

# Meeting Summary for MAPOC (Full Council) Zoom Meeting

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## Quick recap

The meeting focused on improving the Medicaid program in Connecticut, with a strategy to be developed and a report to be submitted by the end of the year. The discussion also covered the unwinding of the public health emergency, successful outreach efforts, and upcoming changes to the Husky A parent transition. Concerns were raised about the coverage under the exchange, the impact of transitioning clients from Medicaid to the Affordable Care Act, and the potential for increased wait times in the call center. Updates were also provided on the maternity bundle payment program and the committee's activities.

## Next steps

DSS to provide a copy of the special notice template sent to impacted enrollees on September 6th to David for distribution to MAPOC members.

DSS to provide a list of covered services for people transitioning from straight Medicaid to the Affordable Care Act program.

DSS to look into provider reimbursement rate differences between Medicaid and ACA insurance plans.

DSS to provide staffing level data for the past year to MAPOC co-chairs.

DSS to continue monitoring and reporting on call center metrics at future MAPOC meetings.

DSS to explore options for addressing the loss of \$10 million in federal funding for the call center.

DSS to provide more details on timelines and metrics for evaluating the effectiveness of the maternity bundle payment program.

DSS to consider adding appeal rights for provider-specific case rates in the maternity bundle program.

DSS to reconsider options for maternal-fetal medicine providers in the maternity bundle program, such as exclusion or separate case rates.

DSS to provide more information on how they will monitor access, provider revenue, and billing patterns in the maternity bundle program.

DSS to address concerns about undoing the maternity bundle program if it proves ineffective.

MAPOC to include continued discussion of the maternity bundle payment program on the next meeting agenda.

MAPOC to include the legislative tracker update on the next meeting agenda.

## Summary

### Improving Medicaid Program Strategy Discussion

David welcomed everyone and mentioned that they would be covered by CT-N. People were joining the room, and Representative Gilchrist and Senator Anwar were expected to join. The meeting was recorded. Representative Rep. Jillian started the meeting, mentioning that she was traveling but engaged. She noted that Senator Anwar would join in about 30 minutes. The agenda included a strategy to improve the Medicaid program, with Bill Halsey leading the discussion. Bill, who recently took on a new role as newly appointed State Medicaid Director, was under the weather but had a robust agenda with many staff members to run through the presentation and to present the Husky Health report.

Discussing Public Act 23, 1, 71 and Strategy Report

Mehul Dalal and Joel Norwood discussed a bill passed in the 2023 legislative session, Public Act 23, 1, 71, which required DSS to develop a strategy and report to improve outcomes for Medicaid members. Joel, a deputy policy advisor at DSS, reviewed the bill and its requirements, and mentioned that a report summarizing the strategy would be submitted by the end of the year. Mark Schaefer suggested extending the deadline for comments to November 1st to allow more time for stakeholders to discuss and formulate comments. Ellen Andrews expressed difficulty in understanding the scope of the project due to its broad nature, and Joel clarified that the report would not duplicate other work, such as the rate study. Mehul added that the report would maintain fidelity with the legislation and leave the commentary broad for comment. Peter then led a discussion on operational and eligibility updates across several areas, with plans to take questions at the end.

#### Public Health Emergency Unwinding Update and Performance

Peter Hadler provided a comprehensive update on the public health emergency unwinding, highlighting Connecticut's performance as a national leader in renewal processing. He noted that the unwinding period officially ended on April 1st, 2023, and that Connecticut finished with a 75% renewal rate, ranking third in the country and first in the northeast. Peter also discussed the passive renewal process, which was a significant component of the unwinding, and how it helped maintain benefits for clients without requiring them to take action. He mentioned that Connecticut's performance in this area was impressive, with 63% of renewals being passive. Peter also discussed the use of E14 waivers, which allowed for the use of SNAP data in the renewal process and the updating of contact information. He concluded by stating that these waivers will be extended through June 2025 and that discussions are ongoing with CMS about the long-term use of these policies.

