

February 13, 2026 MAPOC Zoom Meeting

Meeting summary

Quick recap

The MAPOC meeting focused on two major topics: organizational changes at DSS and pharmacy cost management initiatives. Bill Halsey (DSS) announced his transition to Director of Healthcare Policy and Payment Reform, with a new Medicaid director to be appointed. The department received a \$57.2 million grant for HR1 technology implementation, with \$11.4 million in state matching funds. Dr. Jody Terranova presented pharmacy cost trends and data from a new prior authorization pilot program implemented January 1st affecting 11 drug classes, which generated significant discussion about potential access barriers and patient impact. The conversation ended with concerns raised about the timeline and implementation of these pharmacy restrictions, particularly regarding mental health medications and the need for better patient communication about medication changes.

Next steps

- [Bill Halsey \(DSS\): Take back to the Commissioner the offer from MAPOC to support the national search for a new Medicaid Director and report back on whether there is a role for the committee.](#)
- [DSS team \(led by Bill and Dr. Jody Terranova\): Provide a formal, written response to the letter from legal advocacy organizations regarding prior authorization, including addressing legal requirements around medical necessity, notification, and due process.](#)
- [DSS team: Obtain and provide to Sheldon Toubman \(and possibly MAPOC\) the number of Medicaid enrollees on at least one of the 220 drugs affected by the prior authorization policy, as well as data on prior authorization requests, denials, and alternative prescriptions, including both new starts and grandfathered patients.](#)
- [DSS team: Continue to build out a more robust reporting template for prior authorization data and share updated data with MAPOC as it becomes available.](#)
- [DSS team: Review and consider providing informational \(non-legal\) notices to affected Medicaid members about upcoming prior authorization requirements and actions needed and include this in the formal response to Sheldon's letter.](#)
- [Sheldon Toubman \(and legal/advocacy group\): Provide in writing to DSS a detailed list of suggested data points and process improvements regarding prior authorization and member notification.](#)
- [DSS team: Bring back to MAPOC in March a deeper dive presentation on the Rural Health Transformation Grant, including more details on specific projects and, if possible, invite other state agencies to join.](#)
- [DSS team: Consider and report back on the feasibility of overlaying predictive modeling/geomapping of Medicaid work requirement impacts with additional data \(e.g., exemptions, medical frailty, geography, services, and racial disparities\), and share relevant findings with MAPOC.](#)
- [DSS team: Take back the suggestion to continue or extend grandfathering for certain drug classes \(e.g., anticonvulsants\) to avoid disrupting care, and report back to MAPOC.](#)
- [DSS team: Return to MAPOC with information on the roles of staff versus vendors in the HR1 technology implementation, as requested by Ellen Andrews.](#)

- [DSS team: Review the suggestion to send informational notices to Medicaid members about prior authorization requirements and include this in the comprehensive written response.](#)

Summary

Healthcare Policy Leadership Transition

The meeting opened with Quad Chair Senator Matt Lesser and Quad Chair Representative Jillian Gilchrist welcoming attendees and acknowledging the presence of CTN's live coverage. Bill Halsey announced his transition to the role of Director of Healthcare Policy and Payment Reform at the Department of Social Services, while continuing as the acting Medicaid Director until a replacement is found. He highlighted the need for improvements in managing chronic conditions, pharmacy costs, and rural health transformation projects. The co-chairs expressed gratitude for Bill's contributions and the dedication of the DSS team during a challenging period.

HR1 Technology Grant Funding Discussion

The meeting focused on the \$57.2 million federal grant for HR1 technology investments, with DSS representatives explaining the funding structure and usage. The state share of \$11.4 million will come from the \$500 million currently under legislative review, and the funding does not require additional data sharing with the federal government. The majority of the funding (\$45.7 million) is for Medicaid work requirements, with \$3 million allocated for SNAP initiatives, and DSS is proceeding with a competitive procurement process for vendors. Deputy Commissioner Peter Hadler clarified that Covered Connecticut enrollees are currently not expected to submit work reporting verification, pending further CMS guidance.

IT Modernization and Eligibility Project

The meeting focused on a project to modernize IT systems and improve eligibility determinations, with discussions led by Deputy Commissioner Easha Canada. They explained that the project would use existing partnerships through an RFQ process, aiming to encourage innovation while ensuring cybersecurity and data protection. Ellen Andrews raised concerns about vendor selection and the long-term sustainability of the project, while Karen Siegal highlighted the importance of engaging enrollees and mentioned a guide published by HES. The group also discussed the potential for training state staff to take over certain tasks, and Ellen requested more information on the roles of staff and vendors as the project progresses.

