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**DEPARTMENT OF SOCIAL SERVICES**

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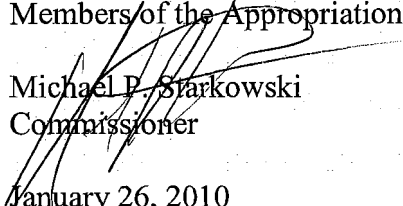
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To: The Honorable Toni N. Harp, Senate Chair, Appropriations Committee  
The Honorable John C. Geragosian, House Chair, Appropriations Committee  
The Honorable Paul R. Doyle, Senate Chair, Human Services Committee  
The Honorable Toni E. Walker, House Chair, Human Services Committee  
The Honorable Dan Debicella, Senate Ranking Member, Appropriations Committee  
The Honorable Craig A. Miner, House Ranking Member, Appropriations Committee  
The Honorable Robert J. Kane, Senate Ranking Member, Human Services Committee  
The Honorable Lile R. Gibbons, House Ranking Member, Human Services Committee

Members of the Appropriations and Human Services Committees

From:  Michael P. Starkowski  
Commissioner

Date: January 26, 2010

Re: Report on Status of the Primary Care Case Management Pilot Program

I am pleased to report to you on the development and implementation of the Primary Care Case Management pilot as an enrollment option in the HUSKY A program. This document provides you with reference background and updated information on this promising initiative, which we call HUSKY Primary Care.

In accordance with Section 16, Public Act No. 07-2, June Special Session, the Commissioner of Social Services has initiated "a primary care case management pilot program of not less than one thousand individuals who are otherwise eligible to receive HUSKY Plan, Part A (Medicaid managed care) benefits."

Pursuant the terms of the amendment to its 1915 (b) Medicaid Managed Care Waiver (HUSKY A), the Department of Social Services was further directed to implement the following changes to the Primary Care Case Management (PCCM) Pilot Program:

- PCCM shall be operational in the Greater New Haven and Greater Hartford areas no later than January 1, 2010.
- The Commissioner of Social Services shall commission an independent evaluation of the cost, quality, and access impacts of the PCCM programs in Waterbury and Windham by July 1, 2010 and shall submit the evaluation to the Human Services and Appropriations Committees. The Commissioner shall identify any deficiencies in the program and recommend remediation measures.

PCCM program is successful in containing costs and improving quality and access; and (B) an adequate number of primary care physicians (PCP's) for both children and adults have submitted applications with the Department of Social Services.

- New PCPs shall be allowed to enroll in PCCM at any time in any geographical area where PCCM is in effect.
- The Department of Social Services shall inform HUSKY A enrollees in approved geographic areas of the availability of PCCM to the same extent that the Department informs such enrollees of the ability to enroll in a Managed Care Organization.
- For purposes of this amendment, "geographical area" means Hartford, New Haven, Waterbury, and Windham, and towns that are contiguous to said cities.

The Department of Social Services was also instructed to report to the Human Services and Appropriations Committees on the status of the PCCM program on January 1, 2010. While this report fulfills the reporting requirement, the Department reserves the right to issue an addendum at a later date reviewing updates related to the recent January 1, 2010, expansions to the Hartford and New Haven communities.

It should be emphasized that as of this date, all of the requirements of the pilot listed above are implemented.

### **HUSKY Primary Care**

The Primary Care Case Management (PCCM) Pilot Program is now known as HUSKY Primary Care (please see Attachment A), and is the fourth option available to HUSKY A clients living in eligible pilot sites. HUSKY Primary Care was selected as the "brand name" for the pilot to provide it a recognizable name commensurate with those of the managed care organizations.

The pilot is being implemented through six separate sequential and overlapping stages which include: recruitment of providers, recruitment of clients, roll-out of pilot sites, development of case management standards and protocols, data collection and analysis, and evaluation of the pilot.

### **Provider Recruitment**

The success of the Primary Care Case Management pilot depends upon the enthusiastic and active participation of primary care providers. Leaders of successful PCCM programs in other states, when asked about the key factors leading to their states' early success, consistently point to a cadre of providers invested in a successful Medicaid program who are willing to give of their time and energy to ensure the program's success.

