

TOPIC	DECISION
<b>Attribution and Assignment</b>	
Minimum assignment threshold/practice size	No changes to the current 2,500 member requirement.
Provider tracking	Wave 3 will eliminate the 18-month period to obtain PCMH certification.
Revisit attribution methodology	No major changes were made to the methodology.
<b>Target Populations</b>	
Revisit excluded categories and services	HUSKY B members will be eligible for PCMH+.
Dual-eligibles	The legislature has requested that DSS look into a care coordination model for Duals in 2021.
<b>Shared Savings Calculation</b>	
Comparison Group — cost	Move to a statewide aggregate trend statistic for the shared savings calculation. The statewide aggregate trend will retain member-based exclusions for hospice and long-term care members, and will exclude PCMH+ members.
Risk adjustment	DSS, with Mercer, will consider ways of deemphasizing coding impacts.
Incorporating Social Determinants of Health (SDoH) in risk adjustment	SDoH will not be included in risk adjustment. At this time, there is insufficient data to ensure minimal variability in results.
Retroactive eligibility	120-day window will be shortened based on a review of recent historical timeframes for reinstatement.
<b>Quality Measure Scoring</b>	
Quality measure scoring	<p>Changed quality measure scoring to achieve the following aims:</p> <ul style="list-style-type: none"> <li>Reward high performers and high improvers equally in Individual Savings Pool.</li> <li>Award Challenge Pools dollars by both absolute and improve quality.</li> <li>Provide a larger share of payment to Participating Entities (PEs) providing the best quality.</li> </ul>

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New outcome-based/population-health quality measures	Final QM list under review, but Individual and Challenge Pool QM list will be updated.
Quality measures — structural design (elective/optional measures)	Challenge Pool quality measure structure updated to have four pre-selected elective QMs.
Comparison group — quality	Move to comparisons of PEs against each other on all quality related metrics.
Weighting of quality measures	All QMs will continue to be weighted equally.
Challenge Pool gate	Challenge Pool gate requires a PE to improve its overall performance year-over-year on the measures that apply to the Individual Savings Pool to participate in Challenge Pool. Additionally, each PEs Challenge Pool award is reduced by their Individual Pool QM score.
<b>Care Coordination</b>	
Care coordination add-on payments	Advanced Networks will not be given the add-on payments due to budget constraints.
Interaction with other care coordination	No changes with the interaction between ICM and PCMH+ care coordination.
Strategies to track effective non-medical care coordination (community linkages)	There will still be Compliance Reviews in Wave 3. The compliance reviews include a review of PE practices pertaining to linkages to community resources and follow up on referrals to these community resources. A review of member files allows DSS to validate the outcomes of community linkage referrals at the member level.
SDoH	Required screenings as part of PCMH+.
<b>Program Structure/Requirements</b>	
Electronic Health Record requirements	Use of an interoperable health information network to enable seamless care coordination provided by the PE in Wave 3.
Billing of Z-codes	Use of Z codes will be outlined and previewed in the program year 1, and may be required in program year 2 (CY2021).