

Meeting Summary for Care Management Committee Zoom Meeting

Jan 15, 2025 09:24 AM Eastern Time (US and Canada) ID: 993 7868 1467

Quick recap

The meeting discussed the results of the PCMH+ program, including quality measure results, claim utilization comparison, and share saving calculation. Concerns were raised about the direction of the programs, the need for quality measure comparisons, and the low numbers of developmental screenings for children. The meeting also covered the status of the PCMH program, including the number of sites and providers, quality improvement activities, and the location of practices.

Next steps

Charles Lassiter (Mercer) and DSS to set up a meeting with Representative Comey and Representative Dathan to brief them on the PCMH+ program's history and future plans.

Ellen Andrews to send detailed questions about the PCMH Plus report to David Kaplan for circulation to appropriate parties.

DSS and Mercer to investigate and respond to concerns raised about the PCMH Plus program results, particularly regarding quality measures and cost trends.

DSS to consider making individual PE packets available to the public or explain why they cannot be shared.

CHNCT to present quality measure results comparing PCMH Plus, PCMH, and statewide programs at a future meeting, pending DSS approval.

DSS and Mercer to prepare a more detailed analysis of CCMC's performance in the PCMH+ program for the next meeting.

Summary

PCMH+ Program Results and DSS

The meeting began with a discussion about the PCMH+ program results and shared savings calculators. The meeting also saw the introduction of the new DSS Medical Director, Dr. Jody Terranova, who expressed her enthusiasm to learn more about the committee's work and contribute to it. The Care Management Committee meeting was led by Chair Representative Lucy Dathan, who thanked her former Co-Chair, Representative Michelle Cook, for her contributions to the committee. The conversation ended with Grace Zhang (Mercer) sharing the presentation on the PCMH+ program results and shared savings calculators.

Wave 3 Year 4 Results Analysis



PE CMC Webinar
PCMH+ Wave 3 Year

Grace presented the results of Wave 3 Year 4, comparing 2023 to 2022. She highlighted key messages about protecting Medicaid members' interests and improving overall health with potential savings. The results were divided into three sections: quality measure results, claim utilization comparison, and calculation steps. In the quality measure results, Grace noted that while some measures improved, others did not. She also discussed the changes in the potentially preventable admission and emergency department visit requirements. In the claim utilization comparison, she noted that the overall utilization decreased by 0.7% for all category services combined, with varying changes in different categories.

Share Saving Calculation and Payouts

Grace discussed the share saving calculation for the year, highlighting that one PE achieved credible savings in the individual saving pool. The overall payout for the year was \$7.5 million, distributed to three qualifying PEs. The statewide trend was 5.1% and the PEs combined trend was 4.0%. Grace then explained the calculation process, which involved collecting eligible member months, calculating costs, and adjusting for risk scores. The performance year cost PNP calculation was also discussed, including the addition of care coordination actual payouts. Grace emphasized the importance of understanding the step-by-step calculation process.

Credible Savings and Challenge Pool Awards

Grace discussed the application of a 2% minimum saving rate threshold to determine credible savings and losses. She highlighted that the overall credible saving for the year was \$7.5 million, with no individual exceeding the 10% cap. She also explained the calculation of the individual saving pool funding, which was \$7.7 million for CCMC, with 75% of this amount being eligible for award. The remaining \$1.8 million was allocated to the challenge pool. Grace also detailed the challenge pool calculation, noting that three PEs (CCMC, Fairhaven, and Optimus) qualified for the challenge pool funding. The final challenge pool awards were \$7.1 million for CCMC, \$350,000 for Fairhaven, and \$70,000 for Optimus.

Bulk Presentation and Claim Utilization

Grace presented the bulk of the presentation, highlighting changes in individual and saving pools for PPA and PPY quality measure eligibility requirements, and the fact that rebates occurred this year, meaning cumulative savings from past years were not carried over. She also discussed claim utilization results, including a mapping table for detailed category services and a breakdown of utilization per 1,000 members by participating entity and category of service. Ellen Andrews expressed concern about the quality measure results, particularly the increase in preventable ED and hospitalizations, and suggested a comparison with the rest of the program and the US Medicaid program. She also proposed a meeting to discuss what CCMC is doing right and what other providers could learn from it.

Program Direction and Comparison Discussion

In the meeting, Ellen expressed concerns about the direction of the programs and suggested comparing the results with other programs outside of PCMH+. Charles Lassiter (Mercer) agreed to review the comments and questions and suggested reviving an opportunity for the teams to discuss what's working and what's not. Sheldon Toubman voiced concerns about the program's design, emphasizing that it's about saving money rather than improving quality. He also stressed the need to compare the program with PCMH No Plus. Grace agreed to take these points back for further discussion. Due to a lack of time, there was not enough time for to comment but noted in the chat that Sheldon wrote: he wanted to say that he thinks it would be great if CHNCT could share that comparison data, as Dr. Larry Magras (CHNCT) offered. The PCMH program, though not a perfect comparison, is important to look at because, unlike PCMH+, there is no pressure on providers to save money under that program-- just positive incentives to improve the quality of care (though it may also save money, or even more money than PCMH+). Steven Colangelo asked, Can we get a list of measures the "CPTS's" are helping the pcmhs with? On slide 15, they are called "engaged measures." David Krol asked, How much overlap exists between PCMH and PCMH+ quality metrics?

Claims Rate and Quality Measure Comparisons

Steven and Grace discussed the decreasing claims rate in the statewide program compared to the PCMH Plus program. Grace clarified that the trend in claims could be due to a shift in service utilization, not necessarily a decrease in costs. Steven raised concerns about the lack of quality measure comparisons between the two programs, suggesting that it's difficult to assess the quality of care provided by the PCMH Plus program. Grace confirmed that comparisons are made for PP and PPA results, but not for other quality measures. Steven also questioned the availability of individual packets containing these comparisons to the public, which Grace confirmed were not publicly shared. The team agreed to take this issue back to the department for further discussion.

Healthcare Services Utilization and Screening

The meeting involved discussions about the utilization of healthcare services, particularly focusing on developmental screening for children aged 1-3 years. Concerns were raised about the low numbers of screenings, with suggestions that this could be due to the providers not serving as many children in that age group. The committee also discussed the need for a comparison of the quality performance of the PCMH+ versus the PCMH program versus statewide. The conversation ended with a discussion about the PCMH program status update, which was presented by Laura Demeyer, the program administrator at CHNCT.

100% Program and PCMH Progress

Laura reported that the 100% program had 558 sites and 2,525 providers, with 99 PCMH practices approved and 17 in the Glide Path. She also noted that 16 PCMH accredited practices were federally qualified health centers. The number of practice sites and providers was declining, but the number of providers was increasing. Laura also discussed the quality improvement activities with the practices, including quarterly meetings and tracking of measures. She mentioned that 69 PCMH practices improved 32 different measures in 2023. Many of the practices were located in urban areas. Rep. Dathan suggested a follow-up meeting in March to address any questions or concerns.