Data Privacy and Vendor Access

The meeting focused on data privacy and security measures for vendor access to state systems. Easha explained that Connecticut has strict data privacy policies, with vendors required to sign agreements and adhere to cybersecurity protocols. She assured that vendors do not retain access to data after contract completion and emphasized role-based access controls. The discussion also

covered the Federal Data Services Hub's role in Medicaid eligibility determinations and potential future data sources. Peter noted ongoing conversations about additional data sources for eligibility determinations. The conversation ended with a discussion on predictive modeling for Medicaid and SNAP benefit impacts, with Quad Chair Senator Saud Anwar requesting assistance in identifying at-risk communities to prepare healthcare systems and address potential food insecurity.

Medicaid Work Requirements Impact Analysis

The group discussed the impact of Medicaid work requirements on the HUSKY D population, focusing on geographic and demographic disparities. They agreed to refine their data analysis by overlaying medical frailty exemptions and other factors onto existing geographic impact maps. Senator Anwar emphasized the need to prepare community organizations and healthcare systems for potential increases in food insecurity and healthcare needs. The group also discussed the importance of identifying specific services that may be affected by the changes, particularly for people with disabilities and in racially segregated areas.

Connecticut Rural Health Grant Overview

The meeting focused on the Rural Health Transformation Grants, where Bill Halsey provided an overview of Connecticut's \$154 million year-one allocation. He outlined seven DSS-specific initiatives, including expansions of the Access Mental Health Initiative for autism and school-based mental health, Integrated Care Networks, Regional Collaboratives, rural hospital transformation, primary behavioral health and dental improvements, and the introduction of a PACE program. The group agreed to conduct a deeper dive into the entire grant application in March, with other state agencies potentially participating. Representative Anne Hughes noted that while the grant was welcome, it represented a small portion of federal funding previously cut.

[Rural Health Transformation Program](#)

Pharmacy Cost Trends and Innovations

The meeting discussed pharmacy cost trends, including the impact of manufacturers opting out of the Medicaid drug rebate program and the removal of the rebate cap in 2024, which has led to decreased rebate percentages. Jody presented data on a pilot program implemented January 1st for 11 drug classes, showing that about 80% of prior authorization requests were approved. The department also submitted letters of intent for two CMS innovation models: Generous, which involves most favored nation pricing, and Balance, which focuses on GLP-1s and includes lifestyle support commitments from manufacturers.

Medicaid Prior Authorization Concerns

The meeting focused on concerns about prior authorization in Medicaid, with Senator Anwar highlighting its negative impact on patient access to care and emphasizing the need to avoid

creating new barriers. Jody discussed the GLP-1 discount program, noting that pricing data would be available in May and that the state would need to align its coverage criteria with CMS negotiations. The group also addressed issues with drug companies opting out of the Medicaid drug rebate program, with Dr. Jody Terranova explaining that this primarily affects smaller manufacturers. The discussion concluded with Sheldon Toubman raising concerns about the lack of advance notice to patients about prior authorization requirements and the potential impact on access to necessary medications.

Medication Access and Prior Authorization

The meeting focused on concerns about medication access and prior authorization processes. Sheldon emphasized the importance of consumer protections to prevent patients from leaving pharmacies without medication, despite Bill Halsey's assurance that access would not be denied for medically necessary drugs. Beth Cheney, a nurse practitioner, highlighted the challenges providers face with prior authorizations, which divert time from patient care. The group discussed the need to simplify the process and ensure patients receive their medications, with Sheldon suggesting a meeting to address these issues promptly.

Medicaid Pharmacy Prior Authorization Changes

The meeting focused on concerns about pharmacy cost control measures and prior authorization requirements for Medicaid patients. Dr. Terranova explained that starting January 1, new prescriptions require new prior authorizations, with grandfathering until April 1st for existing patients. The selection of 11 drug classes for review was based on data showing potential to move more patients to preferred drugs, with particular attention to anticonvulsants due to their use in mental health treatment. Representative Jillian Gilchrest raised concerns about FDA-approved indications and the need for clear communication with patients about medication changes, while Dr. Terranova confirmed that grandfathering could be extended for certain classes to prevent disruption of care.

Medicaid Drug Reduction Impact Review

The meeting focused on concerns about reducing prescription medications for Medicaid patients, with Senator Anwar highlighting that while financial metrics show a 3% reduction, broader healthcare impacts such as reduced access to care and increased administrative burdens are not being measured. Beth Cheney raised practical concerns about how medication changes would affect primary care practices, while Sheldon Toubman discussed the distinction between legal requirements for patient notifications and recommended best practices. The Council received committee updates from Women and Children's Health, Care Management, and Complex Care committees, with upcoming meetings scheduled for March 9th, 11th, and 19th respectively. The next MAPOC meeting is scheduled for March 13th at 1 PM via Zoom.