



Primary Care Case Management: A Critical Option for Connecticut Medicaid SB 1104

What is Primary Care Case Management (PCCM)?

PCCM is a system of administering Medicaid programs that does not use HMOs. Under PCCM, consumers are linked to a primary care provider, such as a clinic or doctor, who coordinates their care and acts as a gatekeeper. Providers are paid on a fee-for-service basis and receive an additional modest fee to compensate for care management.

Are any other states using PCCM?

Yes, 29 other states use PCCM – 23 in combination with full-risk, HMO-based plans like Connecticut's. Other states have enjoyed great success with their PCCM programs. Given a choice, consumers overwhelmingly choose PCCM plans over HMOs. Providers are more willing to participate in PCCM-based Medicaid programs. PCCM programs save states as much money as full-risk plans. Everyone wins.

Why should Connecticut consider PCCM?

Connecticut's Medicaid program is in trouble. At least two lawsuits have been filed on behalf of consumers who cannot access the care taxpayers are paying for. The program started with eleven participating HMOs and is now down to four. The state has been unable to attract new HMOs, despite significant profits for the participating plans.

Connecticut should consider PCCM because

- Consumers struggling to access care in the program need another option
- Without HMO hassles, new providers might be willing to participate in Medicaid under PCCM
- Loss of even one of the current HMOs would leave the state in an emergency without sufficient capacity to cover the 309,772 current consumers
- A PCCM option strengthens the state's hand in negotiations with the current Medicaid HMOs, saving state dollars and holding them accountable

How should the state begin?

The state should follow the 2001 Mercer plan commissioned by DSS and create an advisory committee of consumers, researchers, providers and advocates to design a pilot PCCM project. Too many state projects are designed without stakeholder input and years later policymakers are left scratching their heads, trying to figure out what went wrong. SB-1104 includes that input as well as other important elements.

Support PCCM and SB-1104, an important option to improve CT's troubled Medicaid program.