

CONNECTICUT: Person-Centered Medical Home Program

PCMH Standards

Connecticut adopted the National Committee for Quality Assurance (NCQA) Patient Centered Medical Health standards for its Medicaid person-centered medical home program (PCMH). Primary care practices must achieve one of NCQA's Level 2 or Level 3 PCMH recognition. Additionally, the state requires PCMH practices to use an electronic health record system, adhere to federal EPSDT standards, participate in state quality and health disparity improvement initiatives, ensure clients rights to confidentiality, and allow themselves to be included on public PCMH provider rosters.^{i,ii} As of March 2013, CT Department of Social Services (DSS) will begin accepting The Joint Commission's Ambulatory Care Accreditation (TJC) as another required standard for participation in the PCMH program and allows practices to receive technical support. Health centers working to achieve Primary Care Medical Home Certification will be offered the same type of support as practices pursuing NCQA recognition.

PCMH Technical Support

The support of the Community Practice Transformation Specialist (CPTS) team assists primary care practices pursuing Person-Centered Medical Home (PCMH), known as the Glide Path option as well as those already recognized. The CPTS team is comprised of healthcare professionals that are specially trained on Nationally Accredited PCMH Standards. The team provides actionable data to assist in identifying and managing patients with the highest utilization, chronic conditions and psychosocial issues. Education is also provided to practices on team concepts that support a division of care coordination duties among clinical and non-clinical staff as well as identifying and closing gaps in care. The support from a CPTS is provided at no cost to the practice.

PCMH Payment

Qualified PCMH providers receive a 20-24% increase in Medicaid payment rates for certain primary care services, or a \$7.77-\$9.07 fixed add on payment depending on practice type.ⁱⁱⁱ Glide path practices receive a 14% increase in Medicaid payment rates, or a \$5.18 fixed-add on payment depending on practice type.^{iv} In addition to enhanced base payment rates, practices are awarded a performance bonus based on quality measures. The bonus option is an incentive payment after one full year of participating and an improvement payment after two full years of participating. Payments are made retrospectively in a lump sum and are determined by the practices' final score and possible payment based on the performance level.

SBHCs and PCMH

SBHCs participating in the PCMH program must be enrolled with the CT Medical Assistance Program (CMAP) as an independent physician solo or group practice, a hospital outpatient clinic or a Federally Qualified Health Center and is a satellite practice through its parent entity that has achieved DSS PCMH participation by way of one of now two standards, NCQA or TJC.^v As of January 2013, 12 SBHCs have achieved PCMH status, and 19 SBHCs are working towards PCMH recognition or accreditation through its parent entity. There are no independent SBHC participating in the DSS PCMH program.^{vi}

“Members of the Connecticut Association of School Based Health Centers were actively engaged in statewide committee meetings that provided oversight to the Medicaid program. As a result SBHCs were defined as eligible providers to participate in the person-centered medical home initiative”.

This document was created by the School Based Health Alliance, Washington, DC, in conjunction with the Connecticut Association of School Based Health Centers, Inc., May 2013.

ⁱ NCQA. About NCQA. <http://ncqa.org/AboutNCQA.aspx>. Accessed 1/22/13.

ⁱⁱ Connecticut Medical Assistance Initiative Policy Transmittal 2011-36. Person-Centered Medical Home (PCMH) Initiative. December 2011.

ⁱⁱⁱ Husky Health Connecticut. PCMH Reimbursement Summary.

http://www.huskyhealthct.org/providers/provider_postings/pcmh_docs/PCMH_Reimbursement_Summary.pdf. Accessed 1/22/13.

^{iv} Ibid.

^v Garcia, Erica. Connecticut Department of Social Services. 05/08/13.