September 11, 2017

To: Kate McEvoy
Director, Division of Health Services
Connecticut Department of Social Services

From: Medicaid Study Group

As promised by one of our members at the July 2017 Medical Assistance Program Oversight Council (MAPOC) meeting, we are writing to submit questions about evaluation and implementation of Connecticut Medicaid's experimental new payment model, PCMH+. Independent advocates and Medicaid Study Group members have been deeply involved in constructing the PCMH+ program, and more recently we have registered our grave concerns with its implementation.

We understand that our only opportunity to raise concerns was through that single MAPOC meeting. As most of us are not on the MAPOC and therefore were not able to ask questions during the July meeting, and DSS refused to answer an important question about evaluation of PCMH+ asked at that meeting, we are submitting these questions in an effort to further DSS's transparency and responsiveness to consumer concerns.

Critical questions about PCMH+ and its implementation are attached. We would greatly appreciate timely answers, which may be submitted to the full group through Ellen Andrews at Andrews@cthealthpolicy.org. The questions should be self-explanatory but please let us know if any clarification is required.

Thank you for your attention to this matter.

PCMH+ Questions

Program

- Is the issuance of the RFP and/or the roll-out of Wave 2 delayed? If so, for how long?
- Funding
    - Is funding for PCMH+ included in the administration's proposals for the next budget? If so, for how much? What are the assumptions on the number of ACOs, number of attributed members?
    - Is the ACO per member per month funding one-time up-front supports or will those be paid to the same ACOs in future years?
    - What are the administrative/technical assistance costs and how are they funded?
- Describe progress on
    - Behavioral health integration
    - CLAS standards and cultural competency
    - Disability competency
- Intensive Care Management (ICM) transitions
    - Will the number and timing of members transitioned from CHNCT's ICM program to the ACOs for enhanced care management be publicly reported by ACO, and will this include the reason for each transition?
    - Will the number of ACO members remaining in CHNCT's ICM program be reported?
    - Will those members remaining in CHNCT's ICM program remain attributed to their ACO? If so, how will savings resulting from state-funded ICM services be deducted from savings attributed to the ACO?
    - How are members losing successful ICM services notified of the loss of services?
        - Are they notified that they have a right to opt-out of PCMH+ and thus keep their ICM services? If not, why not?
        - Will you be monitoring access to care, costs and patient satisfaction of ICM members who transition to the ACOs?
        - Can members transitioned to an ACO later opt-out and regain their ICM services? How are they notified of this option?
    - How is DSS handling ACOs that continue to make referrals to ICM, as described in the RFP responses and the July MAPOC presentation?
- How is DSS addressing ACOs' very weak plans to engage consumers in governance? How will DSS ensure meaningful member input into ACO policy setting, implementation and evaluation of the program?
- What is DSS doing to require robust community linkages by ACOs?
    - Are community organizations and local public health departments being paid for their expanded services that are intended to drive savings to the ACO and the state, and if so by whom are they being paid?

- How many community organizations and local health departments have signed contracts with ACOs?

Evaluation

- When will analysis of claims data on Wave 1 be available?
  - Will it be shared publicly?
  - Will it address any of the metrics on the list provided by independent advocates, as requested by DSS?
- Will DSS commission a statistically significant survey of ALL members who have opted out of PCMH+ conducted by an independent entity? Will this survey include, at a minimum, asking why they left and if they were encouraged to do so by anyone, within the ACO or outside; if they have complaints with the ACO or its providers; what their health issues/conditions are and social determinants that may affect their "compliance" levels?
  - Independent advocates would be happy to work with DSS and an independent entity with experience surveying underserved populations to develop a useful survey.

Quality

- How will DSS monitor for adverse selection between provider panels to generate false shared savings payments, as has happened in other states?
- How is DSS monitoring ACOs' care management capacity to ensure that members who need those services are getting them?
- How is DSS monitoring to ensure that all members attributed to a PCMH (no plus), including those who opt out of PCMH+, continue to receive foundational care management services described in PCMH accreditation standards and for which practices are currently well compensated?
- How will DSS monitor ACOs that rely on student interns and volunteers for care coordination activities?
- How will DSS monitor ACOs that use robo-calls for patient engagement? Will DSS require repeated, personal outreach to reach a 90% or higher engagement rate given the very low response rates reported at the July MAPOC meeting?

Communications

- In light of the confusion detected in DSS's minimal opt-out consumer survey, will DSS remedy the problem by sending the original, readable consensus notice developed by the MAPOC Care Management Committee workgroup (prior to interference by ACO representatives) to all members?
- How is DSS addressing the misrepresentation created by the fact that the opt-out notice which went out to all members promised enhanced care coordination services for all participants, over and above what is provided under PCMH (no +), whereas the ACO regulations allow the ACOs to avoid

providing these services if they feel they lack the resources to do so (which was not communicated in the notice)?

- Will DSS submit all future proposed PCMH+ member communications to a multi-stakeholder process for review and revision prior to issuance to ensure the message is clear and balanced and that consumers are aware of the risks of participating and of their rights?

Transparency

- Will DSS commit to open all PCMH+ meetings to the public, including learning collaborative meetings with ACOs to discuss expectations, challenges, and evaluation?
- Will DSS commit to regular open meetings with independent advocates and consumers to hear their feedback about PCMH+? The meetings should not include severe limits on questions or blanket refusals to answer legitimate concerns. These meetings could improve transparency and trust immensely.