

Meeting Summary for Care Management Committee Zoom Meeting

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Quick recap

The Care Management Committee meeting focused on updates and discussions regarding the PCMH program, including participant numbers, recognition processes, and payment structures. The group addressed concerns about program sustainability, quality measures, and potential termination, while also exploring ways to improve transparency and accountability. The conversation ended with discussions about upcoming federal changes to Medicaid and work requirements, along with plans for future agenda items to address various operational challenges.

Next steps

- [DSS: Verify and clarify the exact funding timeline and end date for PCMH Plus program, including both PMPM payments and incentive payments through fiscal year 2026](#)
- [DSS & Dr. Terranova: Research and confirm whether pediatrics is excluded from the AHEAD Primary Care program](#)
- [DSS: Prepare data and analysis on PCMH Plus program performance and under-service monitoring for July meeting presentation](#)
- [DSS: Prepare analysis of potential impacts of federal work requirements on Medicaid programs and administrative capabilities](#)
- [Representative Dathan & Representative Comey: Invite policy team members, including Representative Jillian Gilchrest and Brittany Kane, to next month's meeting to discuss PCMH Plus funding details](#)
- [DSS/Mercer: Clarify the methodology for calculating and averaging the glycemic measure and which measure is being used as a gate measure](#)
- [Committee: Add AHEAD program discussion as an agenda item for next month's meeting](#)
- [Dr .David Krol: Share written concerns about PCMH Plus program termination with committee administrators](#)
- [DSS: Present data on call center wait times and dashboard metrics, including call abandonment rates, at next meeting](#)
- [DSS Team: Prepare presentation on AHEAD program implementation, specifically focusing on children's coverage and impact on pediatric care](#)
- [Erica Garcia-Young \(DSS\) & Team: Prepare Quality Improvement presentation for next meeting](#)
- [OFA Team & Budget Team: Prepare budget analysis on program impact for next meeting](#)
- [Bill Halsey: Share updates from Medicaid Conference with the group at next meeting](#)
- [Committee: Schedule monthly meetings to address urgent program transition and federal requirement concerns](#)

Summary

PCMH Program Update Meeting

The Care Management Committee meeting began with Lucy Dathan and Robin Comey providing opening remarks. Laura Demeyer presented an update on the PCMH program, noting they currently have 100 participants. The committee discussed the possibility of making these

meetings monthly going forward. Representative Comey, who is new to the committee, was praised for quickly adapting to her role as vice chair of the Human Services committee.

PCMH Program Participation and Recognition

Laura presented data on the PCMH program, highlighting 123 participants across 558 sites and 2,539 providers. She explained the difference between PCMH recognized practices and glide path practices, noting that glide path practices work towards recognition over 18-24 months with the help of clinical transformation staff. Laura also mentioned that DSS provides enhanced Medicaid rates to glide path practices, increasing from 14% to 24% upon recognition. Representative Comey inquired about the percentage of eligible Connecticut practices participating in the PCMH program, which Jeffrey clarified to be about 28% of primary care practices.

NCCPA Site Recognition Participation Overview

Laura explained that NCCPA recognition is based on practice sites rather than individual clinicians, meaning providers working at multiple sites may only receive enhanced rates if all sites are recognized. She noted that 141 accredited sites with 600 providers are currently participating, with 16 federally qualified health centers maintaining steady participation. The main reasons for non-participation include lack of EHR reporting capabilities, small HUSKY Health membership attribution, and financial concerns regarding NCCPA recognition costs. Laura also mentioned that 50 practices (17%) have more than 500 members, and the program continues to reach out to these larger practices for coverage under PCMH.

NCQA and DSS Partnership Clarification

The group discussed the relationship between DSS and NCQA, clarifying that NCQA is a national organization that provides PCMH recognition and quality measurement standards. Laura explained that DSS obtained a discount code for practices joining the program, which cannot be used for annual reporting. Karen Dubois and Dr. Larry Magras provided additional context about NCQA's role in quality measurement and standards, while Steven Colangelo raised concerns about transparency in quality ratings for PCMH practices. Erica clarified that DSS does not have a direct contract with NCQA for PCMH recognition, but rather a partnership that allows for alignment in training and standards.

PCMH Payment Rate Changes

The committee discussed concerns about PCMH payment rates, with Steven questioning the continuation of 24% enhanced fees for low-performing practices. Larry explained that practices are now evaluated using a four-quadrant grid system, with those showing low performance and no improvement receiving no incentive payments, though the enhanced fee-for-service remains. The discussion highlighted that while the incentive component is relatively small, the enhanced rate represents the majority of additional compensation. Sheldon Toubman noted that the original program was intended to be paid on a capitated basis per month, but advocates pushed for a PMPM model to better compensate for interstitial care management tasks. Laura presented data showing that despite a decrease in practice sites due to consolidation, provider numbers have increased and access has not been negatively impacted in less populated areas, with 99.5% of adults within 10 miles of a primary care provider.

PCMH Plus Program Transition Concerns

The committee discussed concerns about the potential termination of the PCMH+ program at the end of 2025, with David Krol emphasizing its positive impact on children's healthcare and highlighting the need for a smooth transition to a new payment model. Co-Chair Lucy Dathan suggested increasing the meeting cadence to address these issues more effectively, while

Sheldon and Ellen Andrews raised questions about the financial risks associated with the program and the need for a value-based alternative. Dr. Jody Terranova, representing DSS, acknowledged the concerns and promised to investigate the legislative intent behind the program's potential termination, as well as the implications of the upcoming Ahead program for pediatrics.

PCMH Funding and Extension Discussion

The group discussed the funding status of the PCMH program, with confirmation that it will continue through June 2026, though there will be no incentive payments for calendar year 2026. David Krol raised concerns about the program's end date and requested verification, as well as the possibility of extension. The representatives agreed to add a discussion of the financial aspects and budget to the next month's agenda, inviting policy team members to provide more details. They also briefly touched on the 2025 SPA submission, which Jody mentioned had been distributed via email after the last meeting.

PCMH Plus Quality Measures Update

The meeting focused on discussing changes to the PCMH Plus program's quality measures and gates, with Jody providing an overview of recent updates and inviting questions. Steven raised concerns about the glycemic measure, questioning its use as a gate measure given the challenges in demonstrating year-over-year improvement due to changes in data collection and measure specifications. Karen and Larry explained that historical data would be adjusted to ensure consistent comparisons, and Shawn Thiele Sacks (Mercer) outlined the five inputs used to monitor under-service risk, including preventative care measures and member surveys. Ellen emphasized the need for clearer consequences for under-service and suggested reviewing the program's design in the coming months to improve transparency and accountability.

Medicaid Changes and DSS Support

The committee discussed upcoming federal changes to Medicaid and work requirements, with Ellen expressing concerns about the impact on DSS systems and client services. The group agreed to explore ways to support DSS in managing these changes, with Sheldon emphasizing the need to minimize harm while complying with federal law. Steven highlighted the importance of improving customer service, particularly for clients with daytime work requirements. The committee scheduled several agenda items for their next meeting, including a discussion on wait times and call abandonment rates.