Meeting Summary for Care Management Zoom Meeting

Sep 10, 2025 09:55 AM Eastern Time (US and Canada) ID: 921 4239 6126

Quick recap

The Care Management Committee meeting covered updates on the PCMH program's progress and metrics, including participant numbers and quality measures, while also addressing federal changes affecting DSS and Medicaid work requirements. The committee discussed critical issues with the Medicaid call center's severe understaffing and long wait times, exploring solutions for work requirements and exemptions while considering system upgrades and community support. The conversation ended with a presentation on Connecticut Children's Network's approach to managing costs and quality in pediatric care, including discussions on alternative payment models and value-based payment systems for primary care.

Next steps

- Karen Dubois: Follow up with Dr. Magras regarding developmental screening data comparing PCMH versus non-PCMH practices.
- DSS: Determine IT system upgrade requirements and timeline for implementing Medicaid work requirements by January 1, 2027.
- DSS: Assess staffing needs for handling increased contacts due to Medicaid work requirements verification.
- Karen Dubois: Prepare a quarterly update on PCMH quality measures for the October meeting, including provisional year-to-date data.
- Bill Halsey: Take back to DSS the question about what investments might be needed in a potential October special session for Medicaid work requirements implementation.
- Bill Halsey: Provide the developmental and behavioral health screening report from the CHN team.
- Karen Dubois: Connect with the Pop Health Management team regarding which quality measures can be publicly shared.
- Karen Dubois: Refresh and present updated quality metrics data later in the fall.
- Bill Halsey: Provide links to Medicaid work requirements resources to David Kaplan for circulation to the committee members.
- Karen Dubois: Follow up with Ellen Andrews offline regarding actionable quality improvement data.
- Laura Demeyer: Continue providing updates on PCMH program participation metrics.

Summary

PCMH Care Management Updates

The Care Management Committee meeting began with Lucy Dathan and Robin Comey, the Co-Chairs, welcoming attendees and noting that the meeting was being recorded for CT-N. The meeting featured updates on the PCMH program, with Laura Demeyer
presenting the care management update, including discussions on metrics that were previously outstanding. The committee also addressed federal changes affecting DSS.

PCMH Program Status and Metrics

Laura Demeyer presented a detailed status update on the PCMH program, reporting 123 participants, 559 sites, and 2,564 providers as of August 2023. She highlighted that 99 practices were PCMH-approved, with 12 completing the glide path program, and discussed recruitment efforts which resulted in 5 new practice sites and 8 providers joining the program. The presentation also covered program metrics including member attribution (929,066 total, with 55% attributed to PCMH recognized practices), provider specialty distributions, and CPTS engagement results, noting that 91 engaged PCMH practices improved 37 different measures by 3% to 57.5% in 2024.

PCMH, Medicaid, and Quality Updates

The meeting focused on several key topics, including PCMH practices, quality measures, and Medicaid work requirements. Karen Dubois agreed to provide a refresh of quality metrics at the October meeting, with preliminary, unaudited data for calendar year 2025, and final rates expected in July 2026. Bill Halsey presented an update on Medicaid work requirements, noting that they are set to begin on January 1, 2027, with a highly unlikely two-year extension. Early estimates suggest that 100,000 to 200,000 people could lose coverage, potentially increasing uncompensated care costs in the healthcare system.

Medicaid Work Requirements Implementation Plan

The group discussed implementing work requirements for Medicaid, focusing on data protection, system upgrades, and staffing needs. Bill explained that they are exploring IT infrastructure improvements to aggregate data from higher education and community service to help determine Medicaid eligibility. The team acknowledged the need for public-facing staff to handle increased contacts, but also discussed leveraging community action agencies and Medicaid providers to assist with the eligibility process. Senator Matt Lesser expressed concern about the timeline, noting that a special session may be necessary, and asked Bill to take this information back to the department for further discussion.

Medicaid Call Center Crisis

The meeting focused on critical issues with the Medicaid call center, which is experiencing severe understaffing with an average wait time of 51 minutes and a 53% call abandonment rate. Sheldon Toubman emphasized that addressing these problems needs to be part of the upcoming special session, as the current wait times are unacceptable, and the hiring process takes 9-12 months. The group discussed work requirements and exemptions, with Bill highlighting the need for automation to manage exemption categories and awaiting CMS guidance in June 2026. The committee agreed to add a discussion about call center wait times to the October 8th agenda, and Karen Siegel suggested increasing navigator support and community health worker assistance to reduce call center burden.

Medicaid Work Requirements System Update

The meeting focused on work requirements for Medicaid and potential changes to the DSS caseworker system. Sheldon suggested returning to a caseworker model to improve job satisfaction and better manage work requirements. Bill outlined key areas to track for work requirements, including exemptions, system upgrades, and community provider participation. The group discussed learning from other states' experiences with work requirements and the importance of sustained outreach and engagement. The conversation ended with a brief introduction to a presentation about Connecticut Children's Network by Dr. David Krol.

Connecticut Pediatric Care Cost Management

Dr. David Krol discussed the Connecticut Children's Care Network's approach to managing costs and quality in pediatric care. He highlighted their use of population health management tools, centralized care coordination, and data management teams to improve care and reduce costs. Dr. Krol also outlined their quality improvement efforts, including monthly reporting, quarterly meetings, and educational initiatives. Finally, he proposed ideas for an alternative payment model for pediatric care in Connecticut, emphasizing the need for upfront payments to support infrastructure costs and incentives based on pediatric quality metrics.

Medicaid Payment Model Reform Discussion

Dr. Krol discussed alternative payment models for Medicaid, highlighting the need for incentive payments based on cost management and quality improvement. He noted that 26 out of 40 practices are PCMH certified and can participate in the PCMH Plus program, which offers enhanced fee-for-service payments. Sheldon agreed with many aspects of Dr. Krol's proposal but expressed concerns about the shared savings model potentially incentivizing reduced care. He suggested that all practices should receive per-member-per-month payments and emphasized the importance of quality incentive payments. Both agreed on the need for better data availability and correct data reporting.

PCMH Plus Program Funding Challenges

The group discussed the challenges and future of the PCMH Plus program, focusing on the need to cover operating costs for advanced networks. Dr. Krol emphasized that without shared savings or a per-member-per-month rate, it would be difficult to sustain the program's current level of support for practices. Ellen Andrews suggested that basic costs for data management and quality improvements should be covered regardless of savings, while shared savings could serve as an additional incentive. The group explored ways to redesign the program to ensure consistent funding and appropriate incentives for all participants.

Value-Based Payment Models Discussion

The committee discussed value-based payment models for primary care, with Bill noting they are exploring options for both federally qualified health centers and other primary care practices. David Krol explained that quality gates are typically required before providers can qualify for shared savings, though he emphasized that quality should be rewarded even without shared savings. The group discussed concerns about current quality gates being too low, with Karen Siegel suggesting they need to be more stringent to drive practice transformation. Sheldon Toubman raised concerns about the definition of value-based payment focusing too heavily on cost savings rather than quality of care and warned about the potential pitfalls of capitation models. The committee agreed to add SNAP work requirements to their October 8th agenda to ensure coordination between different benefit programs.