

Thank you for your communication regarding reporting on the Wave 1 performance of PCMH+.

We share your interest in scrupulous examination of the experience with PCMH+ to ensure that it is meeting its original goals of improving outcomes and care experience for HUSKY Health members, without adverse impact of any kind. We sincerely appreciate feedback, ongoing, from the Medicaid Study Group and others. We will continue to use that feedback to ensure transparency, to promote continuous improvement of the program, and to inform public reporting and presentations made by the Department. As described in more detail below, many of the topics raised in your inquiry are already addressed in detail in publicly posted documents, including the monthly reports submitted by PCMH+ Participating Entities (PEs).

Initial performance indicators for Wave 1 demonstrate that PCMH+ was implemented successfully, with many positive elements and also some challenges that are fairly typical of experiences in other new care coordination initiatives.

The Department has used, and continues to employ, many means to evaluate PCMH+, including an array of reports and data points outlined below, as well as on-site compliance reviews with the Participating Entities (PEs) in conjunction with the Department's contractor, Mercer Consulting.

Key indicators include a low member opt-out rate (the overwhelming majority of which occurred concurrent with the release of the initial member letter), low rate of member complaints, and successful PE implementation of care coordination activities and establishment of community partnerships. Further, we are excited about Participating Entities' (PEs') use of the data that is being provided to them via the CHN portal; hiring of community health workers; various, locally informed applications of behavioral health integration; great collaboration among PEs via the ongoing provider collaborative, related to clinical practice; and members' positive reports of experience. Some quality measures improved, but others did not show substantial change. This is consistent with experiences in other care coordination programs.

With respect to challenges, while the PCMH+ PEs used best efforts around these areas, PEs found, among other observations, that 1) significant lead time was needed to engage and launch new staff and integration efforts within their work flows; and 2) careful attention was needed to help promote member participation in governance. As with other care delivery reform efforts, these aspects will require continuing attention and development.

The Department provided detailed reports in May, 2018 to both the MAPOC Care Management Committee and the SIM Steering Committee, available at these links, that addressed factors including opt-outs, member complaints, uptake of care coordination activities and community linkages. These reports are available at the links below:

https://www.cga.ct.gov/med/committees/med1/2018/0516/20180516ATTACH_PCMH%20Plus%20Update.pdf

<https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Health-and-Home-Care/PCMH-Plus/Wave-2/PCMHplus-Update-for-May-2018-SIM-Steering-Committee-51018.pdf?la=en>

Further, on a rolling basis, the Department has published considerable detail on performance on its dedicated PCMH+ web page at <https://portal.ct.gov/DSS/Health-And-Home-Care/PCMH-Plus/Documents>, including, but not limited to:

- the detailed, narrative monthly reports submitted by Participating Entities (PEs), which track to obligations of the Request for Proposals and PCMH+ contracts, including member demographics, clinical and leadership staffing, detail on care coordination staff, incidence of members receiving enhanced care coordination, FQHC enhanced care coordination “add-on” activities, community linkages to address social determinants (including name of organization, type, and type of services), member advisory board meetings and participation, training, and (if relevant) progress toward PCMH recognition;
- PCMH+ provider collaborative materials including: CHNCT ICM Care Coordination workflow, CHNCT CareAnalyzer report guide, Medicaid Strategies for Supporting Medicaid Members, Practice Transformation Provider Supports, Transition Age Youth supports and tools, Children and Youth with Special Healthcare Needs supports and screening tools, WRAP tools, advanced directives, IDD integration practice plans, quality measure improvement, enhanced care guides, behavioral health service guides, substance use disorder supports, underservice utilization strategies, cultural competency resources, Office of Minority Health CLAS standards, 211 guides, CT Advance Directives, psychiatric advance directives, CT Child Development Infoline, practice transformation supports, CT Association for Community Action (CAFCA) supports, NEMT guides, SAMHSA recovery tools, WRAP resources, HUSKY Health CultureVision;
- participation detail by PE, including opt-outs;
- monthly member complaint data;
- PCMH+ phone survey opt-out detail;
- shared savings and comparison group presentations;
- mystery shopper survey findings;
- CAHPS member experience survey data;
- State of Connecticut Regulations concerning PCMH+; and
- quality measure descriptions.

Please note that the Department will be offering further detail to MAPOC regarding PCMH+ Wave 1 performance, on an identified PE basis, as follows:

- on quality measure results on Friday, November 9th; and
- on shared savings results on Friday, December 14th.

We trust that the information that will be presented will be of support in documenting both progress and areas in need of continued improvement, during the inaugural year of the initiative.

Best regards,

Kate

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