance.

Technical Assistance

- Initial Readiness Assessments
- Development of Transformation Plans
- Quarterly Reassessments & Updates to the Transformation Plans
- Regular Meetings with Qualidigm and the SIM PMO
- In-person Learning Collaboratives focused on Core Standards
- Online Learning Management System-Educational Resources

Transformation Awards

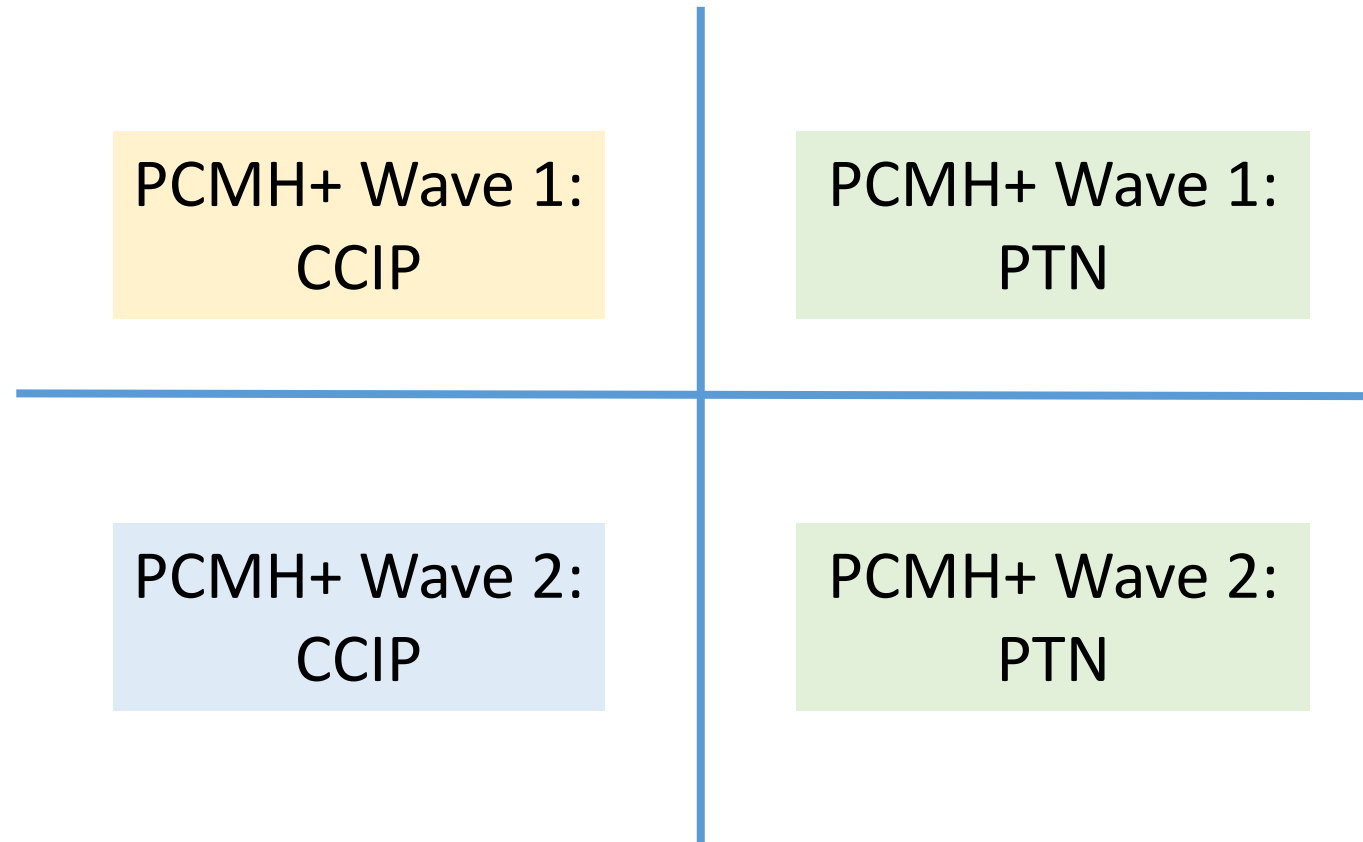
- Community Health Workers
- Behavioral Health Specialists (Social Worker & LCSW)
- Program Coordinators
- eConsults Support including CCMC, UConn HDI, and SafetyNet Connect
- HIT Investments
 - PatientPing
 - SymphonyRM
 - Himformatics

