MAPOC

June 9, 2023

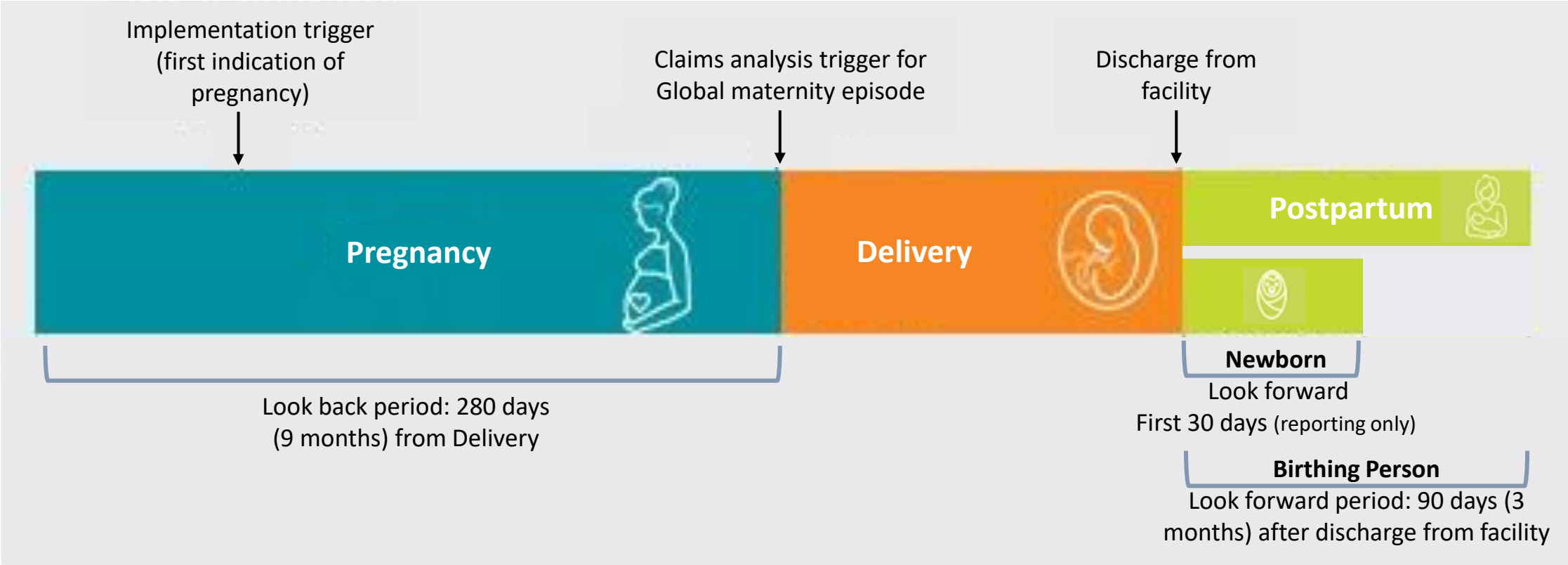
CT Department of Social Services

Agenda

- Maternity Bundle
- Update on the Primary Care Advisory Council
- Covered CT Update
- Medicaid Unwinding
- Non-Emergency Medical Transportation (NEMT) Update

