

# May 8, 2026 MAPOC (Full Council) Zoom Meeting

## Meeting summary

### Quick recap

The MAPOC meeting focused on updates regarding HR1 implementation, Medicaid work requirements, and pharmacy pilot programs. Commissioner Andrea Barton-Reeves and her team presented data on SNAP enrollment impacts, showing significant declines due to new work requirements, particularly affecting areas previously exempt through geographic waivers. The team discussed their technology procurement progress for implementing HR1 requirements, including a new system expected to be fully operational by August. The medical frailty exemption analysis was updated, with estimates now showing 65% of HUSKY D enrollees likely exempt or compliant using available data, up from previous estimates. Dr. Jody Terranova presented findings from the pharmacy pilot program showing a slight increase in preferred drug utilization across 11 drug classes, though total prescription numbers decreased, raising concerns about potential access issues. The conversation ended with Nicole Godburn outlining a new five-year rate evaluation process for Medicaid provider rates, based on recommendations from a recent rate study conducted between 2023-2025.

### Next steps

Easha Canada (DC Canada)

- [Provide a more robust update at a future meeting regarding new metrics and features for the VoiceCT call center system, including updates on handling the 10-minute wait time and options for clients who do not choose callback.](#)

Jody Terranova

- [Continue analysis of the pharmacy prior authorization pilot, including impact on patients who were grandfathered and those affected by the April 1st changes, and report findings in future meetings.](#)
- [Work with Matt Antonetti to provide individualized notice to providers \(e.g., via e-prescribe\) when a medication is denied at the pharmacy, in addition to required patient notice, and report on progress.](#)

Peter Hadler

- [Follow up via email with Kelly Phenix to provide information/clarification regarding the "make a little more money" SNAP eligibility question referenced in the meeting.](#)

Suzette DeBeatham-Brown (DSS)

## Collaboration

- [Jody Terranova and Matt Antonetti: Follow up with Sheldon Toubman \(and others\) regarding the status of implementing individualized written notice to patients at the pharmacy when a drug is denied, including details on timing, content, and method of delivery, as required by federal law.](#)
- [Jody Terranova and Matt Antonetti: Follow up with Sheldon \(and others\) regarding the status of providing advance notice to patients about changes to their prescriptions \(prior authorization requirements\) and processes for proactive communication.](#)
- [Nicole Godburn/William/Andrea Barton-Reeves: Post information and updates about the Medicaid rate evaluation process, public notices, and stakeholder engagement meetings on the dedicated website, and expand the website as the process develops.](#)
- [Nicole Godburn/Bill Halsey/Andrea Barton-Reeves: Review and potentially reorder the schedule of provider rate reviews to address urgent access issues \(e.g., home health, medically complex care\) raised by stakeholders and communicate process for stakeholder input.](#)
- [Nicole Godburn/William: Provide an update or presentation at the Complex Care Committee's May 21st meeting \(or make materials available\) regarding how the new rate review process impacts complex care patients and how stakeholders can engage.](#)
- [Chairs of MAPOC \(Lesser, Anwar, McCarthy-Vahey, Gilchrest\): Meet to discuss and consider increasing the frequency of Care Management Committee meetings and/or creating a dedicated group for focused HR1 implementation discussions, and report back with a recommendation.](#)
- [Peter Hadler/Andrea Barton-Reeves: Continue to explore and integrate additional data sources \(e.g., state colleges, credit bureau info, gig economy income verification\) to improve identification of Medicaid members exempt from or compliant with work requirements, and report progress.](#)
- [Nicole Godburn/Andrea Barton-Reeves: Ensure that the rate evaluation process and resulting reports incorporate input on access, quality, and high-value care, and communicate how these factors are being measured and addressed.](#)
- [Chairs/Committee Leads: Collect and forward to DSS any specific suggestions for additional community partners or categories of partners that should be included in HR1 outreach and training.](#)
- [Nicole Godburn/Bill Halsey: Ensure that the annual rate evaluation reports are produced and publicly shared with the legislature, MAPOC, and stakeholders by January following each review year, starting with year one.](#)
- [Nicole Godburn/Bill Halsey: Structure and announce the process for public comment \(including dedicated email, USPS, and public meetings\) for each year's rate review and communicate this to stakeholders.](#)

## Summary

### MAPOC Meeting Opening Session

The meeting began with informal conversation before transitioning to a formal session of MAPOC (Medicaid and Public Assistance Oversight Committee). Senator Lesser opened the May meeting, noting that the legislative session had ended two days prior with significant legislation passed, including budget-related measures and Medicaid implications that would be discussed in future

meetings. The meeting was being broadcast live on CT-N with 87 participants, and co-chairs were preparing to address the agenda items.

## HR1 Implementation and Technology Updates

The meeting focused on updates regarding HR-1 implementation, technology procurement, and changes to SNAP and Medicaid programs. Commissioner Andrea Barton-Reeves and her team provided an overview of the successful technology procurement process, which included selecting a vendor and initiating the discovery and alignment phase. The team outlined two major milestones: an outreach and engagement system by the end of August and a full system allowing clients to assess eligibility under new rules. They also discussed changes to SNAP work requirements, including new populations subject to work requirements and the removal of geographic waivers, highlighting the impact on beneficiaries, particularly in areas previously exempt.

## H.R.1 Impact on Benefits Enrollment

Deputy Commissioner Peter Hadler presented data on the impact of H.R.1 on SNAP and Medicaid enrollment in Connecticut. He reported that 17,000 people shifted to a time-limited SNAP category in December 2025, with about 2,000 losing benefits in the first month and 3,000 by March. In April, an additional 11,000 people dropped off due to the time-limited status. For Medicaid, starting January 1, 2027, 316,000 HUSKY D recipients will be subject to work requirements, with the agency working to identify exemptions using existing data sources. The team estimated that about 65% of current HUSKY D enrollees are likely exempt or compliant, with medical frailty being the largest exemption category affecting 126,000 individuals.