CCIP Wave 1: Lessons Learned

1. Highly targeted technical assistance is needed to meet the requirements of the CCIP Standards
2. Each Participating Entity (PEs) has unique strengths and needs that require specific approaches to technical assistance
3. Some PEs face significant HIT/analytic barriers that require additional time and/or funding to overcome
4. Peer Learning is important to PEs, but they tend to facilitate these interactions on their own
5. Online Learning Materials are important to PEs for knowledge distribution across their organizations
6. Investments in Community Health Workers, BH Specialists, and technology are critical to success in CCIP
7. FQHCs participating in the Practice Transformation Network (PTN) Grant can receive CCIP support to achieve the Health Equity Standard

PCMH+, CCIP, and PTN

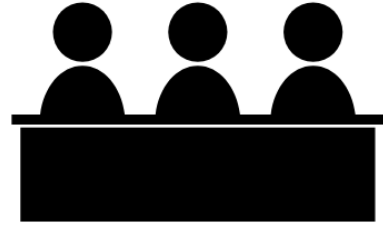
PCMH+ Participating Entities are also participating in either CCIP or PTN. However, based on lessons learned during Wave 1, we have developed **specific CCIP strategies** for the following four groups:



CCIP Wave 1 Strategy



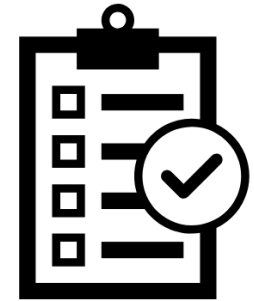
Supplemental
Awards up to
\$400,000



Access to
Subject Matter
Experts



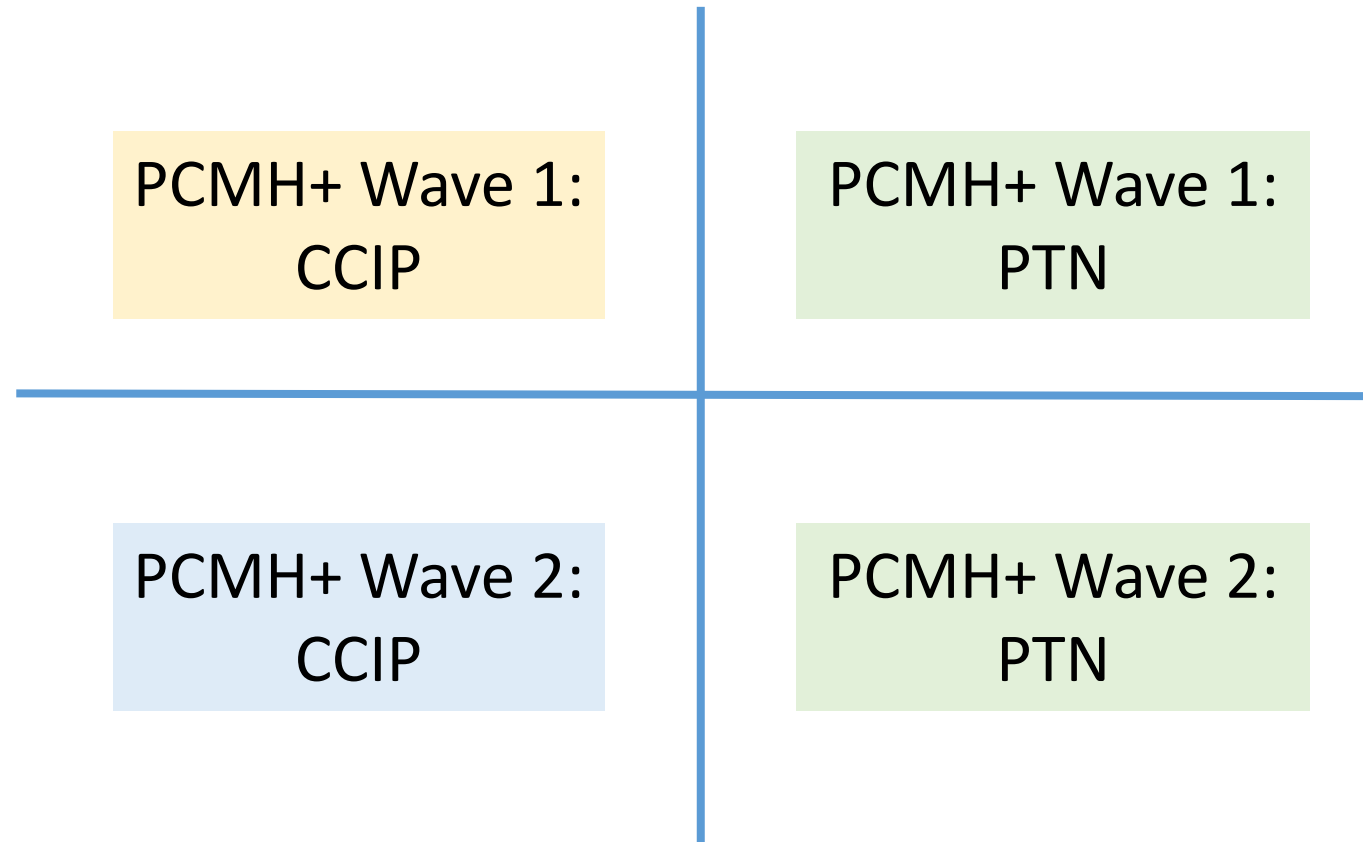
Regular Check-
In Calls with
the SIM Office



