

ATTRIBUTED MEMBERS FOR THE MEDICAID QUALITY IMPROVEMENT AND SHARED SAVINGS PROGRAM (MQISSP)

May 26, 2015

Draft and subject to revision

Listed below are populations that have been identified for inclusion or exclusion for the MQISSP. The list below focuses on single-eligible Medicaid beneficiaries. The intent of the MQISSP is that if a member can be attributed to the MQISSP, then that member will be included. It is also intended for the MQISSP to move in parallel with other care coordination and integrated care programs in the State of Connecticut (e.g., Duals Demonstration, Money Follows the Person, Behavioral Health Homes, home- and community-based services waivers). Due to this, Medicaid beneficiaries that are participating in these programs will not be attributed to the MQISSP.

The next phase of moving forward with the attributed members for the MQISSP will be to determine if children and other subsets or coverage codes for HUSKY A, B, C, and D will be included or excluded for the MQISSP. In addition, definitions will be developed to accurately identify the attributed members within the eligibility and claims data. This next phase will be carried out through scheduled small-group work sessions between Connecticut Department of Social Services, Mercer, and the Community Health Network of Connecticut (CHN).

Population	Included	How to Define in the Data
Members with a third party liability resource	Yes	
Newborns	Yes	
Children	To be determined	
Pregnant women	No	
Nursing facility residents	No	
1915(c) waiver members	No	
Money Follows the Person members	No	
Members in CHN's intensive case management program	Yes	
Limited benefit Medicaid beneficiaries	No	
HUSKY A, B, C, D (other subsets or coverage codes)	To be determined	