

**PCMH+ STATUS UPDATE
MAY 2018
MAPOC CARE MANAGEMENT
COMMITTEE MEETING**

- Initial performance indicators for Wave 1 demonstrate a successful implementation of PCMH+.
- Key indicators include a low member opt-out rate, low rate of member complaints, and successful Participating Entity (PE) implementation of care coordination activities and establishment of community partnerships.
- Interest and response in the Wave 2 Request for Proposals (RFP) was high.

- DSS has completed the Wave 2 procurement and has awarded 3 Advanced Networks and 2 FQHCs the right to negotiate a contract for PCMH+ Wave 2.
- DSS will continue to monitor key indicators for Wave 2 and will conduct a review of claims-based utilization to ensure that services have not been disrupted in any way.

- **Member Participation:** The number of assigned members dropped in 2017. 85% of members removed from PCMH+ during 2017 was due to member loss of HUSKY eligibility.
- **Opt-Outs:** Overall, there was a low incidence of opt-outs. 88% of opt-outs occurred prior to the launch of PCMH+.
- **Mystery Shopper Survey:** DSS conducted a mystery shopper survey to evaluate the ability of HUSKY Health members to obtain a medical appointment. 94% of PCMH+ primary care practices offered an appointment, as compared to 83% of PCMH practices.

- **Complaints:** 2017 PCMH+ member complaints are lower than the 2016 historic average for the same population. Member complaints have decreased since the initial launch of PCMH+.
- **PE Activities:** PEs have successfully implemented the PCMH+ care coordination activities and have established partnerships with diverse community organizations.

1. PCMH+ participation data summary, including opt-out information
2. PCMH+ complaint data summary
3. PCMH+ mystery shopper data summary
4. PE activity data summary
5. Additional information and next steps

Extensive information is publicly available on the DSS PCMH+ website: portal.ct.gov/dss/Health-and-Home-Care/PCMH-Plus



HOME / DEPARTMENT OF SOCIAL SERVICES / HEALTH & HOME CARE / FOR PROVIDERS / PERSON-CENTERED MEDICAL HOME PLUS (PCMH+)

Person-Centered Medical Home Plus (PCMH+)

Overview

Documents/Forms

Provided by:
Department of Social Services

Overview

Person-Centered Medical Home Plus or **PCMH+** provides person-centered, comprehensive and coordinated care to HUSKY members. If you are PCMH+ HUSKY Member, **your HUSKY benefits do not change**. PCMH+ builds on the success of Connecticut Medicaid's Person-Centered Medical Home (PCMH) program which works to improve the quality of care our members receive. The PCMH+ program works to improve your overall health and help you get services like access to healthy food, transportation to your appointments and assistance finding community agencies that may help you with housing or finding employment. Learn more about PCMH+ with the [Member Information](#) guide.

If you have questions about your provider, or questions about your care, please call HUSKY Health Support Center. To view the [HUSKY Health Program Covered Services guide](#), you can call 1-877-858-7012 Option #2.

[PCMH+ Program Information and Updates](#)

- ✓ Member Participation Data
- ✓ Member Complaint Summary
- ✓ Mystery Shopper
- ✓ PCMH+ Wave 1 Compliance Review Findings
- ✓ Participating Entity (PE) Monthly Reports
- ✓ PE Tools and Resources

PCMH+ PARTICIPATION DATA

2017 SUMMARY

- The number of assigned members dropped in 2017, almost entirely due to member loss of HUSKY eligibility.

Initially Assigned Wave 1 Enrollees:

135,169 (100%)

Enrollees as of January 1, 2018:

91,205 (67% of initially assigned members)

Opt-Outs in 2017:

**1,817 (4% of total members
who became ineligible)**

**Loss of HUSKY Eligibility in
2017:**

**37,334 (85% of total members
who became ineligible)**

**Moves to Excluded Categories
in 2017:**

**4,813 (11% of total members
who became ineligible)**

- Overall, there was a low incidence of opt-outs. 88% of opt-outs occurred prior to the launch of PCMH+.