Toward that end, the Department of Social Services began recruiting providers in collaboration with provider organizations with which the Department had close and on-going working relationships. The Department collaborated in particular with the Connecticut State Medical Society and the Connecticut Chapter of the American Academy of Pediatrics, both of which volunteered their services to help promote the PCCM pilot. The Department additionally reached out to other provider organizations with a strong history of Medicaid participation, including the Community Health Center Association of Connecticut and the Connecticut Academy of Family Practice, and requested that these organizations notify their membership of provider informational sessions, held in New Haven on October 21, 2008, and in Hartford on October 23, 2008. A third scheduled meeting in Windham on October 22, 2008, was not held

due to lack of provider response. Ultimately, providers from Windham did apply to participate in the pilot.

In addition to the open provider informational meetings, the Department conducted numerous other informational activities in an effort to encourage primary care providers to enroll. These included:

- The American Academy of Pediatrics webinar series “Lunch and Learn,” which reached over 100 practices;
- The Board of the Connecticut Child Health and Development Institute;
- Meetings of the New London and Fairfield County Medical Societies; and
- The Departments of Community Pediatrics at Connecticut Children’s Medical Center and Yale-New Haven Hospital.

After these initial outreach sessions, the Department received numerous applications from primary care providers across the state interested in participating in the PCCM pilot. After review of all of the applications, and to ensure adequate numbers of providers for both children and adult HUSKY A members, the Waterbury and Windham areas were chosen as the initial pilot sites. It should be noted that, although there was interest in participation from all areas of the state, only in these two communities were a significant percentage of the Medicaid providers serving adult clients interested in joining the pilot.

The PCCM pilot was therefore implemented in Waterbury with 42 providers from two private pediatric practices, the StayWell Health Care Center and Franklin Medical Group; and in the Windham area with 11 providers from two private pediatric practices and the Generations Family Health Center.

Beginning in the summer of 2009, the Department began recruiting providers in the Hartford and New Haven areas to support opening the pilot to HUSKY A clients in these communities, effective January 1, 2010. A list of the practices, health centers, hospital and provider groups in the New Haven and Hartford areas with which the Department has met or spoken in 2009 is attached (please see Attachment B).

The Department began offering HUSKY Primary Care in Hartford and surrounding communities on January 1, 2010, with 47 providers enrolled from the Burgdorf/Bank of America Health Center, Charter Oak Health Center (not including its site at CCMC), Community Health Services, Inc., East Hartford Community HealthCare, and the Family Medicine Center at Asylum Hill.

Similarly, HUSKY Primary Care became available in New Haven effective January 1, 2010, with 122 providers enrolled from four private pediatric practices, the Cornell Scott-Hill Health Center, Fair Haven Community Health Center and the Primary Care Centers at Yale-New Haven Hospital.

As of the date of this report, the Department is processing additional applications and has verbal commitments from several other providers and groups for the New Haven and Hartford pilots. In accordance with the PCCM program design, the Department will continue to accept provider applications and include additional providers from all eligible practices within the four pilot sites.

### **Client Information/Education**

All eligible HUSKY A enrollees have been informed of the new PCCM option primarily through direct mail client notices and brochures sent by the Department. Samples of notices are attached (please see Attachment C). This direct mail notice was an investment to ensure that information about the new enrollment option was provided in the most effective way possible to all HUSKY A members in pilot towns, as a complement to information provided by participating HUSKY Primary Care providers.

In addition, the Department developed a stand-alone client brochure (mentioned above) and has included HUSKY Primary Care in our "Tips on Choosing a HUSKY A Option" document, which is provided to all new HUSKY A-eligible families before they make a decision on an enrollment option. The brochure is also made available to all participating practices to be able to use in their offices to inform eligible patients about the opportunity to enroll in HUSKY Primary Care.

Consumer information about HUSKY Primary Care is incorporated into the Department's HUSKY Plan website ([www.huskyhealth.com](http://www.huskyhealth.com)).

Marketing of a Medicaid managed care program, including marketing by contracted Primary Care Case Management providers, is governed according to 42 C.F.R. § 438.104. This definition recognizes that, just as managed care entities have an interest in growing their enrollment, PCCM providers are also entitled to promote enrollment in HUSKY Primary Care. In contrast, as an impartial administrator of the overall HUSKY program, promoting one model of care management over others by 'marketing' of HUSKY Primary Care is not an appropriate role for the Department.

