

Meeting Summary for MAPOC (Full Council) Zoom Meeting

Dec 13, 2024 12:48 PM Eastern Time (US and Canada) ID: 966 4740 4294

Quick recap

The meeting focused on the Medicaid landscape analysis conducted by Accenture and Minat, with a discussion on the performance of Connecticut Medicaid and areas of opportunity for improvement. The team also explored potential changes in the healthcare system under the new administration, including the impact of eliminating the Justice Involved waiver and changes to the enhanced federal subsidies. Lastly, updates were provided from the Women and Children's Health and Care Management committees, with plans for future meetings in January.

Next steps

DSS to conduct further analysis on innovation opportunities for older adults and individuals with disabilities.

DSS to analyze data to better understand drivers of utilization and costs for acute and chronic disease management.

DSS to explore opportunities for pharmacy benefit optimization.

DSS to include stakeholders in next phase of Medicaid program analysis and improvement efforts.

DSS to follow up on status of collaborative care model for psychiatric chronic care management with CMS.

DSS to add enhanced ACA subsidies to watch list of potential federal changes impacting Covered Connecticut program.

DSS to keep legislators informed of any significant developments regarding potential federal Medicaid changes.

Women and Children's Health Committee to meet on January 13, 2025.

Complex Care Committee to meet on January 16, 2025.

DSS to cross-check administrative cost data to verify inclusion of ASO costs.

DSS to consider creating comparison chart of Medicaid costs/outcomes for New England states.

Summary

Medicaid Landscape Analysis and Recommendations

David Kaplan welcomed everyone to the meeting, which was being recorded live on CT-N. The meeting was expected to be busy with a lot of important discussions. Senator Saud Anwar and Representative Jillian Gilchrist were present as co-chairs of the MAPOC Council. The main topic of the meeting was the Medicaid landscape analysis, which was conducted by Accenture and Minat. The analysis was posted on the DSS Website and the results were shared with the Council. The feedback from the listening sessions was incorporated into the analysis. The speakers emphasized that Connecticut has a well-run Medicaid program compared to its peers, but there are targeted areas of opportunity for improvement in terms of costs and outcomes. They recommended exploring targeted interventions rather than transitioning to comprehensive managed care. The conversation ended with a plan to share the findings and recommendations on the path forward for Connecticut Medicaid.

Connecticut Medicaid Performance and Opportunities

Avi discussed the performance of Connecticut Medicaid, highlighting its efficiency and strong performance on most national adult and child measures. He noted that Connecticut's per

member per month (PMPM) costs are lower than other northeastern states and that its administrative costs are substantially lower than managed care states. However, he also pointed out areas of opportunity, such as below average and declining enrollee experience ratings, select behavioral health measures with declining performance, and lower performance on about half of acute and chronic condition measures. Avi also mentioned high per enrollee spending for individuals with disabilities and older adults, and the need for rebalancing in long-term services and supports.

Connecticut Medicaid Program Analysis

Avi Herring (Minat) presented findings from an analysis of Connecticut's Medicaid program and hypotheses around cost drivers. Some key hypotheses include the state's expansive eligibility criteria and service offerings, investments in the long-term care workforce, and potential care management gaps due to the fee-for-service environment. The evidence review suggests Medicaid managed care often reduces medical costs but increases administrative spending, with limited overall state cost savings. Garrick discusses upfront costs to transition to managed care, including procurement, staffing, rate-setting, technology, and stakeholder engagement activities. Ultimately, Avi recommends exploring targeted opportunities instead of comprehensive managed care at this time, focusing on services for older adults/disabled individuals, acute/chronic disease management, and pharmacy benefit optimization.

Exploring Connecticut Medicaid Program Opportunities

In the meeting, Avi presented a report on Connecticut's Medicaid program, highlighting areas of opportunity for improvement. He suggested further exploration of the program's vision, quality, access, and costs, and the need to analyze data to understand drivers of utilization and cost. He also emphasized the importance of including stakeholders in any next phase of exploration. The team also discussed questions and comments from the chat, including concerns about the low reimbursement rates in Connecticut and the potential impact on providers. Jen and Sabrina expressed concerns about the characterization of low per enrollee spend as a good thing, given the low reimbursement rates. The team agreed to further investigate these issues and to consider the results of a pending comprehensive rate study.

Managed Care Spending and Profit

In the meeting, Sheldon Toubman and Avi discussed the administrative spending and profit margins of Managed Care Organizations (MCOs). Avi clarified that the 5.9% administrative spending includes both administrative costs and profit, and that it represents the managed care administrative costs as a percentage of total Medicaid spending in the state, not just managed care spending. They also discussed the importance of rebalancing and the generosity of Connecticut's Medicaid Spend-Down (MSD) program. Avi confirmed that the MSD program was not factored into the analysis due to the lack of data. Lastly, they discussed the potential for moving to capitated managed care through insurance companies or Dual Special Needs Plans (DSNPs), with William emphasizing the need for a deeper analysis before any significant changes are made.

Community Care Coordination and Prevention

Martin Geertzma expressed concerns about the lack of understanding of community-level care coordination and its impact on disabled and elderly individuals. He emphasized the need to understand what motivates or disincentivizes providers working directly with patients. Bill Halsey (DSS) acknowledged Martin's comments and mentioned the importance of exploring ways to improve chronic disease care management. Mark Schaefer highlighted the importance of preventive health and well-being, referencing the Governor's executive order and a

preventive health cost savings analysis. He also stressed the need to consider the role of non-healthcare partners in achieving better care outcomes for people with chronic illnesses.

Addressing Medicaid Program Stability Concerns

In the meeting, Matt Barrett expressed concerns about the Medicaid program's instability and potential for significant cost cuts. He also suggested that the analysis of the program should be done in comparison to similarly situated New England states. Andrea responded by explaining that the analysis was done within a short timeframe and that the Governor had requested it. She also mentioned that the next steps would involve a deeper dive into the program's performance and potential improvements. Tracy Wodatch echoed Matt's concerns about the Medicaid program's growth and the need for adequate funding for services. She also suggested looking at the access agencies' role in care coordination. Judy Stein from the Center for Medicare Advocacy discussed the issues with Medicare denials and the need for better understanding of utilization and cost drivers. Sheldon agreed with Judy's points and emphasized the need to address prescription drug costs and hospitalization. Howard Drescher asked about the medical cost ratios in managed care programs, to which Avi responded that they are generally higher than the minimum federal parameters. Commissioner Andrea Barton Reeves thanked Bill Halsey for his work in shepherding the program and thanked their partners, Accenture and Minot, for their thoughtful data-driven work.

Improving Program and State Plans

In the meeting, Andrea expressed gratitude for the collaborative approach in improving the program and encouraged continued input and feedback. Sen. discussed the pending State plans and waivers, with William providing updates on the status of various amendments and waivers. William also mentioned the team's monitoring of potential changes under the new administration, including block grants, per capita caps, and work requirements. Sabrina Trocchi raised a question about the collaborative care model for psychiatric chronic care management, which William agreed to follow up on.

Healthcare System Changes and Subsidies

The meeting focused on discussing the potential changes in the healthcare system under the new administration. The team discussed the possibility of the new administration eliminating the Justice Involved waiver and the impact it could have on the healthcare system. They also discussed the potential changes to the enhanced federal subsidies and their impact on the Covered Connecticut program. The team agreed to add these issues to their watchlist and to consider potential legislative actions to protect the current level of care for citizens.