

Primary Care Case Management A Primer for HUSKY Families

What is Primary Care Case Management?

Connecticut policymakers are considering creating a Primary Care Case Management Program (PCCM) for HUSKY. PCCM would not eliminate the current health plans (HMOs) but just offer families another choice for their care. HUSKY families have had great difficulty getting doctor visits, prescriptions and other treatment from the HMOs. Policymakers are also very concerned as costs in the program rise and the HMOs are resisting court orders to disclose how they spend \$722 million in tax dollars or how much care they deliver.

PCCM is a way of running HUSKY without HMOs. In PCCM, you choose a doctor, clinic or other provider to be your Primary Care Provider (PCP). Your PCP is responsible for giving you routine checkups and health care, arranging for specialists if you need one, to coordinate, and guide you to any other care you need. In PCCM, you are not a member of a health plan or HMO – Blue Care Family Plan, HealthNet, Wellcare or Community Health Network – all your health care is coordinated by your PCP. Providers do not lose or gain money based on the treatments they provide or recommend.

Is PCCM used in any other states?

Yes, thirty other states successfully use PCCM to run their HUSKY-type programs. Surveys show that consumers are very satisfied with PCCM programs and more providers are willing to take HUSKY-type coverage in PCCM programs. Most states with PCCM also have HMOs, allowing consumers to choose which program is better for their needs. States report that having both PCCM and HMO programs allows for competition making both programs work better in serving people. Consumers in states with both programs overwhelmingly choose PCCM.

Many PCCM states hire and train program recipients to staff member services and provide member education. Many states offer classes for PCCM members such as prenatal classes, smoking cessation clinics and weight control classes. Many state PCCM programs have a dedicated service to arrange transportation to appointments. Most states have regular newsletters, regional meetings and websites to help people navigate the system.

Many states are considering starting PCCM programs or expanding the programs they have because HMOs are leaving the state or, as in Connecticut, the HMOs are not serving families as well as expected.

How would it work for my family?

How would PCCM be different from what we have now?

Right now, after you enroll in HUSKY, you choose a health plan. After you've chosen a plan, you have to find a doctor or other health care provider who takes HUSKY and is on your plan's list. You see your PCP for basic, regular health care like checkups and when you feel sick. If you need tests or need to see a specialist, you have to find a provider that takes both HUSKY and your HMO.

In PCCM, you won't have to pick a health plan; you can skip that step. As soon as you enroll in HUSKY you will choose a PCP. You will still see your PCP for basic health care. If you need tests or need to see a specialist, your PCP will arrange it. It is likely that in the PCCM program, you will have a choice of more providers for your PCP than in the current HMO system.

In PCCM, for urgent problems you will call your PCP (or another number they give you) for help. In a true emergency, you should go to the emergency room, in either system.

What are the important questions to consider in designing the program for my family?

A clear key to success in other states' PCCM programs has been to develop and monitor the program in an open process that includes meaningful input from consumers, providers, policymakers, researchers and advocates.

There are some important design questions for PCCM that you should consider and let policymakers know what you think.

- Should PCPs be gatekeepers? Should you have to get a referral from your PCP for other services?
- How should the state build in effective monitoring to assess how the program is doing and improve it?
- What is the best way to communicate with you and get your feedback on how the program is working?
- How to provide effective training/education for consumers about the program and preserving our health?
- If the state runs a PCCM program alongside the current HMO system, how to fairly inform new and continuing clients so they enroll in the right program to meet the needs of their families?
- How to ensure that clients with special needs get the care they deserve?
- Where should the state start a PCCM pilot first?

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