Month	ANs ¹	FQHCs ²	Total	% of Total PCMH+ Participants
Before 1/1/2017	490	1,116	1,606	1.19%
January	49	113	162	0.12%
February	1	12	13	0.01%
March	2	6	8	0.01%
April	8	5	13	0.01%
May	2	4	6	0.00%
June	0	0	0	0.00%
July	0	1	1	0.00%
August	0	0	0	0.00%
September	0	2	2	0.00%
October	0	1	1	0.00%
November	0	3	3	0.00%
December	1	1	2	0.00%
Total	553	1,264	1,817	1.34%

- PCMH+ eligible members received an introductory welcome letter developed with the Care Management Committee. The letter is posted on the DSS PCMH+ website.

- The letter included:
 - A description of PCMH+ care coordination benefits.
 - An introduction of the concept of shared savings and that providers may receive a bonus payment if they reached quality goals and saved money.
 - Steps to take if the member felt their care was restricted, if they were not referred to other providers appropriately, if they were not told of all care choices or if they were transferred to another provider only to save money.

- The letter also included information regarding a member's right to opt-out at any time – either by phone OR by signing and returning the PCMH+ opt-out form.
- A neutral contractor (Conduent) is handling all PCMH+ opt-outs.

- 85% of members removed from PCMH+ during 2017 was due to member loss of HUSKY eligibility.

Month	ANs	FQHCs	Total	% of Total PCMH+ Participants
January	608	2,614	3,222	2.38%
February	477	2,288	2,765	2.05%
March	587	2,593	3,180	2.35%
April	502	2,702	3,204	2.37%
May	508	2,257	2,765	2.05%
June	542	2,782	3,324	2.46%
July	506	2,520	3,026	2.24%
August	456	2,181	2,637	1.95%
September	342	1,536	1,878	1.39%
October	305	1,375	1,680	1.24%
November	360	1,362	1,722	1.27%
December	322	1,264	1,586	1.17%
Total	6,714	30,620	37,334	27.62%

- DSS has adapted the assignment methodology for Wave 2 to address members who lose and then re-gain HUSKY eligibility.
- The new methodology allows for FQHC payments during all gap months if a member's HUSKY eligibility is reinstated retroactively within four months.

- 11% of members removed from PCMH+ during 2017 was due to members moving to PCMH+ excluded categories.

Month	ANs	FQHCs	Total	% of Total PCMH+ Participants
January	131	522	653	0.22%
February	58	244	302	0.19%
March	62	199	261	0.45%
April	124	490	614	0.24%
May	57	270	327	0.27%
June	55	312	367	0.20%
July	45	231	276	0.25%
August	61	277	338	0.30%
September	79	328	407	0.30%
October	62	340	402	0.19%
November	44	216	260	0.24%
December	76	244	320	0.21%
Total	916	3,897	4,813	3.56%

