

Meeting summary for July 9, 2025 Care Management Committee Zoom Meeting

Quick recap

The Care Management Subcommittee meeting focused on reviewing the PCMH program's current status and enrollment data, including discussions about quality improvement efforts and performance metrics. The team examined various program initiatives including behavioral health screening rates, practice engagement rates, and payment structures, while also addressing concerns about healthcare access and funding for Medicaid patients. The conversation ended with discussions about work requirements, redeterminations, and the urgent need to improve the Department of Social Services' call center system.

Next steps

- DSS: Prepare to amend contracts with participating entities to remove shared savings component from PCMH Plus program
- DSS: Address the call center wait time issues and develop plan for improvement
- Co-Chairs Rep. Comey/Rep. Dathan: Schedule a follow-up meeting with Dr. Krol, Emily, and other stakeholders to discuss alternatives for supporting pediatric practices affected by PCMH Plus program changes
- DSS: Add work requirements implementation and redetermination process as agenda items for September meeting
- Dr. Larry Magras/DSS Team: Pull and analyze data on developmental screening rates comparing PCMH vs non-PCMH practices as requested by Janice Gruendel
- Laura/Clinical Practice Transformation Team: Provide data on percentage of PCMH attributed patients by race, ethnicity, and age demographics as requested by Steven Colangelo
- Clinical Practice Transformation Team: Continue monitoring and updating tip sheets annually based on quality metrics changes and best practices

Summary

PCMH Program Status Update Meeting

Laura Demeyer prepares to present the PCMH program status update to the Care Management Subcommittee.

David Kaplan mentions that there will be two full presentations during the session, and the committee is reminded that there will be no August meeting.

PCMH Program Status Update

PCMH Enrollment and Data Review

The meeting focused on discussing PCMH (Patient-Centered Medical Home) enrollment data and related questions. Laura provided statistics on attributed members to FQHCs, PCMH practices, and Glide Path practices, with FQHCs accounting for 22% of the total Husky population. Janice inquired about developmental screening data for Medicaid-supported children, which Larry confirmed could be pulled from existing data. The group also discussed the need to follow up on PCMH Plus questions and funding, with Mercer being the point of contact for those inquiries.

PCMH Quality Management Evolution

The meeting discussed the PCMH program's evolution and its current quality improvement efforts. Dr. Magras explained how the program shifted from care management to quality management in 2017 to focus on outcome improvements. Karen Dubois outlined the quality management program structure, including the PDSA cycle, annual work plans, and the role of clinical practice transformation specialists (CPTS) in supporting practices. The presentation highlighted successful initiatives like lead screening in children and the use of dashboards to track measure progress.

Behavioral Health Screening Dashboard Review

Laura presented a dashboard showing behavioral health screening rates for a practice from 2023 to 2025, noting improvements each year. Larry explained that while the dashboard is shared interactively with practices during meetings with CPTS, the results are not considered validated due to NCQA restrictions on printing. Karen added that a footnote is included on the dashboard to clarify that measures are not reportable until NCQA approval. Laura also demonstrated how the dashboard displays preliminary rates for the current year, with final rates for the previous year and trends for comparison.

PCMH Quality Improvement Progress Report

The CPTS team contacted 100 practices for quality improvement activities, with 15 FQHCs, 80 PCMH practices, and 5 glide path practices achieving engagement rates of 100%, 93%, and 100% respectively. For measurement year 2024, 90 PCMH practices participated, an increase of 21 practices from 2023, with 30 practices improving on 37 different measures and achieving a 35.75% overall improvement rate. The team shared tip sheets containing measure descriptions, coding requirements, and best practices initiatives with practices, and worked with them to improve lead screening rates through interventions such as monthly emails and social media campaigns, resulting in a 23% aggregate rate improvement over three years for three participating practices.

PCMH Performance Payment Program Overview

Laura explained the PCMH Performance Payment Program, which rewards community-based practices for performance and improvement. She detailed the program's methodology, including the four quadrants based on performance and improvement, and the corresponding per-member-per-month payments. Laura noted that practices not showing improvement may drop to a lower quadrant, but this doesn't necessarily mean they worsened. She also mentioned that 14 out of 15 practices that improved engaged with the CPTS team for quality improvement. The representative asked if practices not improving over time would be dropped from the program, but Laura did not provide a clear answer.

PCMH Payment and Program Updates

The group discussed the enhanced fee-for-service payments for PCMH practices, deciding not to include any actions in the State Plan Amendment filed with CMS. They addressed the different denominator requirements for the PCMH Plus and regular programs, with Dr. Magras explaining the decision to use a lower denominator for smaller practices to encourage participation. Steven raised questions about sharing practice results with Medicaid clients, which Dr. Brown explained was limited by the department's decision and available licenses for the dashboard. Sheldon inquired about expanding PCMH payments to FQHCs, which Erica clarified would require revisiting the State Plan Amendment process. Kathy asked about the dissemination of tip sheets containing best practices for improving metrics, which Karen explained are updated annually and shared through various channels including the website and clinical practice transformation teams.

Healthcare Access and Funding Concerns

The meeting discussed concerns about healthcare access and funding, particularly regarding Medicaid and the PCMH+ program. Janice raised issues about parents avoiding well-child visits due to immigration fears, and Sheldon highlighted upcoming Medicaid cuts affecting refugees, asylees, and victims of trafficking starting October next year. The committee learned that the PCMH+ program's shared savings component would end on July 1st, with no funding available for calendar year 2025, though other participating entities would continue receiving per-member-per-month payments. Dr. Krol expressed disappointment about the program's termination and emphasized the need to support pediatric providers serving Medicaid patients.

Work Requirements and Call Center Improvements

The group discussed the need to address work requirements and redeterminations in light of the recently passed reconciliation bill, with Sheldon Toubman emphasizing the importance of minimizing harm to beneficiaries while balancing administrative costs. Representative Dathan confirmed that these topics would be on the agenda for the September meeting, and Steven highlighted the urgent need to improve the Department of Social Services' call center, which currently has unacceptably

long wait times of up to 47 minutes. The group agreed that fixing the broken consumer service system should be a priority before implementing new work requirements.