July 8, 2026 Care Management Committee Zoom Meeting

Meeting summary

Quick recap

The Care Management Committee held its July meeting to review PCMH program status, HR-1 updates, and PCMH+ shared savings results. Laura Demeyer presented PCMH program data showing 122 participants with 548 sites and 2,544 providers as of June 2024, noting that while some practices left the program primarily due to cost and staffing challenges, the overall provider count increased by 100 since Q2 2023. The committee reviewed HR-1 medical frailty component updates from Bill Halsey, who discussed ongoing work on automation and clinical/CPT components, with Bill agreeing to explore expanded data sources and follow up on call center jurisdiction questions. Charles Lassiter and the Mercer team presented comprehensive Wave 3 Year 5 PCMH+ results, showing $23.1 million in total shared savings payments with 6 out of 11 participating entities receiving payments, though the committee raised concerns about data interpretation and the need for deeper analysis of performance variations between practices.

Next steps

Charles Lassiter (Mercer)

- Provide further analysis on the PCMH+ quality and utilization data, including trends, variation, and potential best practices, to be shared with the committee at a future meeting.

Dr. David Krol

- Reach out to Laura Demeyer offline to get a list of which practices in his network are working on quality improvement with the PCMH program, so they can support those practices and ensure they get MOC Part 4 credit.

Erica Garcia-Young

- Ensure the CHNCT presentation from March 2025 on quality measure comparisons is on the agenda for the next meeting.

Bill Halsey

- Cue up the team to discuss expanded data sources (including federal data sources) for medical frailty identification at the MAPOC meeting on Friday.
- Queue up the breakdown of the call center plan (division of labor between DSS Benefits Center and Access Health) for the MAPOC meeting on Friday.
- Check and put together a payment slide showing the per member per month (PMPM) payments for all entities, to be shared with the committee.

Key Outcomes

The July 8th Care Management Committee meeting covered two major topics: a PCMH Program Status Update and the PCMH+ Wave 3 Year 5 shared savings results. The PCMH program remains stable at 122 practices and 2,544 providers, with 53.6% of Husky members attributed to a PCMH practice. *12* The PCMH+ program generated **$23.1 million** in total shared savings payments, with the program trending at 3.69% versus a statewide 5.4% cost trend. *3* Committee members requested deeper analysis of the "why" behind data trends, particularly the 50% increase in readmission rates.

Summary

PCMH Program Status Update

Laura presented the PCMH Program Status Update, reporting 122 program participants with 548 sites and 2,544 providers as of June. She explained that most practice departures were due to smaller practices choosing not to renew or being consolidated into larger groups, with recent examples including Nuvance's acquisition by Northwell. When asked about supporting struggling practices, Laura described their gap analysis process and noted that most challenges stem from monetary constraints, staff changes, or EHR reporting capabilities. David Krol offered to share information about their network's practices working on quality improvement to provide additional support.

David Krol

This paper was focused only on states with Medicaid managed care. Value-Based State-Directed Payments in Medicaid Managed Care - PMC

Key Data Points

PCMH Program:

- **122 practices**, 548 sites, 2,544 providers as of Q2 2026 *2*
- **53.6%** of Husky members attributed to PCMH; 66.1% child, 45.2% adult *2*
- Measurement year 2025: 103 engaged practices, improved 37 measures, **3%–57.2% net rate increase**
- Practice attrition driven by consolidation (e.g., Northwell/Nuvance acquisition) and corporate decisions, not program failure

PCMH+ Shared Savings (Wave 3, Year 5):

- **6 of 11** PEs received shared savings payments; 4 achieved individual pool savings, 5 qualified for challenge pool *3*
- **$23.1M** total distributed; **$8.8M** via challenge pool *3*
- PCMH+ trend: **3.69%** vs. statewide PCMH-only trend of **5.4%** *3*
- CCMC is the largest PE (~1/3 of total PCMH+ membership) and top performer

Readmission rate increased from **10.4% to 15.8%**; noted as potentially an artifact of shrinking inpatient denominator

Medical Home Program Updates

Ellen Andrews highlighted the growth in patient-centered medical home providers but expressed concern about practices dropping the program due to insufficient support from other payers. Bill Halsey provided an update on the HR-1 bill, focusing on medical frailty components and automation efforts, with plans to discuss expanded data sources at the upcoming MAPOC meeting. Sheldon Toubman informed the group that 25 state attorneys general, including Connecticut's, have filed a lawsuit against CMS regarding additional work requirement provisions in the interim final rule, potentially seeking a delay in implementation.

PCMH+ Quality Measure Results

Sheldon raised concerns about potential delays in the AG's case and questioned the division of labor between call centers for HUSKY D population issues, which Bill Halsey agreed to address at the upcoming MAPOC meeting. The team from Mercer presented the Wave 3 Year 5 quality measure results for the PCMH+ program, highlighting improvements in ambulatory care, emergency department visits, and prenatal/postpartum care measures, while noting concerns about child and adolescent well care visits and readmissions.

Quality Measures Performance Review

The meeting focused on reviewing quality measures and performance data for participating entities (PEs) in program years 2023 and 2024. Sherrian presented slides showing individual pool quality measures, challenge pool measures, and quality scoring summaries, highlighting variations in performance across different metrics. Co-Chair Representatives Comey and Dathan expressed difficulty in understanding the data trends and requested more context about why certain metrics, such as increased readmissions, were moving in the wrong direction. Charles Lassiter and Ellen Andrews emphasized the need for further analysis to identify best practices, understand trends, and provide targeted technical assistance to improve performance in the coming fiscal year.

Inpatient and Outpatient Measures Discussion

The team discussed definitions of inpatient and outpatient measures, with Sherrian Thompson clarifying that inpatient refers to hospital admissions while outpatient covers doctor visits. Steven Colangelo raised concerns about a 50% increase in readmission rates from 23% to 15%, which Dr. Larry Magras explained could be attributed to decreased hospital admissions among sicker patients, making readmission rates an unreliable indicator. Karen Siegel emphasized the importance of learning from this program's limitations to inform future initiatives like AHEAD and the Rural Health Transformation Project, suggesting that payment methodologies should focus more on systems transformation rather than incremental changes.

PCMH Plus Program Wave 3 Results

Mercer presented the results of Wave 3, Year 5 of the PCMH Plus program, reporting that 4 out of 11 participating entities achieved credible savings in the individual savings pool and 5 qualified for the challenge pool, resulting in $23.1 million in total shared savings payments. The program showed a lower year-over-year cost trend compared to statewide PCMH practices, with a trend of 3.69% versus 5.4% for non-participating practices. Most participating entities met the PPA PPV requirement, and the challenge pool funding was $8.8 million, with CCMC retaining the majority of challenge pool eligibility due to its larger membership and higher quality score.

PCMH Plus Program Results Review

The meeting focused on reviewing PCMH Plus program results, with Mercer and team presenting data showing $23.1 million in shared savings payments distributed to 6 out of 11 participating entities. Ellen raised concerns about the fairness of comparing PCMH Plus (3.69%) to statewide PCMH (5.4%) due to demographic differences between the groups, noting significant variation in savings between different practices. The group discussed the potential to move future meetings to after MAPOC meetings to allow for richer discussions and agreed to include a CHNCT presentation on quality measures at the next meeting scheduled for September 9th.