PCMH+ COMPLAINT DATA

2017 SUMMARY

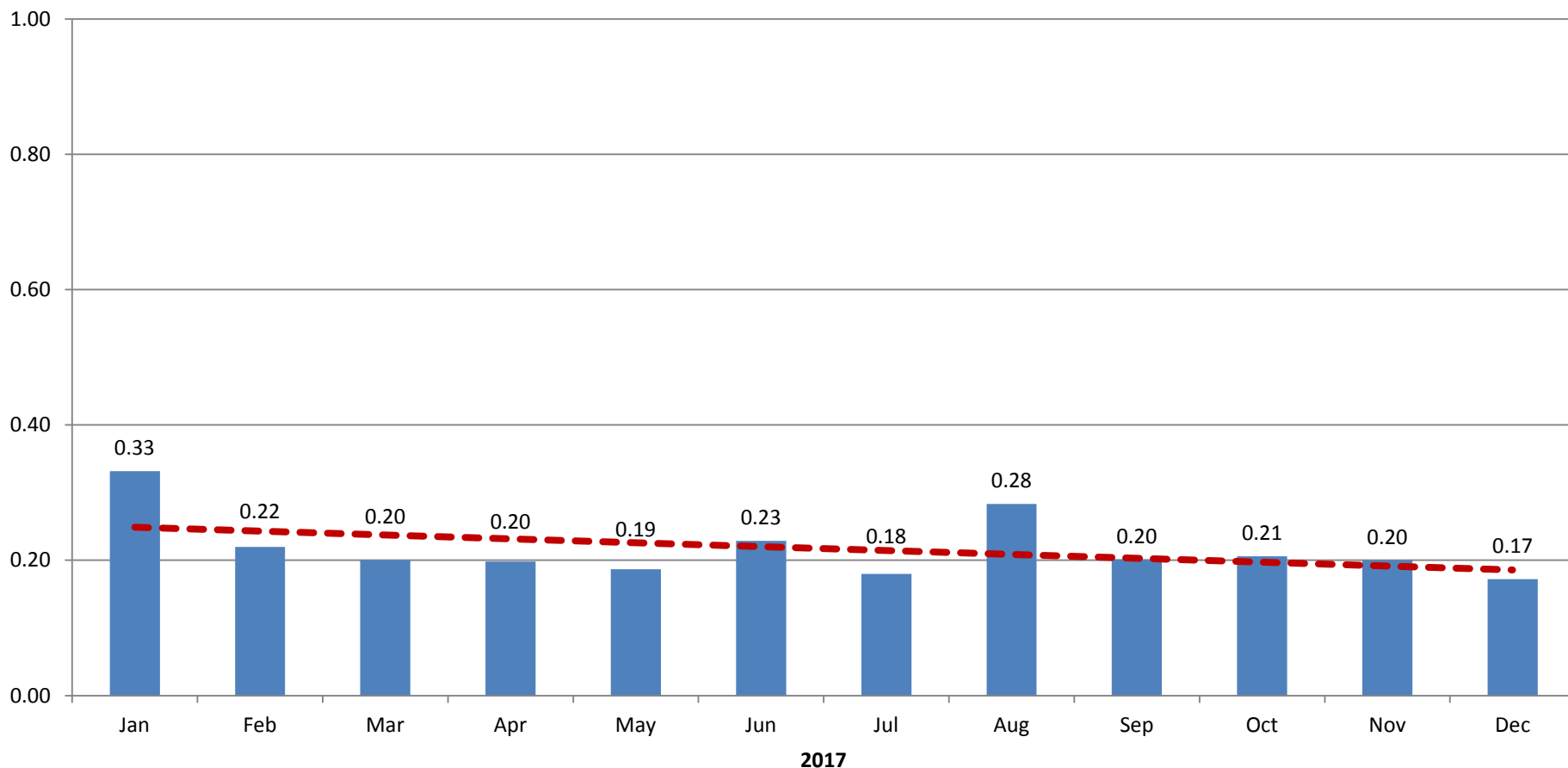
Complaint Category	Complaints per 1,000 Members			
	PCMH+		Comparison Group	
	2016	2017	2016	2017
Quality of Provider Services	1.57	1.14	0.71	1.06
Delayed Access/Wait Time	0.12	0.10	0.10	0.13
Other (NEMT, Dental, Behavioral Health, etc.)	0.53	0.52	0.27	0.53
Financial (Member Billed, Cost Share, etc.)	0.44	0.55	0.59	0.73
Provider Access-No Access	0.24	0.32	0.20	0.24
Quality of Administrative Services Organization (ASO) Services	0.06	0.00	0.04	0.00
All Categories	2.97	2.63	1.91	2.69

Participating Entity	Quality of Provider Services		Delayed Access/ Wait Time		Other	
	2016	2017	2016	2017	2016	2017
Northeast Medical Group AN	2.11	0.86	0.14	0.00	0.42	0.34
St. Vincent's AN	2.57	2.71	0.18	0.14	0.70	1.00
Fair Haven Community Health Center	0.13	0.96	0.00	0.00	0.13	0.32
Cornell Scott-Hill Health Center	1.13	0.72	0.00	0.27	0.30	0.45
Generations Family Health Center	1.04	0.79	0.00	0.00	0.65	0.63
Southwest Community Health Center, Inc.	2.77	1.21	0.00	0.00	0.63	0.60
Community Health Center, Inc.	1.49	0.87	0.12	0.08	0.67	0.39
Optimus Health Care, Inc.	1.08	0.90	0.15	0.18	0.34	0.42
Charter Oak Health Center	2.13	1.21	0.57	0.00	0.57	0.69
All PEs	1.57	1.14	0.12	0.10	0.53	0.52

Participating Entity	Financial		Provider Access – No Access		Quality of ASO Services	
	2016	2017	2016	2017	2016	2017
Northeast Medical Group AN	0.56	0.52	0.14	0.86	0.00	0.00
St. Vincent's AN	0.88	0.86	0.99	0.79	0.00	0.00
Fair Haven Community Health Center	0.00	0.64	0.00	0.00	0.00	0.00
Cornell Scott-Hill Health Center	0.08	0.09	0.08	0.18	0.08	0.00
Generations Family Health Center	0.39	0.47	0.39	0.16	0.13	0.00
Southwest Community Health Center, Inc.	0.63	0.00	0.13	0.30	0.25	0.00
Community Health Center, Inc.	0.37	0.67	0.16	0.25	0.07	0.00
Optimus Health Care, Inc.	0.39	0.54	0.05	0.30	0.05	0.00
Charter Oak Health Center	0.71	0.69	0.14	0.00	0.00	0.00
All PEs	0.44	0.55	0.24	0.32	0.06	0.00

