

# Meeting Summary for MAPOC (Full Council) Zoom Meeting

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## Quick recap

The MAPOC meeting covered a range of healthcare-related topics, including updates on diabetes prevention programs, intensive care management, and non-emergency medical transport services. Discussions also focused on emergency Medicaid coverage, potential federal changes to Medicaid and SNAP programs, and strategies to mitigate funding cuts. The committee addressed concerns about work requirements, waste and fraud in benefit programs, and received updates on various health initiatives and subcommittee activities.

## Next steps

- [DSS Team: Provide more detailed financial impact analysis once Senate version of budget reconciliation bill is available](#)
- [DSS Team: Review and streamline verification processes to reduce administrative burden in preparation for potential work requirements](#)
- [Representative Gilcrest & DSS Team: Plan subcommittee discussions to prepare for potential federal work requirements implementation](#)
- [DSS Team: Provide data on the number of births per year covered under emergency Medicaid and associated costs, including postpartum coverage](#)
- [DSS Team: Meet with philanthropic partners again to discuss creative solutions for potential federal funding changes](#)
- [DSS Team: Validate the statistic that 80% of Medicaid enrollees are employed in Connecticut](#)
- [MTM: Share specific data on hospital discharge wait times and performance metrics](#)
- [DSS Team: Provide breakdown of Medicaid rides by type of Husky coverage](#)
- [Kelly Phenix Forward details about Quality Access Committee responsibilities and discussion topics to the administrator for recruitment purposes](#)

## Summary

### Diabetes Prevention Program Updates

The June meeting of MAPOC began with Representative Jillian noting Senator Anwar's presence in Iraq and her own child's last day of school, with representatives Comey and Dathan agreeing to assist in chairing. The meeting focused on the diabetes prevention program, where Dr. Jody Terranova from DSS and Carolyn Grandell from CHN-CT presented on new Medicaid coverage for dietitians and nutritionists starting July 1st, along with CHN-CT's care management services for high-risk members, including those with diabetes. The presentation detailed how CHN-CT uses a person-centered approach with a multidisciplinary team to promote self-management and prevent avoidable hospital visits, with specific examples of successful outreach and educational campaigns.

### High-Risk Member Care Management Program

The meeting focused on the intensive care management program for high-risk and high-need members, including those with diabetes. Carolyn explained how members can enter the program through various means, such as self-referral or provider referral, and discussed the program's current focus on high-risk factors rather than diabetes prevention alone. Ellen Andrews requested

more information on outcomes and prevention effectiveness, which Carolyn agreed to provide in a future meeting. Steven Colangelo raised concerns about dual-eligible members not being included in proactive care management due to data limitations, and Dr. Larry Magras confirmed this was still the case. Kelly inquired about medication coverage and outcomes for type 2 diabetes, particularly regarding GLP-1 agonists, and expressed interest in seeing data on medication effectiveness.

### **MTM Quality Performance Metrics Review**

Paul Hines presented the MTM (Non-Emergency Medical Transport) Quality Quarterly Report, highlighting key metrics and performance indicators. He shared that MTM provides transportation services for Medicaid members through various modes including public transit, cab services, wheelchair lifts, and mileage reimbursement, averaging 200,000-250,000 trips per month. The contact center handles 85,000 calls monthly, with an average speed to answer of 40 seconds and a call abandonment rate consistently below 5%. Member satisfaction scores remained above 85% for both call center and post-trip driver ratings, while on-time performance exceeded 90% for most months.

### **Medical Appointment Performance Metrics Review**

The meeting focused on discussing on-time performance metrics for medical appointments, with Paul explaining that appointments are considered on-time if arrived within 5 minutes of the scheduled time, and additional metrics include will call pickup and hospital discharge times. Kelly raised concerns about a 12-15 hour hospital discharge delay and requested detailed data breakdowns, which Paul agreed to provide. The discussion also covered member satisfaction metrics, where Paul noted they are held to 90% or above for various performance indicators including call abandonment rate and average speed to answer, with incentives tied to meeting these targets.

### **Transportation Provider Growth and Updates**

Paul presented an update on transportation providers, noting that 6 new providers were added, with 9 more in the onboarding process or expressing interest. He explained their strategy of continuous recruitment to ensure coverage in rural areas and the ability to replace underperforming providers. Paul also mentioned a new nationwide provider offering a unique daily rate model and highlighted the growth of their Veyo Ride service with 706 drivers across the state. Matt inquired about the breakdown of providers between TNC and traditional livery types, and Paul clarified that about half of the providers were of each type. Steven raised a question about the breakdown of rides by Husky benefit groups, which Paul agreed to investigate further. Co-Chair Jillian Gilchrest flagged an ongoing issue regarding the licensing and background check requirements for different types of drivers. Paul announced the hiring of a new Connecticut program director, RJ Castagno, and mentioned improvements in communication with call center representatives and the securing of a dedicated transportation provider for school pickups.