The Department promotes awareness of the overall HUSKY program and informs prospective members of their options for enrollment. The Department's informational materials (for example, the website and comparison chart) present HUSKY Primary Care as an equal enrollment option. Additionally, the Department has supplied participating practices and other parties with PCCM-specific brochures and signs. PCCM providers are also welcome to develop and use any additional marketing materials and methods, subject to the Department's approval.

The Department's role in marketing of HUSKY Primary Care is further defined in an October 1, 2009, letter to the co-chairs of Medicaid Managed Care Council's PCCM subcommittee, which is attached (please see Attachment D).

### **Roll-out of Pilot Sites**

PCCM was offered to HUSKY A clients as a fourth option in stages. Introduction of the program was gradual to allow both the providers and the Department the time to address initial implementation issues. Graduated implementation also allowed some practices to overcome their fear that they would be inundated with new HUSKY patients under PCCM, each bearing considerably more clinical responsibilities under the requirements of the pilot than HUSKY members who are in MCOs.

The first group of clients to whom PCCM was offered as a coverage option were those HUSKY A patients who were identified as active patients of PCCM participating practitioners in

Waterbury and Windham areas, effective February 1, 2009. All households of HUSKY A clients identified by participating practices as existing patients were sent notices in January 2009.

In July 2009, all HUSKY A clients living in Waterbury, Windham, and contiguous towns became eligible for PCCM, expanding the pilot to clients not identified as existing patients of participating practices. Notices and brochures about HUSKY Primary Care were sent to all HUSKY A members in these towns, including approximately 16,000 households. In addition, all new enrollees living in these areas are offered the option of choosing among the three MCOs or HUSKY Primary Care within the HUSKY Program (please see Attachments E & F).

HUSKY Primary Care was offered as a fourth HUSKY A choice in Hartford, New Haven and contiguous towns for enrollments effective January 1, 2010. All HUSKY A members in these towns – including over 40,000 households – were sent notices and brochures about HUSKY Primary Care in December. Notices to those newly eligible for HUSKY A in these towns also include all four health care options.

### **Provider Input on Protocols and Quality Improvement**

One of the major factors leading to successful PCCM programs in other states (most notably, North Carolina), is the active involvement of primary care providers, committed to caring for Medicaid clients, in the design and implementation of the pilot program. To provide interested PCPs in Connecticut this opportunity, providers and staff from their practices were invited to participate in the PCCM Provider Advisory Group, which held its initial meeting at the

Department of Social Services on January 6, 2009. At this meeting, the overall structure and purpose of PCCM and the Connecticut pilot were discussed. The providers were then asked in meetings conducted by conference calls over the following months, to advise the Department in the development of the following:

- Case management – conduct
  - Risk assessment
  - Written care plans
  - Coordinate care/referrals/linkages with community resources
- Disease management/education
- Evaluation/management of pilot
  - Patient outcomes/measures for evaluation
  - Quality initiatives;
  - Disease management programs;
- Reporting methodologies, including for clinical and process data;
- Practice guidelines

The Provider Advisory Group opted to break up into three subcommittees. The first, chaired by Sandra Carbonari, MD, a Waterbury pediatrician, reviewed care coordination protocols and practices and chose several forms to assess clients' ongoing medical and social needs and risks, and several care plan formats to address these risks. The second subcommittee, chaired by Nancy Quimby, APRN, an adult nurse practitioner from the Generations Family Health Center, reviewed chronic diseases with significant impact on the HUSKY A population, and chose three (asthma in children, diabetes mellitus in adults, and obesity in all ages) for emphasis in the PCCM pilot. The subcommittee then reviewed current disease management programs to address these needs. The subcommittee chose several to offer to providers and further decided to work

on developing a program for obesity as it was unable to identify a program which completely met the needs of HUSKY Primary Care clients. The third subcommittee, chaired by Marjorie Berry, CEO of East Hartford Community HealthCare, looked at data management needs for the pilot and developed measures by which to evaluate the pilot.