Validation of
Progress
against the
Standards by
an External
Vendor

PCMH+, CCIP, and PTN

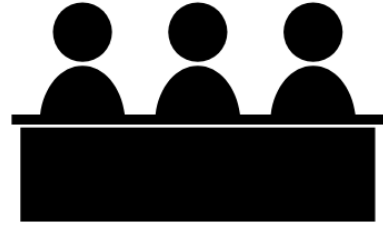
PCMH+ Participating Entities are also participating in either CCIP or PTN. However, based on lessons learned during Wave 1, we have developed **specific CCIP strategies** for the following four groups:



CCIP Wave 2 Strategy



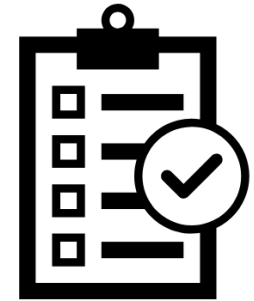
Transformation
Awards up to
\$750,000



Access to
Subject Matter
Experts



Regular Check-
In Calls with
the SIM Office



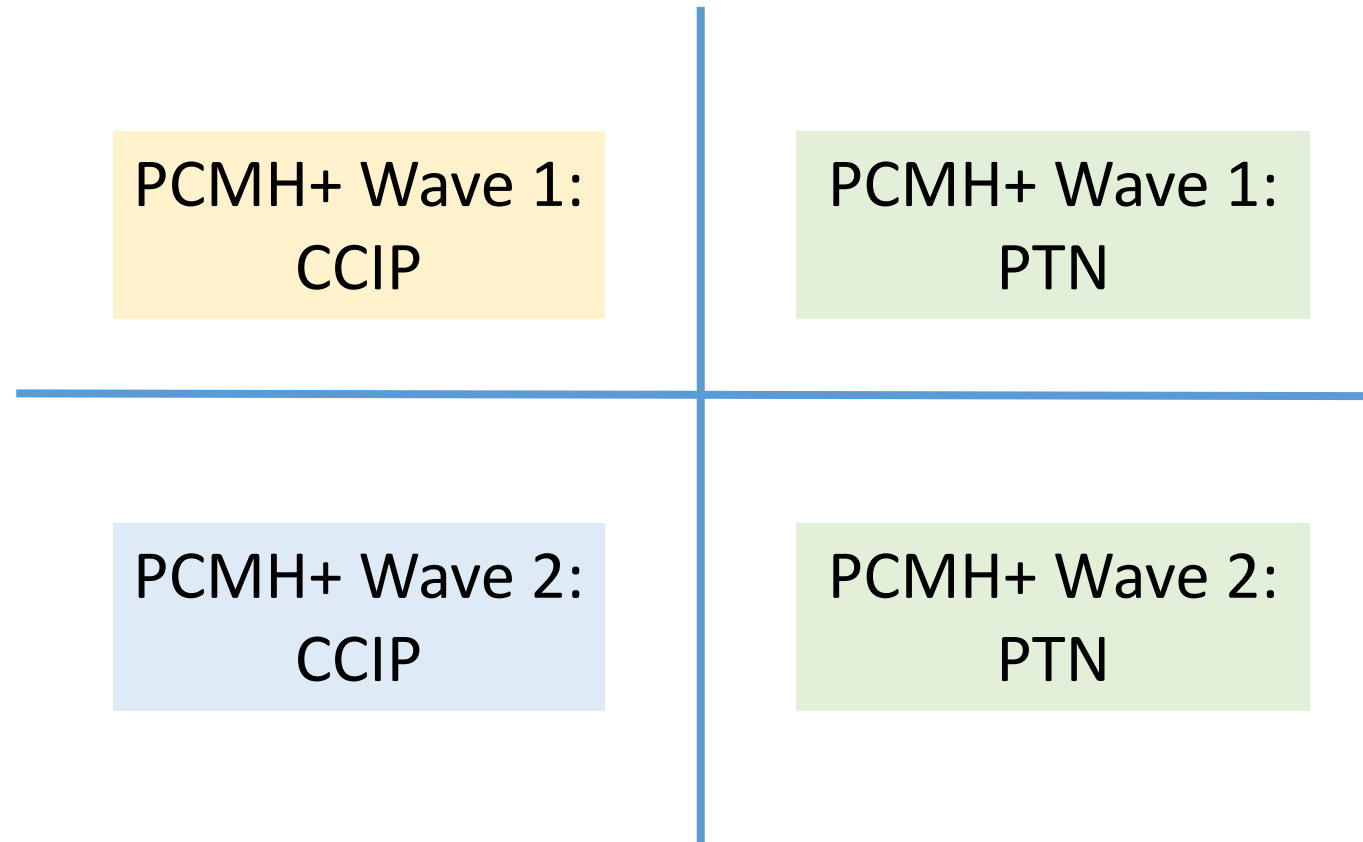
Validation of
Progress
against the
Standards by
an External
Vendor

Transformation & Supplemental Award Priority Funding Areas

- Targeted technical assistance focused on the development of a particular capability
- Technical assistance pertaining to any aspect of the Core or Elective Standards to support change management and process re-engineering
- Community Health Worker Integration
- Contracted or employed staff to address a core or elective standard, for example Community Health Workers or pharmacists
