

December 10, 2025 Care Management Committee Zoom Meeting

Meeting summary

Quick recap

The MAPOC Care Management meeting was supposed to focus on updates and discussions regarding the PCMH+ program, its current status, and its impact on healthcare quality measures and patient attribution but DSS was not prepared to have a conversation on to what comes next. The group reviewed Connecticut's success as a national model for PCMH implementation and discussed quality measures, outcomes, and care coordination between attributed and unattributed populations. The meeting covered various operational topics including Medicaid work requirements, Non-Emergency Medical Transportation (NEMT) services, and budget impacts, with participants addressing concerns about coverage, medical frailty definitions, and the need for improved communication strategies.

Next steps

- [Bill Halsey: Send the DSS call center presentation/data to the committee as soon as it becomes available, in addition to sharing at the MAPOC meeting.](#)
- [Bill: Provide data on quality measure performance for attributed and non-attributed populations to the committee as requested.](#)
- [Bill: Send the federal regulation on medical frailty to Ellen Andrews and interested parties.](#)
- [Kelly Phenix: Send detailed NEMT-related questions to Yvonne Pallotto, Joseph Gustafson, and Fatmata Williams for written response.](#)
- [Yvonne and Joseph \(with Fatmata Williams\): Jointly respond in writing to Kelly's detailed NEMT questions, including information on sanctions, performance improvement plans, and related transparency.](#)
- [Co-Chair Rep. Robin Comey: Reach out to Dr. David Krol and leadership to discuss the issue of Connecticut Children's Care Network's unreimbursed PCMH+ investment and potential for state support.](#)
- [Rep. Comey: Add PCMH+ as a primary topic for the January meeting agenda.](#)

Summary

MAPOC Care Management Meeting

The MAPOC Care Management meeting was held on Wednesday, December 10th, 2025, with Representative Robin Comey chairing the session. The meeting was broadcast live on CTN. Representative Comey passed the introduction to her Co-Chair, Representative Lucy Dathan, to welcome attendees.

PCMH Program Status Update

The meeting discussed the status of the PCMH+ program, which was eliminated by the legislature but is still being discussed by Representative Comey and her colleagues. Laura Demeyer (CHNCT) presented an update on the PCMH program, reporting 124 practices with 558 sites and 2,584 providers as of November. The program has seen steady participation, with 54.5% of HUSKY Health population attributed to PCMH practices, and quality engagement at 90% for practices contacted.

Connecticut's PCMH Success Model

The meeting began with Ellen Andrew sharing positive news about Connecticut's success as a national model for PCMH after eliminating MCOs and avoiding a return to fee-for-service. She highlighted that 81% of people are attributed to a primary care provider, with ongoing quality improvement efforts through measures and collaborative work between CPTS and practices. Sheldon Toubman noted that while participation could be higher, the trend is positive and other states are considering Connecticut's model due to federal cuts, though questions remain about care coordination assessment between attributed and non-attributed populations.

Quality Measures for Attributed Patients

The group discussed quality measures and outcomes for attributed versus unattributed patients. Dr. Larry Magras explained that they track performance in four buckets: FQHCs, PCMH practices, non-PCMH community practices with attributed members, and unattributed membership. He noted that unattributed patients tend to be underutilizers and perform worst on quality measures, despite outreach efforts by care management teams and community health workers. Sheldon requested that data on quality measures be produced periodically to help answer questions from advocates and legislators about care coordination. Laura mentioned that PCMH-recognized practices are required to do aspects of care coordination and quality improvement, which may explain higher measures for attributed patients.

Connecticut Children's Care Network Quality

The meeting discussed the Connecticut Children's Care Network's approach to quality improvement, with Dr. David Krol explaining how they align metrics with PCMH and commercial contracts and provide MOC Part 4 credits to pediatricians as an incentive. Bill Halsey noted that the DSS call center update presentation was not ready for the meeting but would be shared with the committee and MAPOC before Friday's meeting, where it will include positive news about wait times and be prepared for the January 2027 community engagement work requirement. Representative Dathan raised concerns about the ability to review applications and re-enrollment data under new federal rules, emphasizing the importance of accurate data processing, particularly with the new AI chatbot system.

Comcast Updates and Medicaid Planning

The meeting covered several topics, including Comcast's work in the area and the importance of human tasks in customer service. William confirmed that improvements in wait times and the implementation of an IVR system would be addressed in the upcoming presentation on Friday. Ellen Andrews suggested rescheduling meetings to allow more time for discussion and to align with the MAPOC schedule. Bill Halsey provided an update on work requirements for Medicaid, explaining the complexity of implementing community engagement requirements by January 1, 2027. He detailed ongoing efforts to upgrade systems, automate exemption categories, and request formal guidance from CMS. A question was raised about the status of an advanced planning document submitted to CMS, with concerns about potential funding issues.

Medicaid Exemption Process Updates

The group discussed exemption categories for Medicaid and SNAP benefits, particularly focusing on how temporary disabilities and medical conditions would be handled. Bill explained that CMS is considering a 6-month period to evaluate new Medicaid applicants without claims history, while the handling of substance use disorder exemptions remains unclear. Kelly Phenix raised concerns about the complexity of the new process and suggested using the COVID communication blueprint to inform members about the transition from HUSKY to Medicaid, which Bill confirmed is part of their communication strategy. Fatmata Williams highlighted the need to examine how temporary incapacity documentation aligns with medical frailty criteria for work requirements, while Bill noted ongoing efforts to properly categorize beneficiaries between HUSKY D and HUSKY A populations to optimize funding and eligibility.

NEMT Services and Medical Frailty

The meeting focused on several key topics, including budget impacts, medical frailty, and non-emergency medical transportation (NEMT) services. Ellen raised concerns about people losing coverage and emphasized the need for a broader conversation on medical frailty, suggesting a rolling discussion beyond committees. Bill noted that CMS would likely provide formal direction on medically frail definitions, and Sheldon Toubman highlighted the broader scope of the federal definition compared to SSI/SSDI. Joseph Gustafson (MTM) presented data on NEMT services, including completed trips, distinct members utilizing services, and on-time performance, which has improved to over 95%. Sheldon and Kelly discussed NEMT provider performance standards and the need for transparency in sanctions and improvements. jgustafson@mtm-inc.net Dr. David Krol raised concerns about PCMH+ program payments and investments made by the Connecticut Children's Care Network, urging the state to cover these costs. The next meeting is scheduled for January 14, 2026.