Maternity Bundle

Maternity Payment Bundle



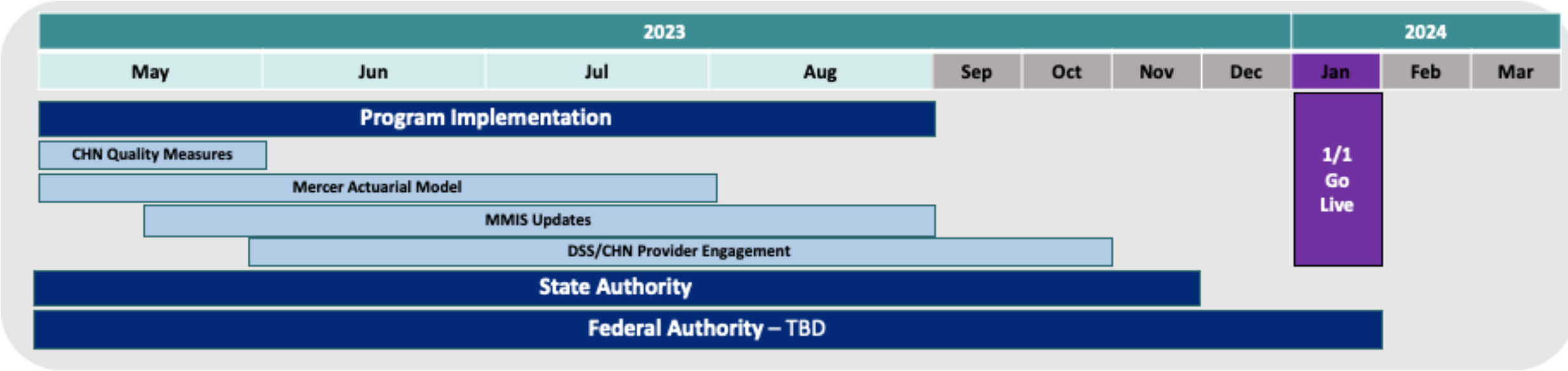
Pregnancy:
- Monthly prenatal visits
- Routine ultrasound
- Blood testing
- Diabetes testing
- Genetic testing

- Doulas
- Care navigators
- Group ed meetings
- Childhood ed classes
- Preventive screenings (chlamydia, cervical cancer, etc.)

Labor and Birth:
- Vaginal or C-section delivery

Postpartum:
- Breastfeeding support
- Depression screening
- Contraception planning
- Ensuring link from labor and birth to primary and pediatric care providers occurs for birthing person and baby

Updated Maternity Bundle Program Timeline



Upcoming Stakeholder Engagement

Stakeholder Engagement	Objective	Target Month
Summer		
Provider Webinar	Educate about the benefits of doulas, the role of doulas in the Maternity Bundle Program, and how providers can meaningfully engage with doulas	June
Doula Webinar	Educate doulas about their participation in the Maternity Bundle Program	June
Provider Forum	Educate and answer questions about payments under the Maternity Bundle Program	June
Provider Bulletin	Provide technical details of the program's bundled payment policies and processes	August
Fall		
Historic Performance Reports	Share previews of each provider's prospective payment rate and anticipated performance in the Maternity Bundle Program based on 2022 claims data	October
Provider Forum	Discuss and review the historic performance reports and share best practices	October
Ongoing		
Advisory Council Meetings	Continue to convene the Advisory Council to solicit feedback on design elements and future updates to the Maternity Bundle Program	As needed

Social Risk Adjustment

Problem statement

Risk adjustment in healthcare is important because individuals have different factors that impact their health, access to healthcare resources, and health outcomes

Clinical risk adjustment is common…

…but adjustment for social risk has been challenging to implement:

1. Data availability and quality
2. Standardization of risk factors

Potential solution

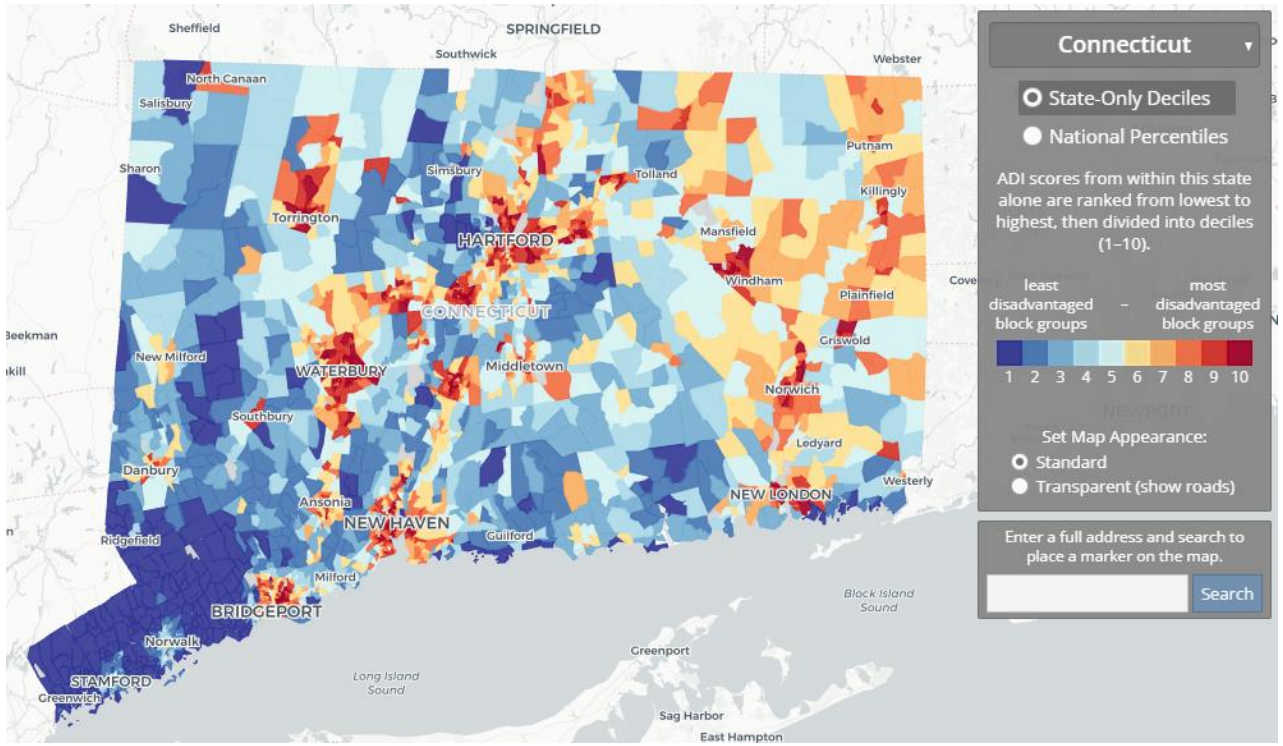
Social risk adjustment options:

- Adjust using each individual's social risk factors (i.e., food access)
- Adjust using a population-based indicator:
  - Area Deprivation Index