### **Emergency Medicaid and EMTALA Differences**

Peter Hadler explained the differences between EMTALA and emergency Medicaid, noting that EMTALA requires hospitals to provide emergency medical treatment regardless of insurance or ability to pay, while emergency Medicaid covers individuals who meet Medicaid requirements but not immigration status. He detailed that emergency Medicaid is limited to emergency medical situations and does not cover routine visits, with services typically provided in a hospital setting and retroactively covered. Peter also discussed recent changes in federal legislation, including the rescission of a rule related to covering abortions in rare circumstances, and

mentioned that Connecticut's emergency Medicaid program is 50% state and federally funded. Representative Robin Comey asked about the number of births covered under emergency Medicaid and the associated costs, to which Peter responded with approximate data and a promise to provide a more detailed breakdown. Co-Chair Representative Jillian Gilchrest inquired about the potential impact of federal legislation on emergency Medicaid for undocumented individuals, to which Peter clarified that emergency Medicaid remains intact but is awaiting Senate action on the budget reconciliation process. Representative Susan Johnson asked about the intersection of emergency Medicaid and EMTALA, and how medical debt is addressed for individuals not covered by emergency Medicaid, to which Peter explained the distinction between the provision of emergency services and eligibility for emergency Medicaid coverage.

### **Medicaid and SNAP Federal Proposals**

The meeting focused on federal proposals affecting Medicaid and SNAP programs, with Deputy Commissioner Peter presenting key changes. The discussion covered a potential 10% penalty on Medicaid coverage for non-citizens, estimated to cost \$250 million, and proposed work requirements that could lead to significant enrollment losses. Peter also highlighted plans to eliminate the federal match for Planned Parenthood, freeze provider taxes, and shift costs to states for SNAP benefits. The group discussed the challenges of implementing these changes, including administrative burdens and potential workarounds for covering undocumented immigrants. Representative Lucy Dathan inquired about the number of affected recipients and the feasibility of staggering redetermination processes.

### **Work Requirements and Energy Assistance**

Senator Cathy Osten raised concerns about how work requirements would affect individuals with chronic mental illnesses in Eastern Connecticut, particularly those unable to work or document their inability to do so. Commissioner Andrea Barton Reeves explained that while strict work requirements are being considered, there may be exemptions for those with severe disabilities, though specifics are unclear. She noted that previous state-driven work requirements faced implementation challenges, including difficulties in documenting exemptions for those with mental health issues. Senator Osten also inquired about the impact of potential changes to the Low Income Home Energy Assistance Program (LIHEAP) on Eastern Connecticut, which Peter confirmed would disproportionately affect colder states due to the program's focus on heating assistance.

### **Federal Funding Cuts Mitigation Strategies**

The meeting focused on the potential impact of federal funding cuts, particularly the loss of \$80 million annually, and strategies to mitigate these effects. Peter emphasized the importance of engaging senators, especially Maine Senator Susan Collins, to slow down the budget process and highlighted the need to review and streamline internal processes to reduce burdens on providers and consumers. Ellen Andrews discussed the challenges of work requirements and suggested exploring volunteer involvement and community health workers to support caregiving. Commissioner Barton Reeves shared that philanthropic partners in the state have been convened to think creatively about how to adapt to these changes, rather than simply increasing funding. The group agreed to continue monitoring the situation and exploring innovative solutions to support vulnerable populations.

### **Benefit Program Fraud and Employment**

The discussion focused on waste, fraud, and abuse in benefit programs, particularly targeting individuals deliberately unemployed or underemployed to maintain or obtain benefits.

Commissioner Barton Reeves explained that while some under-the-table employment exists, the primary focus is on young men gaming the system, and implementation efforts in states like Kentucky and Arkansas have proven costly with minimal employment increases. Jen Granger shared that Controller Scanlan reported 80% of Medicaid enrollees are employed in Connecticut, challenging the myth that beneficiaries are not working, while Peter noted that 66% of SNAP beneficiaries are working, with many Medicaid recipients also holding jobs despite income limitations.

### **Health Programs and Committee Updates**

The committee discussed several key topics, including work requirements for Medicaid, updates on the Women and Children's House, and the status of various health programs. Representative Gilchrest announced that MAPOC's Executive team would use the subcommittee process to plan for potential work requirements. The committee received updates on the PCMH and PCMH Plus programs, with discussions about their future and funding. Representative Comey mentioned that the next Care Management Committee meeting would be held on July 9th, with a focus on the Head program in the following month. The committee also heard from Kelly Phenix about the Quality Access committee, which is seeking a Co-Chair and meets every other month. The next full committee meeting was scheduled for July 11th at 1 PM.

**From Steven Colangelo**

[Inside Deloitte's Multi-Million Promotion of Georgia's Medicaid Experiment — ProPublica](#)

**From Kate Parker-Reilly - CT Dental Health Partnership**

[Many Working People Would Be Shut Out of Medicaid under Proposed Work Requirements | Urban Institute](#)