All three subcommittees reported their recommendations at several meetings of the Provider Advisory Group, resulting in a document entitled "HUSKY Primary Care: Primary Care Case Management (PCCM) Pilot Program Care Coordination, Care Plan and Disease Management Standards and Measures for Programmatic Success," which was released to all participating sites in September 2009 (please see Attachment G). Department staff have also met and spoken with each site regarding implementation of the activities discussed in the document.

### **Data Collection and Analysis**

As a pilot program, and consistent with the requirements of the 1915(b) waiver renewal, the success of HUSKY Primary Care must be carefully evaluated.

The Provider Advisory Group subcommittee on the pilot evaluation made recommendations for data to be collected and reported by the providers to help evaluate the program. These recommendations balanced the need for access to data for the evaluation with the recognition that busy provider practices would not immediately be able to hire additional staff to support data reporting. The subcommittee therefore proposed reporting of clinical data that would otherwise be unavailable to the Department through claims processing, and that the Department would analyze claims based data and report it back to the Provider Advisory Group. Clinical data reported by the providers is included in the Standards and Measures document cited above.

In addition, the Department committed to developing a reporting tool to support practices in their efforts to report their clinical data to the Department. A screen shot of this electronic tool is attached (please see Attachment H).

The first data report was due to the Department in October, 2009. As of the date of this report, several practices have not completed or submitted their initial reports. In discussions with the practices, both those reporting and those yet to do so, the main barrier noted is the extremely heavy patient volumes experienced by practices in October and November due to expanded recommendations for influenza vaccinations and the second wave of the H1N1 influenza pandemic.

The Department is analyzing provider claims in an attempt to monitor the pilot to ensure that all programmatic requirements are being met. There are several challenges confronting this effort. First is the claims process itself; the Department allows claims to be submitted for payment up to 12 months after the date of service. Although most providers do not take 12 months to submit claims, the time between first submission, resubmission of unclear initial submissions, and adjudication of claims appeals may often take many months. Secondly, a significant percentage of Medicaid clients lose their eligibility during any one year for many reasons, therefore the group of enrollees continuously participating in the pilot becomes smaller.

### **Pilot Evaluation**

The Department has been directed to identify an independent evaluator to evaluate the pilot and report to the Human Services and Appropriations Committees by July 2010. The Commissioner shall identify any deficiencies in the program and recommend remediation measures. The

Department chose Mercer Government Human Services Consulting, a part of Mercer Health & Benefits LLC, which is the HUSKY program's External Quality Review Organization, to conduct the evaluation. Mercer is accredited by the federal Centers for Medicare and Medicaid Services as an external quality review agency, and is therefore capable to perform an independent evaluation of PCCM.

Initial meetings with Mercer to discuss the evaluation were held in December 2009. Further meetings will be held in early 2010 when a more significant number of claims should be available to begin to evaluate the pilot.

**Next Steps**

HUSKY Primary Care is now offered as a fourth plan option for over 40% of all HUSKY A recipients, the largest portion of these recipients becoming eligible for the program effective January 1, 2010. As a new option for clients, it is too early to assess its acceptance by the provider community and/or client acceptance of PCCM. Early enrollment in the original two pilots (Waterbury and Windham areas) has been low. As of January 1, 2010, 253 HUSKY A beneficiaries have elected PCCM as their coverage option.

Provider interest in joining HUSKY Primary Care seems to be growing in enthusiasm, particularly in the New Haven area and especially among those practices and clinics which historically demonstrated a commitment to caring for Medicaid clients.

**Summary**

The Department of Social Services has made every effort to fulfill the statutory requirements regarding implementation of the PCCM program. We have done this in an open and transparent fashion, with the inclusion of input from providers and other interested parties. As we move forward with regular monitoring and the evaluation of the pilot program, we will continue to provide information and education to clients and providers on this opportunity to participate. The ultimate success of the initiative will be measured on a few major factors: the acceptance and enrollment by HUSKY A clients, the participation of providers, quality of and access to health care, health outcomes of the enrollees, and impact on the overall health care costs in HUSKY A.

- Cc: Deputy Commissioner Claudette Beaulieu
- Mark Schaefer
- Robert Zavoski
- Rivka Weiser
- Richard Spencer
- David Dearborn
- Carolyn Treiss
- Heather Severance