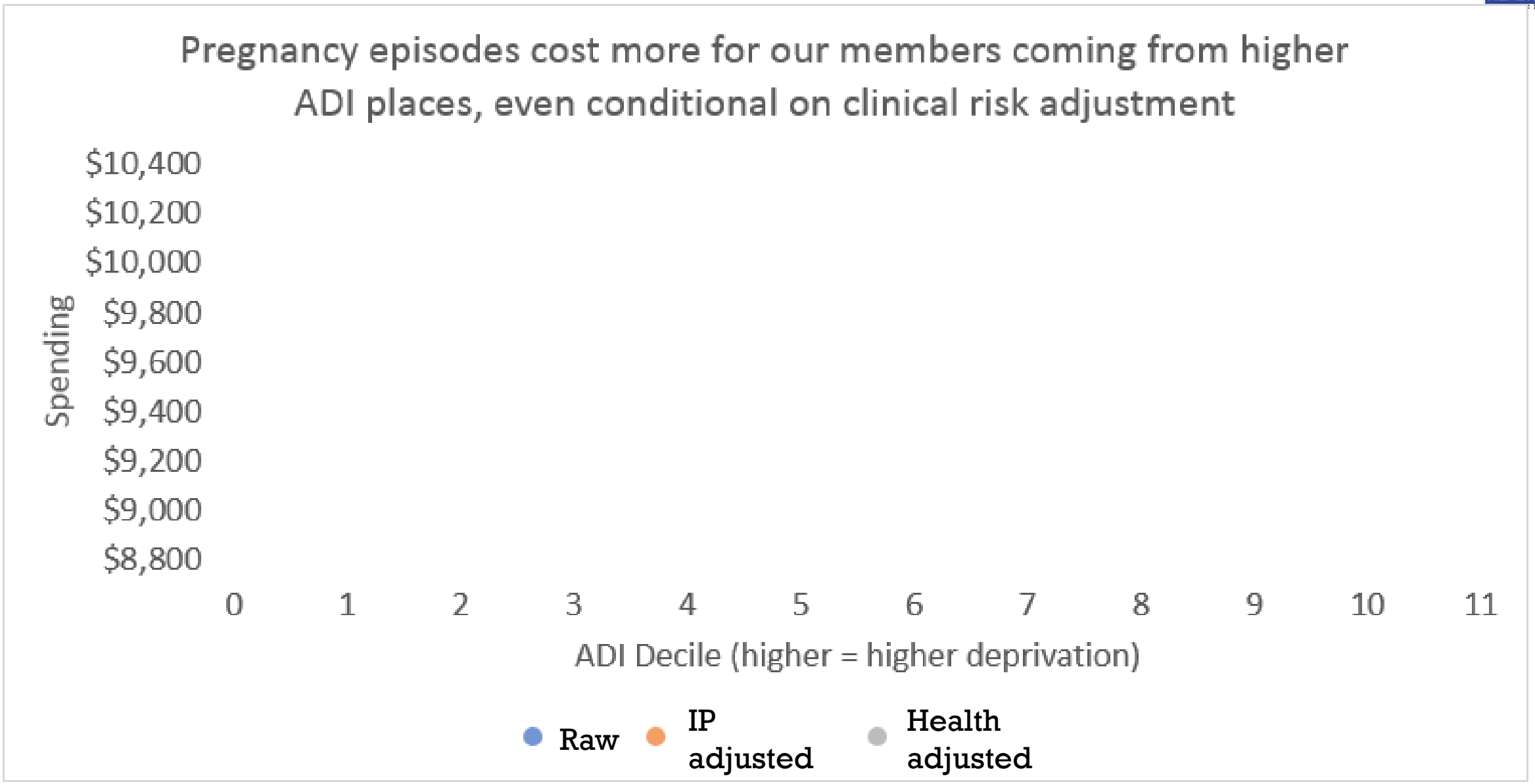
Social Risk Adjustment

Area Deprivation Index (ADI):

- **Statistical measure that quantifies the level of deprivation or disadvantage within a specific geographic area**
- Composite score that reflects the relative level of deprivation in a particular area (1-10)
  - Calculated at Census Block Group level
  - Factors include: income, education, employment, housing quality, and access to resources and services
  - Based on a measure created by Health Resources and Services Administration (HRSA) and validated by research team at University of Wisconsin-Madison

