

State of Connecticut  
GENERAL ASSEMBLY



Medical Assistance Program Oversight Council  
Care Management (PCCM/PCMH) Committee

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Co-Chairs: Rep. Abercrombie, Rep. Michelle Cook & Rep. Hilda Santiago

**MEETING MINUTES**

Wednesday, February 10, 2016

10:00 AM in ROOM 2A OF THE LOB

*Attendance is on Record with the Council.*

- I.** The meeting was called to order at 10:08 PM by the Chair, Representative Abercrombie. She welcomed members and thanked them for being present.

A request was made to move item 2 of the agenda to item 3, and item 3 of the agenda to item 2. With no objections the items were moved

Introductions were made by those in attendance.

- II.** Kate McEvoy apologized for not being able to make the workgroup the day before and discussed the good work of the work group. She thanked members for their participation in the joint meeting with the PTTF. Kate discussed getting closer in the next few months on the main elements of the model design of MQISSP. She discussed the process going forward between model design and RFP timeframe.

Charles Lassiter began with providing background on the first document (See Attachment).

[https://www.cga.ct.gov/med/committees/med1/2016/0210/20160210ATTACH\\_MQISSP%20PCMH%20Issue%20Paper%20.pdf](https://www.cga.ct.gov/med/committees/med1/2016/0210/20160210ATTACH_MQISSP%20PCMH%20Issue%20Paper%20.pdf)

Charles walked through the highlights of the document and what has been discussed and decided throughout the development process.

Ellen Andrews thanked Kate for her input and her effort in the collaboration on MQISSP. She thanked the committee clerk for his notifications about all of the meetings.

Charles continued on elements that are included in the model to try to deal with underservice and panel manipulation. He went over the decisions that had been made regarding PCMH participation and Shared Savings distribution.

Ellen discussed what she likes and doesn't understand. She wanted clarification on the enforcement of what happens when someone doesn't reach PCMH within the allotted timeframe. Ellen asked if termination from the program or withholding shared savings would be used as consequences. Kate discussed the composition of Advanced Networks and protective measures that are being developed. She talked about a need for a balance of interest to protect beneficiaries and get advanced networks to participate.

Sheldon Toubman shared his concerns with the lack of not having actual requirement if there are not consequences. He stated that the requirements and penalties have to be in the RFP, and that while he wants more participation there needs to be consequences. Charles clarified that Sheldon was saying the entire advanced network would lose all Shared savings. Kate stated that the Department feels that losing the entirety of Shared Savings is too strong of a penalty.

Karyl Lee Hall discussed what was talked about at yesterday's workgroup and questioned what would happen if PCMH was to fall out of favor for advanced networks. Charles discussed the incentives in place that would most likely prevent anyone from leaving PCMH. Kate talked about significant funding that is undergoing in PCMH and the incentivizing this does in support of this as a protection. She talked about CHN's involvement with the practices and the reports that are received monthly and used as an important monitoring tool. Kate added information about the SIM project, Advanced Medical Homes, that will be offered and the goal of participants that will be involved. Dr. Zavoski discussed the issues and the arguments on both sides as well as the glide path. He talked about the view CHN has on practices to see if they are struggling or not following the rules. Everyone was in agreement that they want PCMH to go forward and what is important for the program. Dr. Carbonari agreed with Dr. Zavoski and not penalizing those who are working hard and doing what they should be doing because of one outlier. Sheldon agreed that he doesn't like penalizing those who are doing their best but it's important that the standard is defined and talked about the enforcement and the concern if someone doesn't make it into PCMH which is different in this model. Maybe there is room for compromise in what is the standard and as long as its tied to something in the RFP that has enforcement. Ellen shared that she understands the balance and the monitoring that will be taking place. She does not view not receiving shared savings as a penalty because it's a new pool of money and worries about not incentivizing the late adopters into PCMH. Kate stated that the Department does not support the entirety of loss of shared savings but appreciated the discussion that can continue outside of the meeting and other thoughts that can be discussed. Stephen Frayne apologized for being late and asked for the Departments position. Kate stated that the Department does not support the exclusion of networks or forfeiting the entirety of Shared Savings. Stephen discussed encouraging PCMH and wanting people to participate and structuring it in a way that gets participation.

Rep. Abercrombie discussed moving forward. Charles asked for 15 minutes on the Shared Savings Payment Principles and having a webinar in between the next meeting.

Stewart went over the document which is revised from one that was shared back in August (See Attachment).

[https://www.cga.ct.gov/med/committees/med1/2016/0210/20160210ATTACH\\_MQISSP%20Shared%20Savings%20Payment%20Principles%202016%2002%2010.pdf](https://www.cga.ct.gov/med/committees/med1/2016/0210/20160210ATTACH_MQISSP%20Shared%20Savings%20Payment%20Principles%202016%2002%2010.pdf)

Stewart walked through the guiding principles and hybrid savings pool and discussed the things that have changed. He discussed building in a standard variation that was discussed at yesterday's workgroup. Ellen asked for clarification on receiving the savings. Stewart stated that if a measure is not maintained then that would allow money to be lost.

