

Subject: response to Medicaid Study Group communication [not-secure]

Date: Thursday, September 14, 2017 at 12:50:42 PM Eastern Daylight Time

From: McEvoy, Kate

To: Ellen Andrews

CC: Bremby, Roderick L., Veltri, Victoria, Rep. Abercrombie, Michelle Cook, Terry Gerratana, Eighme, Richard (Richard.Eighme@cga.ct.gov)

Priority: High

Dear members of the "Medicaid Study Group":

We have received and reviewed the questions that you forwarded on September 11, 2017 (attached). Please see below and attached for the Department's responses. By copy of this message, I am respectfully requesting that the MAPOC leadership circulate both your questions, and our responses, to the membership of the MAPOC Care Management Committee.

Feedback on PCMH+

You suggested in the introductory section of your memo that, "our only opportunity to raise concerns was through that single MAPOC meeting." At no time has the Department ever indicated that there was a terminal point in time for receiving and considering feedback on PCMH+. Each meeting of the MAPOC Care Management Committee offers another opportunity for all who are interested to provide ongoing feedback to the Department. When these meetings do not afford adequate time to cover specific topics, the Committee has convened separate working group meetings that allow an opportunity for more in-depth discussion. As was reiterated at the Care Management Committee yesterday, I have clearly stated that we invite feedback through any and all means on a rolling basis. We urge you to continue to do so over time.

Clarification of Role

As we underscored in the above communication of March 28th:

The Department relies on advice and comment of stakeholders, including members of both MAPOC and SIM bodies, but must ultimately make policy and operational decisions, some of which advocates may and will disagree with.

Program

With respect to your questions related to **program**:

- This is the notice that we posted to the dedicated DSS PCMH+ web page on August 16th:

PCMH+ 'Wave 1' Contracts to be Extended

On August 8th, 2017, the Department of Social Services sent this notice to the PCMH+ Participating Entities:

The Department of Social Services remains strongly committed to the success of the PCMH+ initiative. Given the current uncertainty around the General Assembly's adoption of a state budget for the biennium, however, the Department has determined that it is necessary to revisit and revise its original procurement plans for

PCMH+ Wave 2. A state budget is needed before the Department can properly plan for, and release, a Request for Proposals for PCMH+ Wave 2. For that reason, the Department will be extending Wave 1 contracts with its current PCMH+ Participating Entities for three months, through March 31, 2018.

- We are unable to comment on the ultimate budget figures for PCMH+ Wave 2 until settlement of the state's biennial budget.
- Information in support of the remaining questions that you pose in this section will be detailed in the summary reports of the site visits of the Participating Entities that the Department and Mercer jointly conducted in August. We expect to release the summary reports in approximately mid-October. These will be posted to the dedicated DSS PCMH+ web page.

Evaluation

With respect to your questions related to **evaluation**:

- DSS will perform analysis of claim-based costs and quality measures in the quarter following the end of the Wave 1 performance period.
- DSS will continue to perform telephone surveys of any member who opts out of PCMH+. For your information, no members have opted out of PCMH+ in June, July or August 2017. This underscores that the number of opt outs are manageable through the present means of surveying.

Quality

With respect to your questions related to **quality**:

- DSS is monitoring all PE against themselves and against each other to determine outlying patterns of member under-utilization and over-migration away from PEs, and further analyzing these patterns through the lens of member risk scores. In addition to these analyses, the actuarial model contains the following design elements that seek to neutralize any incentive related to moving members between provider panels:
 - High Cost Claims Truncation: Claims costs exceeding the ninety-ninth percentile (subject to data review) will be excluded from the shared savings calculation.
 - Concurrent Risk Adjustment Methodology: Risk scores will be calculated to compare a MQISSP Participating Entity's level of risk relative to non-Participating Entities.
- The Department is monitoring all of the other areas that you reference via the Participating Entity Monthly Reports and also through the site visits that were performed in August. All of the PE Month Reports are posted on a rolling basis on the dedicated PCMH+ web page, and the Department will post the summaries of the site visits on that same page in approximately mid-October.

Communications

With respect to your questions related to **communication**:

- We do not plan to revert to a prior version of the member notice letter.
- We have on many previous occasions detailed that the **enhanced care coordination activities** that are being provided by the Participating Entities that are FQHCs were purposefully selected to be

over and above the limited, embedded care coordination that is a component of PCMH status. In support of this determination, we and Mercer engaged in an extensive review of NCQA and JCAHO standards.

Transparency

With respect to your questions related to **transparency**:

- Participation in operational provider collaborative meetings will continue to be limited to Participating Entities.
- The Department will continue to participate in meetings of MAPOC and the MAPOC Care Management Committee, and to receive and consider any advice and comment that is offered by any stakeholder through any other medium.

Thank you and best regards,

Kate

Kate McEvoy, Esq.
Director
Division of Health Services
State of Connecticut Department of Social Services
55 Farmington Avenue
Hartford, CT 06106
(860) 424-5383