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Commissioner

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November 26, 2008

The Honorable Jonathan Harris, State Senator
The Honorable Peter Villano, State Representative
Legislative Office Building, Room 2000
Hartford, CT 06106-1591

Re: Primary Care Case Management

Dear Senator Harris and Representative Villano:

I would like to follow up on the brief discussion we had yesterday concerning our phased-in approach for implementation of the Primary Care Case Management (PCCM) pilot initiative. As you know, we submitted our plan to the Human Services and Appropriations Committees on August 25, 2008. Since that time, my staff has been out speaking to providers around the state about the opportunity to serve the HUSKY population as a primary care provider (PCP) in the PCCM pilot initiative.

We released a Request for Applications (RFA) in early October. While our original plan included an application cutoff date of October 24, in response to providers and advocates, we extended the deadline for the submission of applications until October 31. That decision proved to be extremely productive as over 140 providers responded.

As a precursor to the designation of the pilot areas, we had to establish capacity across age groups. Our managed care system cannot split the members of a household between Traditional Medicaid (i.e. fee-for-service) and managed care. Therefore, we needed to be able to identify service areas where it would be possible to enroll all the members of a single household in PCCM. That means that there are available primary care providers in the same locale for children (pediatricians), adults (family or internal medicine), and pregnant women (ob/gyns).

When we reviewed the provider applications, including the size of patient panels they indicated that they were willing to accept, we found that we had sufficient capacity in the three specialties in potentially four geographic areas: greater Hartford, New Haven, Waterbury, and Willimantic. In these areas there is a combination of private practice pediatricians, internal medicine providers, obstetrical providers, and federally qualified health centers (FQHCs) so that a household could enroll as a unit in PCCM and have providers available for all of the child and adult members of the household.

I understand the desire of the advocates to make this option available to the HUSKY population as quickly as possible and as broadly as possible. Let me assure you that,

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contingent on a successful pilot, it is my intention that during calendar year 2009 we will roll out the PCCM program statewide. You will recall that there is no lock-in anywhere in managed care, including PCCM, and that as new service areas are opened up to the PCCM option, new clients or clients who are currently enrolled with the MCOs will be given the choice to select PCCM with a contracted provider.

In accordance with our approved plan and my comments at the public hearing, we are starting this pilot on a limited basis before attempting to implement it statewide. There are many nuances in our systems and our contracts that we will be field-testing for the first time and it is critical that we work out any identified kinks before it is rolled out statewide.

Accordingly, I have determined that we will begin PCCM enrollment in two of the smaller service areas, Waterbury and Willimantic. The two sites present some interesting similarities and significant differences that will be keys in the development of an overall program evaluation. One is a larger town; the other is in a semi-rural area. Both cities have active FQHCs that are eager to participate in the project.

Next week we will send a final contract to the providers in both communities. Attached to that contract will be a request for the providers to identify for us the HUSKY patients for whom they serve as PCPs. These lists will help us to target the initial mailing of a notice to clients to inform them about their option to enroll in PCCM. We will also ask the providers to tell us how many additional clients they would be willing to accept in their panel as we expand the project.

We do require that each PCCM practice either hire or contract for a full time case management position to support the activities of a medical home for our clients, above and beyond the clinical practice of medicine.

I would be happy to share with you the list of contracted practices in the two service areas once they are final. I will also provide you with additional information as the pilot initiative is implemented. In the interim, if you have any questions about the PCCM project, please feel free to contact me at (860) 424-5053 or David Parrella, Director of Medical Care Administration, at (860) 424-5116.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael P. Starkowski", with a long horizontal flourish extending to the right.

Michael P. Starkowski
Commissioner

c: David Parrella