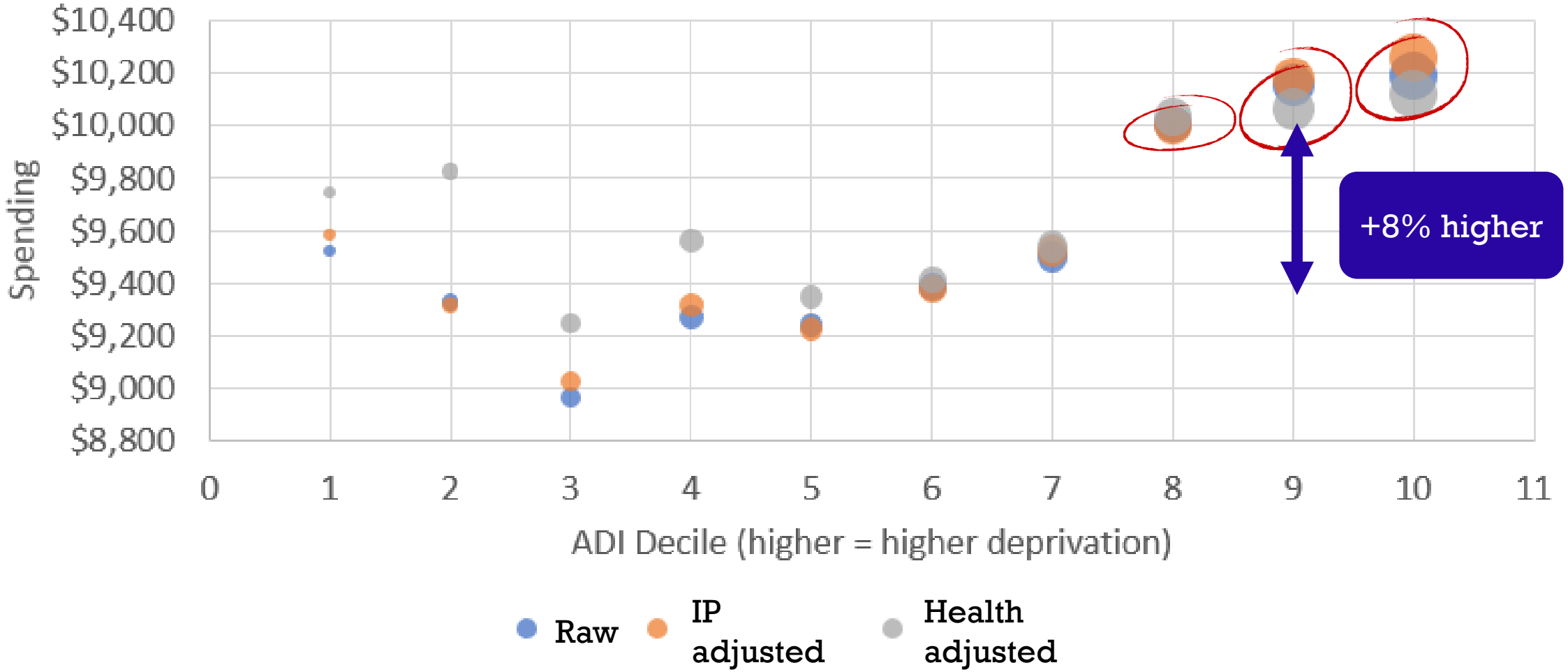


https://www.neighborhoodatlas.medicine.wisc.edu/



PRELIMINARY ANALYSIS FOR DISCUSSION ONLY

Pregnancy episodes cost more for our members coming from higher ADI places, even conditional on clinical risk adjustment



PRELIMINARY ANALYSIS FOR DISCUSSION ONLY

Net-net:

Social risk adjustment will help ensure that providers who serve our highest need members get the resources they need

PRELIMINARY ANALYSIS FOR DISCUSSION ONLY

Primary Care

Primary Care Program Design Update

Stakeholder Engagement

	Description	Participation	Meeting Cadence
Primary Care Program Advisory Committee (PCPAC)	Committee that will serve as the primary program design advisory body	A diverse array of representatives, including providers, advocates, and state agency partners	Monthly
Primary Care Program Advisory FQHC Subcommittee	Subcommittee that will advise on FQHC-specific program design topics	Representatives from each FQHC	Monthly, following PCPAC meetings
MAPOC Care Management Committee	Ongoing updates to and engagement with MAPOC Care Management Committee	Existing forum	Established, every other month
Non-FQHC Primary Care Provider Subcommittee	As needed forum for primary care provider engagement	Broad-based forum for Medicaid primary care providers	TBD, as needed
CHNCT Member Advisory Workgroup	As needed engagement with HUSKY members through existing member advisory workgroup	Existing forum	TBD, as needed

Updates

Based on feedback from our advisory groups:

- Updated timeline: Target launch of new program(s) to January 1, 2025
- More context: Spending more time discussing background data and how to address community and individual needs

Resources

Visit DSS website for presentations and links to recorded meetings

- https://portal.ct.gov/DSS/Health-And-Home-Care/Primary-Care-Redesign

Covered CT

[Reminder of *previous* MAPOC Presentation]: Status of 1115 Waiver

Slide from Sept 2022

Reminder: why we want an 1115 waiver

Medicaid waiver authority would allow the state to receive federal match on the expenditures incurred to cover the out-of-pocket expenses, premiums, cost-sharing, dental, and non-emergency medical transportation services.

