

STATE OF CONNECTICUT MQISSP ELEMENTS OVERVIEW

August 26, 2015

Draft and Subject to Revision

The Connecticut Department of Social Services (Department) is launching a planning process to develop a new, upside-only shared savings initiative entitled the Medicaid Quality Improvement and Shared Savings Program (MQISSP). The goal of MQISSP, which is a component of the State Innovation Model, is to improve quality and experience of care for Medicaid beneficiaries currently being served by Federally Qualified Health Centers (FQHCs) and Advanced Networks. The Department will select FQHCs and Advanced Networks to become MQISSP Participating Entities via a Request for Proposals process.

The following are components that represent foundational DSS model design assumptions:

MQISSP Element	Working Assumptions
Upside or Downside Model Design	<ul style="list-style-type: none"> Upside-only model for each performance year.
Participating Entities	<ul style="list-style-type: none"> MQISSP Participating Entities will include FQHCs and Advanced Networks that include at least one Person-Centered Medical Home (PCMH).
Attribution Methodology	<ul style="list-style-type: none"> Beneficiaries to be attributed using existing PCMH attribution method with refinements if needed (e.g., to incorporate only the target populations).

The following are components on which the MAPOC Care Management Committee has already offered review and comment:

MQISSP Element	Working Assumptions
Target Population	<ul style="list-style-type: none"> All single-eligible Medicaid beneficiaries with the exception of full/partial dual-eligible beneficiaries, nursing facility residents, 1915(c) waiver members, 1915(i) State Plan Amendment members, Money Follows the Person members, limited benefit Medicaid beneficiaries, and the Department of Mental Health & Addiction Services Health Home Participants.
Benefits Included in Shared Savings Calculation	<ul style="list-style-type: none"> All Medicaid claims except hospice, long-term supports and services, non-emergent medical transportation, and 1915(c) waiver services.
Quality Measures	<ul style="list-style-type: none"> Quality measure set derived from Department webinars 1–3.

The following elements are technical aspects of the shared savings model. These elements will be vetted with MAPOC during the development of the shared savings model:

MQISSP Element	Working Assumptions
Minimum Number of Members	<ul style="list-style-type: none">• MQISSP Participating Entities must have a minimum of 2,500 MQISSP beneficiaries.
Historical Baseline	<ul style="list-style-type: none">• MQISSP Participating Entities will be benchmarked for quality against a comparison group or other national benchmarks.
Shared Savings Calculation	<ul style="list-style-type: none">• Includes a hybrid savings pool with a savings cap of 10% of expected costs.
Trend Development	<ul style="list-style-type: none">• Due to the comparison group approach, trend assumptions will likely be unnecessary because the comparison group will be used to establish actual realized trends.
Risk Adjustment Methodology	<ul style="list-style-type: none">• Includes a concurrent risk adjustment approach for each MQISSP Participating Entity, for all providers in aggregate, and for the comparison group.
Truncation of High-Cost Claims	<ul style="list-style-type: none">• High-cost claims are to be truncated at the ninety-ninth percentile.