

Meeting Summary for Complex Care Committee Zoom Meeting

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Quick recap

The meeting focused on the impact of the Medicaid program on complex care patients, with discussions on the potential return to capitated managed care and the selection of a consultant with ties to the insurance industry. Concerns were raised about the potential risks of returning to a capitated system, the impact of the election on healthcare, and the challenges of managing care for dual-eligible clients. The team also discussed the financial incentives and operational challenges of the Medicare Advantage program and the need for better communication and storytelling to prevent the takeover of the healthcare system by corporate interests.

Next steps

Representative Johnson and Representative Hughes to draft a letter to the Governor expressing concerns about the potential return to Medicaid managed care.

Representative Johnson and Representative Hughes to consider writing an op-ed about the risks of privatizing Medicaid.

Ellen Andrews to provide legislators with data and information from her website to support arguments against Medicaid managed care.

The Co-Chairs to bring the Medicaid managed care discussion to the full MAPOC meeting for broader awareness and input.

The Co-Chairs to develop a communication strategy to educate the public and legislators about the potential impacts of Medicaid managed care and block granting.

Sheldon Toubman to provide the name of the Supreme Court case regarding Medicaid managed care organizations to Representative Johnson.

[Saint Anthony Hospital v. Whitehorn](#) is the name of the 7th Circuit case, re when a Medicaid provider can sue when it believes it has not been paid timely by a Medicaid MCO, to enforce a provision of the Medicaid Act. The association of MCOs (MHPA) filed an amicus brief in 2023, authored by **Manatt**, supporting the petition for Supreme Court review of a 2022 decision favorable to the providers. The Supreme Court granted the petition, vacated the 7th Circuit's decision and remanded back to that court to reconsider in light of an intervening Supreme Court decision. In April 2024, the 7th Circuit reaffirmed its 2022 holding. On June 30, MCOs that intervened in the case petitioned the Seventh Circuit to reconsider the decision and Manatt filed an amicus brief in support.

Ellen Andrews to organize a webinar on December 10th with Dr. John Kramer to discuss cancer survival rates in Medicaid managed care vs. fee-for-service systems.

Dec 10 Webinar registration

https://us02web.zoom.us/webinar/register/WN_YX6nk4XeT6O4iLWl6hQjWQ#/registration

Summary

Medicaid Program's Impact on Complex Care

The meeting was primarily about discussing the Medicaid program and its impact on complex care patients. The Co-Chairs, Representative Johnson and Representative Hughes, welcomed

new members and discussed the changes in the Medicaid program since the last meeting. Sheldon and Ellen Andrews were expected to provide updates on the Medicaid managed care program and its impact on complex care patients. The meeting was being recorded and broadcasted live on Connecticut Network Television. The focus was on the impact of the Medicaid program on patients who often lack advocates to navigate through the care system.

Connecticut's Long-Term Care Budget Concerns

Sheldon discussed the state of Connecticut's long-term care budget and the potential return to capitated managed care. He highlighted that home care services are generally cheaper than nursing home care, and that a shift towards community-based services could save money. However, he expressed concern over the selection of a consultant, Manatt Health, which has ties to the insurance industry and has defended the interests of Medicaid managed care organizations. He argued that this could lead to an objective review being influenced by the consultant's industry affiliations.

Medicaid Managed Care Opposition and Study

Sheldon and Ellen discussed the Department's stakeholder input opportunities regarding the return to Medicaid managed care, highlighting that all feedback received indicated opposition to this idea. They also mentioned a case heard in the Supreme Court regarding the same issue. Ellen provided an analysis of a study by Dr. John Kramer from Indiana, which showed that Connecticut's Medicaid patients have a higher survival rate for cancer than those in New Jersey. MAPOC requested the study be resent to them. Tracy clarified that the presumptive eligibility for Medicaid patients to be covered by home care has not yet started.