Sheldon added that the individual's savings pool was discussed yesterday and that the SIM EAC states that if a network is found to underserve or be cherry-picking then they should not receive any shared savings. Charles said that is certainly noted and could be included in this document. Sheldon discussed the need of providers to have specificity as was stated by Stephen at yesterday's workgroup. Charles stated that providers will be given benchmarks and trends.

Charles stated that a date would be worked out for a webinar and to send emails with questions and comments go through the clerk.

**III.** Dr. Mark Schaefer and the chairs of the PTF, Lesley Bennett and Elsa Stone, introduced themselves. Dr. Schaefer provided a summary of CCIP and the development phase. He talked about the integration of CCIP into MQISSP.

Lesley stated that she hoped that no one felt left out of the process and discussed the schedule and changes made. She stated that they want the committees input. Elsa added what was done during the meeting.

Karyl Lee stated that she believes this is the forum to which the Care Management Committee comes together and comes to some sort of consensus but that has yet to happen. She asked how the standards relate and mix with PCMH certification. Elsa stated that the standards apply for the networks rather than individual practices. Lesley added that they are trying to enhance networks and talked about the importance of care coordination. Karyl Lee is interested in the margins and the enhancements and if they would have effects on PCMH.

Dr. Schaefer discussed that some of the work done at the level of the organization does support the practices. Dr. Carbonari felt that it was good to enhance being able to work changes through networks.

Lisa Hongfield appreciated the efforts and the resources that are outlined that are already available in the State. She asked for clarification on the Community Health Collaborates. Dr. Schaefer discussed the model in Vermont that was reviewed. He added this is a first effort by SIM to get key stakeholders talking and have a broader discussion on the support through common standards. There has been discussion on the necessity to keep collaborates at the community level as opposed to the entire state.

Stephen Frayne discussed the need to look for funding and the trends with Hospitals and why it would be beneficial to borrow a method that has been proven to work. He added that Hospitals are the fourth largest tax payer in the State of CT yet there is a wall that prohibits providing services and resources are needed to make change happen. Kate responded to the need for resources and investments. Both the medical and behavioral health ACO's have incorporated CHW's. Dr. Schaefer talked about the development of a system where medical groups have to make an investment in order to receive funds. In some areas there appears to be an unwillingness to do practice reforms and a focus on offering low value services. SIM would not want to set aside money for grants if it is only symbolic. Stephen talked about the larger context of CT and the incentives and his thought that we should look bigger and whether activities should be incentives. Dr. Schaefer discussed SIMs role and the discussion that could take place in the future.

Ellen discussed putting comments together and the time frame. She suggested this committee deliberate and provides input to DSS. She added that the Vermont blueprint is a great model and doesn't believe this should be mandated in MQISSP. Dr. Schaefer said in his experience that if it's not required that people will not participate. It needs to be clear about the expectations. Sheldon discussed the process and all of the material being distributed and CCIP being almost all about Medicaid. He feels that Care Management was not really able to put comments in and that SIM has been delayed before in the interest of the Medicaid population. Sheldon added that DSS should have a significant role in CCIP because of its impact on Medicaid and that ICM and the great work CHN is doing is not discussed in the documents. He stated that we want to make sure that we do not mess with what is working now and that CCIP is not ready for Medicaid.

Dr. Schaefer said why they didn't talk about ICM. They would be happy to add clarification in the material. They submitted a somewhat final draft report a few weeks ago and have allowed a few weeks for additional review and comments. He further talked about the written comments received, invites sent out and participation of the Care Management Committee. Dr. Schaeffer discussed adjustments that could be made before moving forward. He added that DSS is not responsible for the tight timeframe.

Rep. Abercrombie asked DSS how they thought was best to proceed forward. She asked Kate is there was interest in workgroup sessions on this. Sheldon agreed with the workgroup but questioned how this was in the best interest of Medicaid beneficiaries. Kate stated that there has been less of a chance to talk about content. She believed a workgroup would be important to give a best effort to engage in the content because this is very important towards the Medicaid. Ellen added that she wants somethings to be clearer. She agreed with the work group but wants the committee to have a say and believes the timeframe isn't possible. Ellen was also concerned that this may come out as a big burden.

Lesley asked if PTF people could join the workgroup(s). Ellen doesn't see how that is possible and thinks that it is Care Management's time to do work. Lesley added they would like to have further discussion.

Rep. Abercrombie believes the two groups need to come together because this is under SIM and everyone needs to be at the table. Perhaps the PTF would be invited down the line. Sheldon added that they key is that they can be the decision making. Rep.

Abercrombie added that we are partners but PTTF is the main piece, so it would be proper to start a working group and then invite them in. She provided clarification on the advisory the committee gives. Dr. Carbonari agreed there may be value in an initial workgroup meeting. Committee members discussed a date and time for the workgroup to take place.

**IV.** Stephen discussed an in-service CHA is having on March 4<sup>th</sup> has for PCMH with the goal of getting those not involved to participate.

Sheldon asked what the SIM would do to retract statements that he felt were false. Dr. Schaefer stated the conversation on that would be had.

Rep. Abercrombie thanked everyone and stated that the next meeting would be on March 16<sup>th</sup>.

The meeting was adjourned at 12:10 PM.

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Richard Eighme  
Council Clerk