Meeting summary for MAPOC (Full Council) Zoom Meeting (02/14/2025)

Quick recap

The meeting focused on updates from the Federal landscape, including the substance use disorder demonstration waiver and the potential impact of proposals related to Medicaid match and penalties for using state-only funds. The "Think AHEAD" model was discussed, which offers hospitals flexibility and predictability in financing, promotes preventive care, and focuses on addressing social needs. Concerns were raised about the model's suitability for small hospitals, the inclusion of commercial plans, and the potential for under-service issues, with the team agreeing to continue discussions and gather more information.

Next steps

• Dr. Mehul Dalal (DSS) to share information on how Maryland and other states are dealing with EMTALA in relation to the AHEAD model.
• Sheldon Toubman to share the research paper on Maryland's emergency room wait times and hospital bed availability with Mehul/DSS.
• DSS to continue monitoring and evaluating under-service measures for the AHEAD model.
• DSS to work with OPM and the Governor's office on modeling various scenarios for the AHEAD model implementation.
• DSS to bring MAPOC's request for consultation on AHEAD modeling and assumptions back to the Governor's office.
• DSS to continue engaging with national associations and CMS for updates on federal healthcare proposals.
• AHEAD Advisory Committee to begin meetings and provide guidance on model planning and stakeholder engagement.
• Complex Care Committee to continue research on Medicare Advantage plan network adequacy issues.
• Per Representative susan Johnson, the Human Services Committee to potentially discuss increasing rest home access.

Summary

Federal Update

The meeting began with a Federal update by Bill Halsey from DSS, who also mentioned another presentation related to the ahead model.

Federal Landscape and Medicaid Updates

Bill provided an update on the Federal landscape, highlighting key issues and pending actions. He mentioned the substance use disorder demonstration waiver, the justice involved demonstration waiver, and the potential impact of proposals related to Medicaid match, provider tax safe harbor, and penalties for using state-only funds for services not federally sanctioned. William also noted the importance of monitoring the Congressional process and the potential impact of executive orders. He acknowledged the complexity of the issues and the need for careful modeling and peer review. Ellen Andrews and DSS Commissioner Andrea Barton Reeves raised concerns about the modeling process and the need for a commitment from the agency to provide updates. Matt Barrett discussed the potential need for a Medicaid-specific block grant allocation plan and the existing process for addressing Federal block grants. Sheldon Toubman clarified the concept of per capita caps and the potential impact on Medicaid funding. Dr. Mehul Dalal and Elisa Neira from DSS and OHS, respectively, were prepared to discuss the AHEAD model.

Think AHEAD" Model Benefits and Timeline

Dr. Mehul Dalal discussed the potential benefits of the "Think AHEAD" model for hospitals, primary care, and the state of Connecticut. He highlighted the model's ability to offer hospitals flexibility and predictability in financing, as well as the opportunity for primary care investment. Mehul also mentioned that the model offers a pathway to advanced primary care and is supported by a Federal partnership that brings extensive evaluation, monitoring, and learnings from other states. He emphasized that the model is voluntary for providers and that it aims to promote preventive care, reduce unnecessary utilization of hospitals and emergency departments, and focus on addressing social needs. Mehul also discussed the global budget calculation process and shared results from Maryland and Pennsylvania's experiences with global budgets. He concluded by outlining the timeline for the implementation of the "Think AHEAD" model, which includes planning and design work until 2026, launch in 2027, and continued engagement and expansion in subsequent years.

DRGs, Medicaid, and Cost Shifting Concerns

Mehul discussed the ongoing use of DRGs for inpatient services in Medicaid, despite the growing Medicare Advantage population. He expressed hope for Medicare Advantage participation, particularly with DSNP plans. Representative Susan Johnson raised concerns about the lack of regulation in determining hospital care, leading to observation status and subsequent cost shifts to Medicaid. Mehul acknowledged these implications and suggested that Medicaid would likely bear the cost of such situations. The conversation ended with Rep. Johnson expressing concern about the cost shift to the State and the potential for similar issues in insurance and Medicare Advantage plans.

Addressing Concerns in Global Budget
Mehul explains that the state will enter into a detailed agreement with CMS to address potential issues like cost-shifting between Medicare and Medicaid in a global budget system. Rep. Johnson raises concerns about the inclusion of commercial plans and the high percentage of ERISA plans in Connecticut. Ellen Andrews expressed skepticism about the model's suitability for small hospitals and questions the effectiveness of capitation and primary care initiatives, citing examples from Vermont and existing programs in Connecticut.

Medicaid Targets and Maryland Model Discussion
In the meeting, Mehul clarified that Medicaid targets for participation percentage have not been set and are not required. He also mentioned that Medicaid online is expected to coincide with the Medicare global budget implementation in 2027. Sheldon Toubman raised concerns about the lack of consultation with the MAPOC group before applying for the grant and the potential for under-service issues in the proposed model. Commissioner Barton Reeves responded by acknowledging the potential flaws in the model and the need for ongoing monitoring and improvement. She also clarified that the Maryland model is not being presented as a perfect solution, but rather as a potential area for exploration. The team agreed to continue discussions and gather more information about the Maryland model's under-service issues.

Hospital Global Budget and Flexibility
Commissioner Barton Reeves clarified that the hospital global budget is not a fixed block grant, but rather a model of a guaranteed payment. The budget is built to provide stability, flexibility, and reliability in payment, allowing hospitals to determine their service needs based on their community. However, the budget can be adjusted if a hospital experiences changes in patient numbers or treatment needs. Sheldon Toubman expressed concerns about the proposal's flexibility and the potential for adjustments under the new administration. Mehul confirmed that oral health is not explicitly included in the global budgets or primary care investment piece, but it's not excluded either. The budget for each hospital is determined based on a pre-established methodology, irrespective of whether the government or other payer saves money. Rep. Johnson raised a question about the analysis of budget services, specifically maternity delivery services, which Mehul confirmed could be adjusted under a global budget to better serve the community.

Subcommittees Update and Upcoming Meeting
The Council received updates from various subcommittees. The Women and Children's Health Subcommittee reported on a recent presentation about cannabis use during pregnancy and breastfeeding, with an upcoming presentation on oral health in pregnancy and children. The Care Management Subcommittee discussed results from the PCMH Plus program, including quality measures and shared savings payouts. The Complex Care Subcommittee addressed issues related to rest homes for aging and

disabled populations, as well as concerns about Medicare Advantage plans not providing adequate networks. The next full Council meeting is scheduled for March 14th at 1 PM.