

# PCMH+ What you need to know

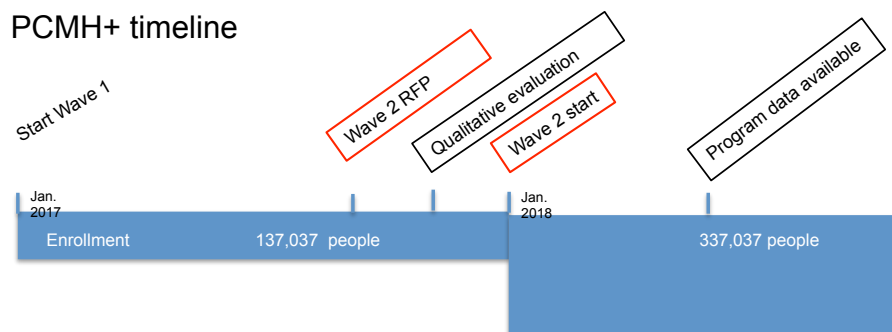
Medicaid Study Group

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Connecticut Medicaid's latest experiment in payment reform, PCMH+, began operation January 1<sup>st</sup> with 137,037 members. PCMH+ hopes to save money by sharing half of any savings on Medicaid members' health care with large health systems. Independent advocates are concerned that, unless carefully evaluated and regulated, PCMH+ creates incentives to inappropriately underserve members, as happened in the past with a similar payment model. We can't jeopardize recent hard-won improvements in access to quality care and the best record of cost control in the nation.

## Rushing to expand and lock in the program without data

- DSS has no meaningful plan to evaluate outcomes
- Surveyed only 7 of the 1,808 people who opted out of PCMH+
- DSS is expanding the program to another 200,000 people Jan. 1<sup>st</sup> before basic data is available on whether people are already being denied appropriate care or the state is spending more money



## No plan to monitor for harm to consumers or cherry-picking patients

- Other states have detected shifts of patients between practices to generate false savings payments to health systems
- DSS acknowledges they can't detect if that is happening in Connecticut

## PCMH+ likely to cost the state more

- Most PCMH+ health systems don't intend to do anything differently
- Opportunities exist for ACOs to shift costly care management onto a state program, but get half the savings
- The state has devoted millions to health systems in up front costs
- Sophisticated programs in other states have not achieved savings

## Erosion of trust, transparency

- Consumer notices of risks eroded after pressure from large health systems
- Advocates denied access to meetings developing program operation
- Promises about basic protections contradicted in PCMH+ regulations

The Medicaid Study Group is a collaboration of independent Connecticut consumer advocates dedicated to protecting and expanding on Connecticut Medicaid's recent success.