- Shared community or care delivery resource solutions undertaken in partnership with other awardees
- Customization and deployment of social determinants of health (SDOH) data collection tools
- Care management and analytic software tools
- Subscription to alert services such as Patient Ping

PCMH+, CCIP, and PTN

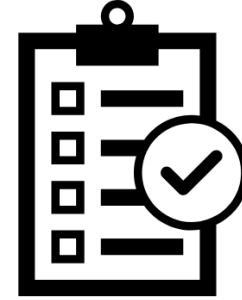
PCMH+ Participating Entities are also participating in either CCIP or PTN. However, based on lessons learned during Wave 1, we have developed **specific CCIP strategies** for the following four groups:



PTN Waves 1 and 2 Strategy



Access to
Health Equity
Improvement
Technical
Assistance



Validation of
Progress on
Health Equity
Improvement
Standard by an
External Vendor

CCIP Procurements Underway

1. RFA for [Wave 1 Supplemental Awards](#): Due May 18
2. RFA for [Wave 2 Transformation Awards](#): Due June 8, *Webinar on May 16*
3. RFP for Validation Vendor: Targeted for Release Week of May 14
4. RFP for Panel of Subject Matter Experts: Targeted for Week of May 21
5. RFP for Health Equity Technical Assistance Vendor for PTN Recipients: Targeted for early June

Adjourn