## SNAP Benefits Partnership Discussion

Suzette DeBeatham-Brown announced a partnership with the Connecticut Association for Community Action to support residents facing potential loss of SNAP benefits through eight community action agencies across the state. Peter described a randomized control trial being conducted with Yale University's Scale Lab, Connecticut Food Share, and Front Door Benefits to test different text messaging approaches for encouraging Medicaid members to apply for SNAP benefits. The discussion concluded with questions about the software vendor's capabilities, which Easha explained would support eligibility criteria guidance, document uploads, income verification, and community connections for work and volunteer opportunities.

## SNAP Program Changes Discussion

The meeting focused on discussing SNAP program changes and support efforts. Peter explained that while some individuals have lost benefits entirely due to stricter work requirements, other changes have reduced benefits for some households, including limitations on LIHEAP eligibility and verification requirements. Andrea mentioned leveraging United Way for training partners and creating a website repository for consistent messaging and eligibility information. Kelly Phenix raised

questions about specific eligibility details, including income thresholds for older or disabled household members, and the age limit for former foster youth, which Peter confirmed is up to age 24. Suzanne inquired about households experiencing reduced benefits and expressed interest in supporting patients through a volunteer portal, to which Peter acknowledged the importance of facilitating community partner support.

### Medicaid At-Risk Beneficiary Updates

The meeting focused on discussing at-risk beneficiaries under Medicaid and work requirements. Peter explained that the at-risk estimate was reduced from 126,000-128,000 to 110,000 due to integrating additional data sources like SNAP and medical frailty data. He emphasized that this number does not mean beneficiaries will definitely lose benefits, and that tools are being developed to help verify compliance through methods like gig worker income verification. The discussion also addressed concerns about the 206,000 beneficiaries not currently considered at-risk, with Peter noting that while they still need to complete redetermination paperwork, tools from previous unwinding processes will be leveraged to help maintain coverage.

### HUSKY D Work Requirements Implementation

The meeting focused on concerns about the implementation of work requirements for HUSKY D recipients, with particular attention to data issues and call center operations. Sheldon raised concerns about the call center's practice of hanging up on callers after 10 minutes without an option to continue, which was deemed unacceptable, especially for working individuals who need assistance. The team discussed the need for more frequent meetings to address HR1 implementation, with the Commissioner and the chairs agreeing to consider options including potentially revamping the Care Management Committee to meet more frequently. Ellen Andrews emphasized the importance of establishing clear timelines for decision-making, conducting thorough testing with real users, and exploring additional data sources including credit bureau information, similar to Nebraska's approach which exempted 72% of their HUSKY D population.

### Medicaid Work Requirements Discussion

The meeting focused on work requirements for Medicaid recipients, with discussions about data collection challenges and compliance rates. Andrea explained that federal partners have strict timelines and requirements for reporting, while Ellen highlighted the need to implement cost-sharing measures and co-pay policies as required by law. Peter addressed concerns about the 65% compliance rate, explaining they are actively exploring additional data sources beyond Department of Labor data to better understand income compliance. The team discussed plans for a new Medicaid work requirements pre-screener tool, similar to one previously developed for SNAP, to help individuals determine their eligibility status.

## Pharmacy Pilot Program Updates

Dr. Jody Terranova presented updates on a pharmacy pilot program implemented January 1st, which involved 11 drug classes requiring clinical criteria for non-preferred drug authorization. The data showed a slight increase in preferred drug utilization from 77.6% in 2025 to 84% in 2026 for new prescriptions in these classes, though total prescription numbers decreased across all categories. Senator Anwar and Rep. Comey raised concerns about the pilot's patient-centricity and lack of outcome data, questioning whether the program was successful given the overall decrease in prescriptions and lack of information about patient access and outcomes.

## Medication Access and Authorization Process

The meeting focused on concerns about medication access and prior authorization processes. Sheldon raised concerns about the reduction in total prescriptions when patients are moved to preferred drugs, noting that many patients end up with no medication due to lack of proper notification. He requested updates on two key items: the status of providing individualized written notice when drugs are denied and improving advance notice to patients about upcoming changes to their prescriptions. Dr. Alex Geertsma suggested requiring pharmacies to notify prescribing physicians when medications are denied or unavailable, which Sheldon supported as a way to minimize patients going without necessary medication. The conversation ended with plans to discuss the Rate Review and Rate Evaluation Roadmap as the next agenda item.

## Medicaid Rate Evaluation Implementation Plan

The meeting focused on the implementation of a new Medicaid rate evaluation process based on findings from a recent rate study conducted between 2023-2025. Nicole presented a structured five-year plan to review and adjust Medicaid rates across different provider categories, with behavioral health, physician fee schedules, and FQHCs prioritized in Year 1, followed by clinic services, transportation, and home health in subsequent years. The process will include public comment periods and stakeholder engagement, with annual reports to be produced for legislative review. Several committee chairs provided updates on upcoming meetings, including Women and Children's Health, Care Management, and Complex Care committees, with specific presentations planned on maternity care, dental health, and complex care diabetes management.

## **Nick Russell- CT Legal Services**

[https://www.cga.ct.gov/ph/med/related/20190106\\_Council%20Meetings%20&%20Presentations/20260508/DSS%20May%20Presentation.pdf](https://www.cga.ct.gov/ph/med/related/20190106_Council%20Meetings%20&%20Presentations/20260508/DSS%20May%20Presentation.pdf)