

State of Connecticut  
GENERAL ASSEMBLY



Medical Assistance Program Oversight Council  
Care Management Committee

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

**MEETING MINUTES**

Wednesday, May 11, 2016

10:00 AM in ROOM 1A OF THE LOB

*Attendance is on Record with the Council.*

- I.** The meeting was started at 10:08 AM by the Clerk, Rich Eighme. Introductions were made by those in attendance.
- II.** Erica Garcia introduced the CHN staff who would be providing the PCMH status update. Laura Demeyer and Deb Amato went through the first part of the presentation (See attachment).  
[https://www.cga.ct.gov/med/committees/med1/2016/0511/20160511ATTACH\\_PCMH%20Update..pdf](https://www.cga.ct.gov/med/committees/med1/2016/0511/20160511ATTACH_PCMH%20Update..pdf)

Rep. Abercrombie apologized for being late due to car trouble.

Ellen commented on the great work and asked if they had heard from a practice that she had talked to.

Sheldon talked about the wall street Journal article that discusses CT success. He asked about a footnote and for additional information for Marilyn Denny who had concern with the geriatric numbers. Dr. Zavoski said that they see themselves as more of a specialist and not a primary care physician and that then might change the numbers. Kate added that it might be good to have someone come in from UConn Health center and talk about geriatricians. Laura added that a lot of geriatric providers are Medicare. Erica discussed the NCQA levels and Joint Commission Ambulatory Care accreditation.

Stephen Frayne said that it seems that at some point it should be decided that these sights should operate at the same level and he doesn't understand why they have had enough time to get up to the same standards. Erica commented that there are no FQHC's at a level one. She discussed the glide paths. Dr. Zavoski added that it is not a sprint but a marathon. He talked where they started four years ago when PCMH was begun and trying to raise all practices which he believes SIM will help with. Stephen Frayne discussed the program being dependent on Hospitals and Community Health Centers. He feels that there is unevenness on who is advanced and who is not. Kate commented that it was a reasonable point and that they would further consider his comments. She read the thresholds that were in documents for participation to be in MQISSP.

Annie Jacobs began the featured presentation of the PCMH Update (See p. 12 of above presentation) which provides the results and payment summary for service years 2012, 2013 and 2014.

Stephen Frayne asked for the difference in numbers of attributed members. Erica clarified that this represents those that qualified for the performance incentive payments. Stephen questioned why performance wouldn't be measured prior to the year before.

Sharon Langer questioned why so few of people are continuously enrolled and if its related to quality and access to care. Dr. Zavoski talked about the data set that they started with and the data from the managed care organizations not always matching up. DSS couldn't look back. The program is in its infancy.

Ellen felt to put it in perspective you need to look at the performance payment amounts and incentives. Providers get paid a little more for improvement than overall quality. And not seeing much improvement. Dr. Zavoski stated that the measures are based on the year before and are going up. Ellen would like to see more money into the improvement. Dr. Zavoski added that it does need to be reviewed.

Annie continued the presentation.

Lisa Hongifeld asked about the CAHPS survey and who applied to it. She questioned why psychiatric medication management by PCPs is showing significantly worse number than statewide averages. CHN responded that the e rate is not a true comparison because many practices might not have met this. The data is based on the 2011 standards. The 2015 standards which were not presented will be based on the 2014 standards.

Stephen stated that the details should be on a public site so that hospitals/ providers can compare themselves to help benefit themselves and the overall program. He added that he is not criticizing what is done but looking at the context and seeing where it could be better. Dr. Zavoski expressed appreciation to the critiques and solutions because they always want to make things better. He discussed putting all of the information publically online. Deb Amato stated that they can see their performance in comparison to who they are compared with blindly.

Ellen agrees that the information should be public. It was requested that 2016's data be adjusted and also unadjusted when displayed to the committee. CHN talked about the risk score methodology. Dr. Zavoski stated that if the software allows us we will report it both ways they will.

**III.** Dr. Zavoski discussed what the workgroup worked on. CAHPS will be moved up to the list for shared savings which DSS agreed to. DSS will also look at the information that Ellen provided.

Dr. Zavoski talked about what was discussed regarding the member welcome letter. The draft letter was distributed very early so there is lots of time to work on it. There has to be a lot in the letter but it also has to be very precise and clear. In the coming months DSS hopes to come to a better conclusion of the letter. Sharon asked for word version and talked about the difficult process. She asked if they started with the Medicare letter. Dr. Zavoski said they started with a PCMH letter from years ago and built off of that.

Karyl Lee was grateful that it started early because of the difficulty in drafting this letter. As a policy letter this is default opt-in but she wants to make sure that there is a special concern towards the ability to opt-out. Sheldon agreed that it's a hard task and that the letter currently seems one sided because it talks about the good things but the needs to be accurate. He added that the EAC workgroup spent a lot of time developing concepts of what should be in the letter and it will be a good template.

There was discussion about comments being sent through Rich and then forwarded to the committee. Dr. Zavoski stated that this would take some time. Rep. Abercrombie stated that there are a lot of important opinions and appreciates the willingness for discussion.

Ellen added that one part of the discussion yesterday was how can someone opt-out. She asked to have more discussion on that as well.

Charles added to keep in mind that they will be developing certain concepts of the letter that will be based on themes that were used for other documents. Dr. Zavoski stated there was also the issue on naming the program. He asked that persons who have an idea for the name, send them to DSS. Rep. Abercrombie asked for clarification on the timeline. Dr. Zavoski stated the letter would go out after DSS knows who the participants are; probably around September, October. Sheldon would draft comments by June 1<sup>st</sup>. There was discussion on when comments should be submitted in order to be reviewed.

Ellen asked whether CHN has the data for ER visits and also if CAHPS in the scoring piece.

Sheldon went back to his questions about the amounts for performance payments. He asked if there were any national standards that were looked at. Kate stated the range is very great across states that are doing this and she will make inquiries into the resource that provides more of an idea. She believes they might want to be adjusted but there is also a budgetary issue. Annie talked about what was factored in when the modeling for the glide path was done a few years ago. Kate added that it is remarkable that they have preserved their primary care rates most states which leads to great participation. She asked members not to lose sight of the payments being made and PCMH surviving the current budgetary issues.

**IV.** The meeting was adjourned at 11:48 PM.

Richard Eighme  
Council Clerk

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