Participating Entity	All Categories Complaints per 1,000 Members (2016)	All Categories Complaints per 1,000 Members (2017)
Northeast Medical Group AN	3.38	2.58
St. Vincent's AN	5.33	5.50
Fair Haven Community Health Center	0.27	1.91
Cornell Scott-Hill Health Center	1.66	1.70
Generations Family Health Center	2.59	2.06
Southwest Community Health Center, Inc.	4.40	2.11
Community Health Center, Inc.	2.88	2.28
Optimus Health Care, Inc.	2.07	2.33
Charter Oak Health Center	4.11	2.59
All PEs	2.97	2.63

- 2017 PCMH+ member complaints are lower than the 2016 historic average for the same population. Member complaints have decreased since the launch of PCMH+.



PCMH+ MYSTERY SHOPPER DATA

2017 SUMMARY

- Annual statewide survey that evaluates the ability of HUSKY Health members to obtain a medical appointment.
- Being used as a monitoring tool to evaluate underservice by PCMH+ PEs.
- Statewide results are broken out by practice type, region and PCMH+ PE.
- All PEs surveyed were identified as an adult primary care setting for the purpose of this study.
- All 9 PEs were sampled, with 46 primary care sites sampled.
- Segmentation results are NOT to be considered a representative sample of PCMH+ PEs; rather a qualitative snapshot of member access to primary care in the PCMH+ program.

- Accepting New Patients for Adult Primary Care Provider at Desired Site

	PCMH (N=160)		PCMH+ (N=46)	
Yes, Dr. X or another doctor	136	85%	36	78%
No, for any reason ¹	24	15%	10	22%

- Appointment Availability after Identifying HUSKY Insurance

	PCMH (N=136)		PCMH+ (N=36)	
Yes	76	56%	26	72%
Yes, under certain conditions (medical records, age, location, new patient appt.)	36	27%	7	19%
Yes, with referral	1	<1%	1	3%
TOTAL Yes	113	83%	34	94%
TOTAL No	23	17%	2	6%

PCMH+ PARTICIPATING ENTITY ACTIVITIES

2017 SUMMARY

PCMH+ care coordination activities help address social determinants of health and strongly support behavioral and physical health integration

PCMH+ Care
Coordinators
across 9 PEs:

86 FTEs

PCMH+ BH Care
Coordinators
across 8 PEs:

15 FTEs

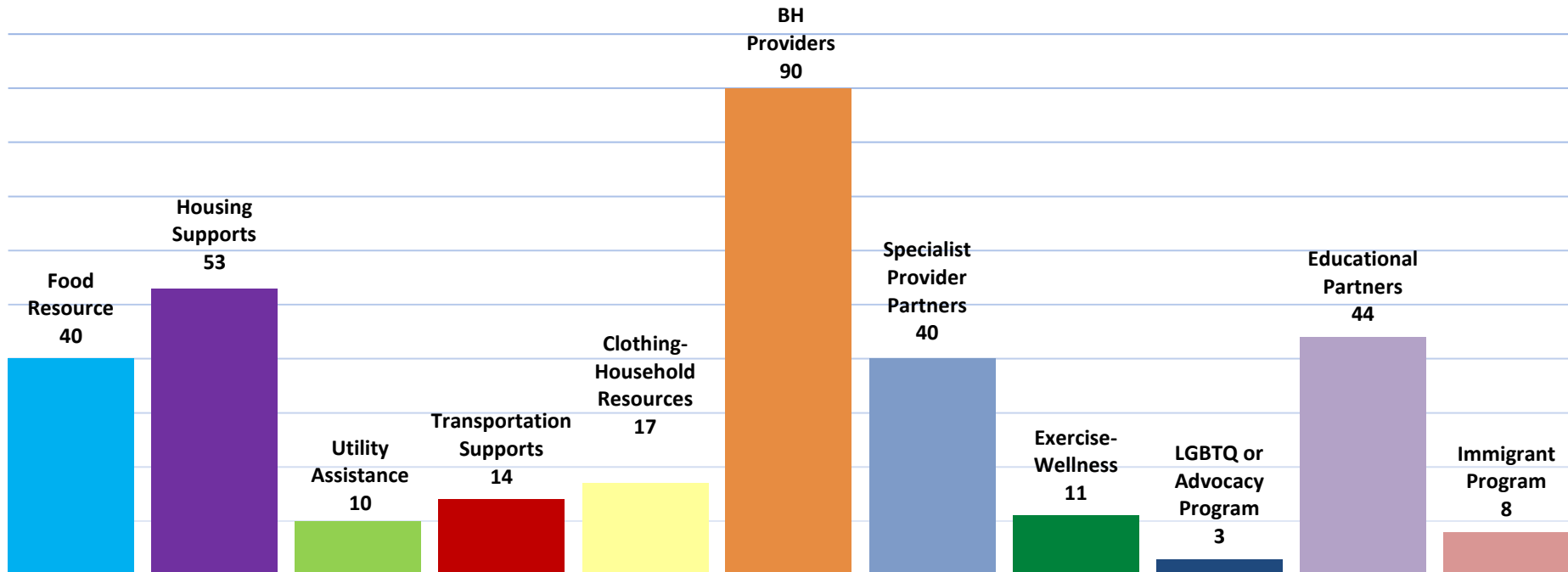
- For the initially assigned Wave 1 Enrollees (135,169 individuals), the PEs performed:
 - **131,924** care coordination contacts (members may receive multiple contacts)
 - **66,291** behavioral health screenings (members may be screened several times annually)
 - **8,876** Wellness Recovery Action Plans (WRAP) or other recovery plans (WRAPs were collected and included in member files)
 - **5,994** WRAP or other recovery plans updates

- PEs are required to include PCMH+ member participants in their Member Advisory Body (MAB) meetings. PEs may choose to use a pre-existing member advisory group.
- PEs have been providing extensive support to ensure member attendance.
- Overall, experience in Wave 1 included:
 - **38** MAB meetings
 - **183¹** PCMH+ members attending MAB meetings
 - **50¹** PCMH+ voting members attending MAB meetings

¹Counts may not be unique members as members may attend multiple meetings between April 2017 and January 2018.

PEs have formed partnerships with a variety of community organizations designed to target social factors that influence health and to support timely linkage to community resources.

Types of Community Resource Partners in PCMH+



ADDITIONAL INFORMATION AND NEXT STEPS

- Response and enthusiasm about the Wave 2 RFP was greater than expected.
- Three Advanced Networks and two FQHCs have been awarded the right to negotiate a contract with DSS:
 - **Advanced Networks**
 - Wheeler Clinic, Inc./Torrington
 - Prospect CT Medical Foundation, Inc.
 - Hartford Healthcare Medical Group, Inc.
 - **FQHCs**
 - First Choice Health Centers Inc.
 - United Community and Family Services

- Total members assigned at the end of Wave 1:
66,325

- Total member assignment for Wave 2: **181,902**
 - FQHCs: **132,155**
 - Advanced Networks: **49,747**

- Some respondents were not selected for Wave 2.

- Wave 2 contracts are effective from April 1, 2018 (for Legacy PEs) or May 1, 2018 (for New PEs) through December 31, 2019 (with a separate performance year for each of calendar years 2018 and 2019).
- Member notice letters are being mailed in May.
- DSS intends to hold member informational sessions in May and June.

- DSS intends to hold a PE informational session on May 15, 2018 for both Legacy and New PEs.
- In September 2018, DSS will perform claims-based utilization reviews to ensure that services for members have not been disrupted in any way.

- The federal evaluation of SIM includes focus groups with members. Federal evaluators have requested 600 PCMH+ member names from the Hartford area to contact regarding participation in focus groups, which will occur soon.
- DSS has alerted PEs to the fact that this process is occurring.
- Any SIM Steering Committee questions regarding the SIM federal evaluation may be directed to DSS.

- PCMH+ uses a five-pronged approach to identify indicators of under-service utilization practices.



- Additional information can be found [here](#).

- In addition to the five-pronged approach, DSS also uses a variety of initiatives to ensure that Medicaid member quality of care and access to medical care is not adversely affected as a result of the PCMH+ program.
- More information can be found [here](#).