#### Outreach Efforts, Text Messaging, and Medicaid Program Changes

Peter discussed the successful outreach efforts during the unwinding period, highlighting the use of automation, technology, and multimedia campaigns to communicate with clients. He also introduced the adoption of text messaging as a communication platform, which was approved by CMS and the FCC. Peter and Rep. Jillian Gilchrest discussed the effectiveness of text messaging in their Medicaid program, with Peter sharing positive data from a pilot program with Code for America. Kristen Dowdy, a program administration manager at DSS, then discussed upcoming changes to the Husky A parent transition, which impacts parents and caretaker relatives, as a result of recent legislation. She outlined the implementation timeline, the efforts to inform and update clients about the program changes, and the use of various communication channels to reach clients. Rep. Johnson raised questions about the impact of transitioning clients from Medicaid to the Affordable Care Act, to which Kristin confirmed that the minimum standard for Medicaid is 138% and that the transition would affect the Husky A adult's program. Rep. Johnson also asked about the coverage and reimbursement rates for providers under the ACA and Medicaid programs, to which Kristin and Peter responded that they would look into providing this information. Nick requested a copy of the special notice template sent to impacted enrollees on September 6th, which Kristin agreed to provide.

#### Exchange Coverage and Eligibility Concerns

Sheldon Toubman expressed concerns about the coverage under the exchange, highlighting that it lacks services such as durable medical equipment and behavioral health long term care. He also raised a question about how people are determined to be eligible for transitional medical assistance (TMA) and whether they are given notice if their records may be incorrect. Kristin confirmed that they have encouraged people to update their information and have attempted to make the process simpler. Peter discussed the temporary authority that runs through June 2025 and the potential for making it permanent. He also highlighted the benefits

of using SNAP data for Medicaid eligibility and the use of the National Change of Address database to improve the customer experience.

#### Call Center Efficiency and Contract Discussion

Peter led a discussion on the call center and overall efficiency questions. Rep. Rep. Gilcrest asked about the cost of a new contract for the call center and the potential impact on call wait times between October and June. Laurie explained that they are leveraging vacancies and rerouting calls to prepare for the next year, and they are also exploring a hybrid model with a new contact center manager. Sen. Saud Anwar expressed concern about the rising call volume and the potential for increased wait times. Andrea explained the current situation, noting that the same workers are handling both eligibility determinations and answering calls. She also mentioned the use of a callback option and the need for a better phone system. Andrea acknowledged the challenges and the need for fiscal and staffing constraints. Sen. Anwar suggested exploring AI technology for potential improvements. Andrea mentioned exploring AI for automation and eliminating repetitive work.

#### Addressing Call Abandonment Rate Discrepancies and Staffing

Sheldon raised concerns about discrepancies in call abandonment rate data and the staffing situation due to the loss of contractors. Andrea clarified there are currently 220 vacancies at DSS, employees not contractors. Rep. Rep. Tammy Nuccio inquired about funding timelines and discussed potentially repurposing budgeted dollars for contractors during the transition to hiring new staff. Andrea confirmed working closely with OPM to manage position counts within budget. Matt asked about state barriers to hiring, which Andrea said were not an issue. Andrea noted people leaving for promotions within the agency as a positive sign.

#### Funded Positions, Service Levels, and Bundle Payment Program

Andrea confirmed the 100 vacancies were funded positions, and they were maintaining service levels without requesting state funds to replace lost federal funding. Sheldon suggested the co-chairs formally request staffing data from DSS. Brad discussed the maternity bundle payment program aimed at promoting health equity, improving outcomes, and reducing unnecessary care, set to launch in 2025 after addressing stakeholder questions. The program includes a case rate, cost reconciliation, shared savings tied to quality measures, and additional support services.

#### Maternity Bundle Program Updates and Concerns

Dr. Brad Richards discussed updates to the maternity bundle program, including the removal of family medicine providers due to low maternity service billing, and the decision not to implement a case rate reconciliation due to potential additional costs. He also introduced a quality scoring system as part of the shared savings program to ensure accountability and high-quality care. Brad clarified that the shared savings program is an upside-only program, with providers eligible for 50% of the savings. Rep. Rep. Nuccio expressed concerns about the continuous increase in payments to doctors without guaranteed improvements in healthcare quality and requested a timeline for evaluating the program's effectiveness. Mark from the Connecticut Hospital Association raised concerns about the capitation rate or case rate and requested that the case rates be appealable and provider specific. He also highlighted the need for a two-year reconciliation process to ensure providers are compensated for their costs. Ellen expressed concerns about the potential for reduced access to MFM services and the need for monitoring provider revenue, billing patterns, and participation. Amy provided an update on the committee's activities, including presentations from scientists at the Red Center at UCONN on childhood obesity and the Dental Health Partnership.