# Meeting Summary for MAPOC (Full Council) Zoom Meeting

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Quick recap
The team discussed the shift towards value-based payment and home and community-based services, with a focus on improving member experience and addressing healthcare system challenges. They also explored the potential implementation of managed care for the Medicaid program in Connecticut, considering its impact on vulnerable populations and the need for a comprehensive evaluation process. Lastly, they deliberated on the challenges in accessing services due to low provider rates, the role of administrative service organizations, and the need for continued robust discussions in the future.

Next steps
Karri Filik will work with Connie, the Health Information Exchange (HIE), to build out each Community-Based Services (CBS) portal and supporting program tools for providers to use and navigate through the value-based payment program.
Karri will work with the National Committee for Quality Assurance (NCQA) to establish person-centered goals and measures for the value-based payment program.
Karri will work with Yale Core to ensure there is no disparity in the delivery of services and to integrate measures related to decreasing health inequities into outcome measures.
The Commissioner will explore the potential impact of managed care on acuity-based care and how it might differentiate care for people with disabilities or more health conditions.
Ellen Andrews will share the article on cancer early stage diagnoses and survival rates in Connecticut and New Jersey after the meeting.
The cancer rate study is at https://pubmed.ncbi.nlm.nih.gov/38295328/

Summary is at https://cthealthpolicy.org/wp-content/uploads/2024/05/MCOs-and-Quality-Access-evidence.pdf

The Commissioner will explore the possibility of delaying the RFI until after the Governor's meeting to ensure all stakeholders' concerns are addressed.
Kelly Phenix will lead a deep dive into access and services for eating disorders, both on the medical and behavioral health side, for the next legislative session.

Summary
Value-Based Payment and Home-Based Services Discussion

Sen. Saud led a discussion about shifting the focus of the meeting towards value-based payment and home and community-based services. Christine Weston, who recently assumed responsibility for overseeing the Medicaid program's home and community-based services at DSS, introduced her role and the importance of value-based payment. Karri Filik, a manager in the Department of Social Services, elaborated on the American Rescue Plan Act Section 98-17, focusing on enhancing, expanding, and strengthening home and community-based services for Medicaid members. Karri also discussed Connecticut's new value-based payment program for home and community-based services, designed to improve member experience and increase the number of people receiving services from a person-centered care team. The program aims to address Connecticut's long-standing healthcare system challenges and was developed in collaboration with various partners.

## Connecticut Research Study and Payment Models

Karri and Gui Woolston discussed the successful implementation of a research study in Connecticut and the progress of their reinvestment period, with plans to implement quality supplemental payments and transition to outcome measures. They also addressed concerns about the value-based payment model, healthcare access for low-income and disabled populations, and the impact of the Medicare program on health equity. The team also discussed the complexities of payment systems for healthcare providers, the balance between rewarding good performance and encouraging improvement, and the need for a mechanism to support smaller groups. A new platform, Connie, was introduced to maintain communication and provide necessary information, and the team agreed to continue discussions on these issues.

## Connecticut Medicaid Managed Care Exploration

Andrea Barton Reeves, the Commissioner for Connecticut's Department of Social Services, discussed the state's exploration of managed care for its Medicaid program. She clarified that this was an early-stage process initiated by the governor to address a Medicaid deficiency and that no decision had been made yet. Andrea and Gui presented the different healthcare management models and the national trend of managed care within the Medicaid program. They emphasized the importance of stakeholder input, equity, and considering the project's feasibility and alignment with state priorities. The next steps included gathering information and making initial recommendations on potential options. Sen. Saud raised concerns about ensuring the quality of care and the financial sustainability of providers.

## Concerns Over Managed Care Implementation

There were concerns raised about the potential negative impact of implementing managed care, particularly on vulnerable populations. The team was in the process of gathering information to inform a decision, with a focus on evaluating the impact on existing programs and ongoing work. The implementation of the acuity-based care system in nursing homes was noted, with full implementation expected by July. Concerns were raised about the current political climate and the potential for unrealistic promises in the Request for Information process. The success of Oregon's Medicaid program was highlighted as a potential model, but there were warnings that reintroducing managed care could lead to increased costs and administrative inefficiencies. The team emphasized the importance of transparency and the need for a comprehensive evaluation of managed care.

## Managed Care and ASO Expansion Discussion

Representative Rep. Jillian Gilchrest initiated a discussion about the rates in other states with managed care, with a focus on the differences between managed care and the non-profit Administrative Services Organization (ASO). The team discussed the potential for expanding ASOs and raised concerns about the transition from Medicaid managed care to the ASO process, including issues with data transparency and the impact on physician rates. There was also a discussion about the potential for a managed fee for service model for Medicaid and the need for a thorough request for information (RFI) process. The team agreed to consider the impact on vulnerable populations and to delay implementation until January 2025, if possible.

## Addressing Provider Rates and Healthcare Delivery

Sheldon Toubman discussed the challenges in accessing services due to low provider rates, which were agreed to be increased. However, negotiations with the insurance company, proved difficult as they aimed to maximize profits while limiting rates. Sheldon also delved into the state's healthcare delivery system, focusing on the role of administrative service organizations (ASOs) and their potential to spread costs and offer savings. However, he

cautioned that ASOs could become entrenched and difficult to remove due to their political influence and financial contributions. Sheldon emphasized the need for careful planning and evaluation before making any changes to the system, advocating for the establishment of a mandatory advisory group to review and advise on decisions.

## Medicaid Contracting and Program Impact

DSS Commissioner Barton Reeves addressed concerns about a particular initiative and assured that all stakeholder feedback would be included in a recommendation document to be presented to the Governor. Kelly and Sen. Saud discussed the potential impact of Medicaid contracting with private providers on access and rates, emphasizing the need for a preventive approach to chronic illness management. The team also discussed legislative attempts, upcoming meetings, and potential budget changes that could affect the Medicaid program. Sen. Saud stressed the importance of continued robust discussions in the future.