Medicaid, Medicare, and Healthcare Concerns

Tracy discussed the cost savings and effectiveness of the home and community-based service program, particularly through Medicaid and state-funded processes. One of the Co-Chairs raised a question about the differences between fee-for-service Medicare home care payments and Medicaid, noting that people on Medicaid often enroll in Medicare Advantage plans for additional benefits, but this can lead to decreased access to care and lower reimbursement rates for providers. Judy Stein from the Center for Medicare Advocacy echoed these concerns, highlighting the increasing complexity and cost of Medicare Advantage plans, and the need for better accountability in the healthcare system. She also expressed concern about potential changes in healthcare policy under the new administration, particularly the possibility of defaulting to Medicare Advantage for all Medicare recipients.

Addressing Capitated System Risks and Funding

Judy expressed her concern about the potential risks of returning to a capitated system, citing the issue of trade secrets and the difficulty in obtaining data on how people are being treated. She also mentioned that the current CMS was trying to address this issue but with limited success. MAPOC agreed with Judy's points and suggested that contracts should include information available to the states and federal government to ensure proper oversight. Sheldon then discussed the issue of long-term care rebalancing, attributing the problem to underfunding of the Money Follows the Person program, which is 100% federally funded. He also mentioned a recent case where social work services were denied, highlighting the need for more investment in the program.

Election Impact on Healthcare Programs

Sheldon discussed the potential impact of the election on healthcare, particularly the Medicare Advantage program and the Medicaid program. He expressed concern about the proposal to default everyone into managed care, which could lead to a capitated system where insurance

companies are financially incentivized to provide healthcare. He also warned about the potential block-granting of Medicaid, which could lead to a replication of the disastrous effects of the Aid to Families with Dependent Children (AFDC) program. MAPOC agreed with Sheldon's concerns and suggested the need for a work group or simple information dissemination to help the legislature understand the implications of these proposals.

Capitation Model Concerns and Oversight

The meeting involved a discussion about the potential implementation of a capitation model for managing care for a group of clients, including disabled populations. Steven, a former employee of DSS, expressed concerns about the lack of public input and the potential for cherry-picking clients based on their perceived cost. He also raised concerns about the lack of experience in managed care for this group of clients. MAPOC acknowledged these concerns and suggested that the legislature could demand full accountability and oversight, even if they are advisory. The conversation ended with a suggestion to review the State's agreement with the Federal Government regarding these issues.

Improving Medicaid for Dual-Eligibles

Steven Colangelo and the Co-Chairs discussed the current state of Medicaid and the need for improvement, particularly in relation to dual-eligible clients. Steven highlighted the lack of data on Medicare claims for these clients, which hinders their care management. He suggested that the department could improve care management for dual-eligibles, potentially saving money. The Co-Chairs agreed, emphasizing the need for care management services for these vulnerable clients. They also discussed the challenges of managing care for dual-eligible clients, with Steven sharing his personal experience with his grandmother. The conversation ended with a consensus on the need for improvement in the current system.

Managed Care Plans and Communication

Ellen expressed concerns about the potential negative impact of the managed care plans on the forward movement of their projects, such as the justice involved waiver and payment models. She also highlighted the communication gap between the public, colleagues, and leadership about the potential consequences of these plans. Ellen suggested that a letter from legislators to the governor and colleagues about their concerns could be beneficial. MAPOC agreed with Ellen's points and emphasized the need for better communication and storytelling to prevent the takeover of the healthcare system by corporate interests. They also discussed the importance of public shaming in the press and the need for clear explanations about the consequences of privatization. The possibility of bringing these concerns to the full MAPOC meeting was also discussed.

Medicare Advantage Program Challenges Discussed

Sheldon discussed the financial incentives and operational challenges of the Medicare Advantage (MA) program, highlighting the common practice of insurance companies denying certain categories of services and the low success rate of appeals. He also shared anecdotes about the Medicaid Managed Care Council and the tax break offered to insurance companies that both managed Medicaid and had commercial insurance. Sheldon emphasized the importance of defending the successful fee-for-service platform and working on improvements with advocates and providers. The Co-Chairs agreed, stressing the need for control and data management in the fee-for-service system. The team acknowledged the challenges of transitioning to a managed care system and the potential risks of losing control over service rates and quality. They agreed to continue the discussion at their next meeting and to involve more stakeholders in the conversation.