What is an 1115 Waiver?

"Section 1115 of the Social Security Act…gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that are found by the Secretary to be likely to assist in promoting the objectives of the Medicaid program.

The purpose of these demonstrations…is to demonstrate and evaluate state-specific policy approaches…."

From Medicaid.gov

Update

Submitted to CMS: April 1, 2022

DSS in frequent contact with CMS on the approval process

Received encouraging verbal news from CMS but not formal approval

We are expecting Special Terms and Conditions (STCs). CMS guidance: STCs would be issued early / mid September at the earliest

Status of 1115 Waiver

Reminder: Fiscal Rationale for Covered CT

- In 2021, we saw two paths to expand coverage:
  - Path #1 – "Regular" Medicaid expansion: Expand eligibility to a new optional group established by the Affordable Care Act (ACA). ~Half the **total** cost would be borne by the state.
  - Path #2 – State subsidy and an 1115 wavier for Covered CT: Existing federal funding heavily subsidizes Exchange / QHP plans. Applying for an 1115 waiver to receive federal match to "top up" Exchange subsidies. ~Half of **incremental** costs would be borne by the state
- Path #2 more efficiently uses state dollars, since the state is covering half of incremental, rather than total costs

Updates

- Waiver **approved** on December 15, 2022!!
- **Waiver operations on track**: program supports, required reporting and quarterly reporting in progress and on track.
- Waiver updates and deliverables are posted to CMS Section 1115 Demonstration State Waiver List on Medicaid.gov and also to the Covered Connecticut Demonstration page.
- Covered CT first public forum to be held on June 12th. Agenda and meeting information located on the Covered Connecticut Demonstration page.

Average Enrollment and Budget Projections

Population	SFY 2023	SFY 2024	SFY 2025
Projections: *November 2022*	19,722	36,766	40,364
Revised Projections: March 2023	14,165	29,469	39,015
Current Enrollment	17,077		
Estimated Costs			
Federal (excluding APTCs and CSRs)	$8,260,000	$30,870,000	$42,220,000
State	$20,560,000	$29,860,000	$42,210,000
TOTAL	$28,820,000	$60,730,000	$84,430,000
Overall PMPM	$164	$172	$180
Comments	Waiver approved part way through year → smaller federal match	Enrollment expected to jump due to end of PHE	Enrollment continues to climb because PHE unwind is not complete

Note: The Connecticut FMAP rate is 50%. For quarters in which the federal Public Health Emergency (PHE) is active, the match rate is 56.2%. The match rate will return to the 50% federal level over the next three quarters as the FMAP is phased-down following the quarter in which the PHE expires (i.e., the quarter ending March 31, 2023).

Outreach Efforts

Access Health CT

- Continued to do outreach through direct-to-consumer communications including a direct mail campaign in the fall of 2022 to 44,000 CT residents, followed by email and SMS (text message campaign). AHCT also provided additional marketing support in the form of press releases, geo-targeted email campaigns and promoted Covered CT at enrollment fairs. AHCT also ensures the AHCT homepage content has current program information for consumers as well as a digital tool kit for community partners (www.AccessHealthCT.com/Toolkit).

DSS

- Launched a statewide website and media campaign to create awareness around the end of the PHE and continuous enrollment and what action members need to take to maintain benefits. This campaign included options for members that may no longer qualify for Medicaid, including information about Covered CT. DSS also launched a member facing website "Covered Connecticut Program" (ct.gov) that provides information about program, eligibility, enrollment, and information about enrollment events. DSS provided content to the State Department of Education for schools to include in their National School Lunch Program about the Covered CT program and information on eligibility and enrollment.

OHS

- The OHS RFP for Covered CT Community Outreach kicked off in March and awarded 10 community-based organizations with funds to assist in outreach, education and enrollment in Covered CT.

Medicaid Unwinding