July 10, 2026 MAPOC (Full Council) Zoom Meeting

Meeting summary

Quick recap

The MAPOC meeting focused on updates and discussions regarding HR-1 outreach efforts, pharmacy benefit administrator modernization, dually eligible member analysis, and call center operations. Fatmata Williams (DSS) and colleagues presented on HR-1 outreach, detailing community events, digital advertising, and a new HUSKY prescreener tool, while addressing questions about budget, staffing, and multilingual resources. Bill Halsey explained the modernization of the pharmacy benefit administrator contract, emphasizing transparency and rebates while clarifying it would not involve PBM-like structures. Dr. Jody Terranova reported on a pharmacy pilot program showing challenges with prior authorization processes and access to medications, particularly for GLP-1 diabetes drugs. Bill Halsey announced a comprehensive analysis of the dually eligible population, including review of DSNP contracts and Medicare data integration, with input from stakeholders welcome. The call center update, presented by DC Easha Canada and Laurie Anne Wagner, highlighted current capacity challenges, high call volumes, and ongoing efforts to improve response times and staffing, including discussions about additional funding and contractor support.

Key Outcomes

- Connecticut DSS presented a multi-front response to HR-1 Medicaid work requirements, covering outreach campaigns, pharmacy benefit modernization, dual eligible analysis, and a call center under significant strain. New Medicaid Director Adeline (Addi) Stromalo formerly Deputy Commissioner at Vermont's Medicaid agency for 6 years, joining from Litchfield County, CT. was introduced. The call center's 23.9% Tier 1 abandonment rate was acknowledged as a crisis requiring urgent OPM-approved staffing investment. DSS confirmed 50 new positions from the budget are actively being filled, with additional contractor support under negotiation.

Next steps

Christine Stuart

- Share the flyer about HR-1 outreach with providers and legislators, including Representative Hughes.
- Conduct focus group work on the HR-1 website and messaging within the next 2-3 weeks.
- Provide an update to MAPOC if there are pivots in the outreach strategy.

Easha Canada

- Continue discussions with OPM about necessary staffing investments for the call center, including the possibility of using contractors.
- Work with OPM to establish and maintain tight standards for call center response and abandonment rates.

- Consider forming a task force (involving the union) to explore restructuring the call center job to make it more satisfying and reduce turnover.

Kelly Phenix:

- Send DC Canada details of portal change experience for investigation.

Fatmata Williams

- Share the fiscal notes for the recent fee schedule changes with the committee leadership and Senator Osten (Appropriations Committee).

Jody Terranova

- Share the draft message for pharmacy denials with Sheldon Toubman for review before it goes out.
- Reach out to Dr. Lagarde to learn more about the challenges with prior authorizations at her health center.

Laurie Ann Wagner

- Investigate the issue Kelly Phenix experienced with the DSS portal and follow up with her.

Suzette DeBeatham-Brown

- Share the HR1 outreach flyer with Tracy and other providers.
- Partner with Representative Johnson to coordinate outreach in rural communities using local resources (FQHC, hospital, radio show, TV screen, soup kitchen, homeless shelters).

Bill Halsey

- Provide the current contract details regarding call center performance indicators (response time, call abandonment rate) Provide current PBA call center KPIs (response time, abandonment rate) to Sheldon Toubman.

Summary

HR1 Outreach Campaign

- **Events:** 169 outreach events held April–June via Community Action Agencies (CAAs); 143 more scheduled July–September.
- **Husky Prescreener:** ~5,300 page visits and 4,100 completions since mid-June; available in Spanish with language toggle for other languages.
- **Paid media budget:** $1M (federal funds) vs. $6M received for the PHE unwinding — acknowledged as underfunded for the scale of the issue.
- **Media mix:** Digital ads, mobile geofencing (libraries, food pantries, Dollar General, FQHCs), bus tails, community posters, digital billboards, streaming TV/radio launching in ~2 weeks.
- **Geofencing:** Targets physical locations to push ads to devices — noted as useful for rural communities lacking traditional ad space.
- **Staffing:** 41 CAA ground staff currently; hiring more; contract through CAFCA with 8 CAA subcontractors.

- **Data tracking:** Weekly/monthly tracking of entry points across all channels confirmed.

Key Concerns Raised

- Website prioritizes political defensiveness over actionable information for enrollees — recommendation to lead with the prescreener and "who does this apply to."
- Enrollee engagement in communications design is minimal; focus groups planned within 2–3 weeks.
- Behavioral health Husky D patients have low digital/community touchpoints — flyers for providers requested and confirmed.
- Legislators requested flyers to distribute via e-newsletters.

Call Center Crisis

- **June volume:** 92,000+ inbound calls; Tier 1: 35,961 callbacks; Tier 2: 6,926 calls (up to 2 hrs each); LTSC: 4,174 callbacks.
- **Abandonment rate: 23.9% Tier 1** (target was 10%); combination of voluntary hang-ups and system disconnects at 10-minute mark.
- **Current standard:** Max 10-minute wait; goal of 5 minutes acknowledged but not yet guaranteed pending funding.
- **Staffing:** 50 new positions from budget actively being filled (23 started); additional investment ($7M/year including contractors) under OPM negotiation; target staffing higher than PHE unwinding peak of ~120.
- **Access Health overlap:** ~20% of at-risk Husky D population also receives SNAP from DSS; remaining 80% will route to Access Health call center, which is also ramping up.
- **Texting feature:** Pre- and post-callback SMS notifications in development (not yet live).
- **Callback hours extension** and **portal usability** flagged as areas needing improvement before January 2026 work requirement enforcement.

Medicaid Outreach Strategy Meeting

The meeting focused on outreach efforts for Medicaid work requirements, with participants discussing messaging strategies and website improvements. Karen Siegel recommended more robust enrollee engagement and suggested reorganizing the website to prioritize helpful information over defensive content about HR-1. Representative Johnson proposed leveraging local resources like federally qualified health centers and radio shows to spread awareness in rural communities. The discussion also addressed concerns about the call center's staffing issues, with DC Easha Canada confirming that discussions are ongoing with OPM and the governor's office about necessary investments for additional staffing.

Nicole Godburn, CT DSS
https://portal.ct.gov/dss/health-and-home-care/reimbursement-and-certificate-of-need/medicaid-rate-study-findings-and-rate-review-process

Pharmacy Benefit Administrator Modernization

Bill Halsey presented the modernization efforts for a new Pharmacy Benefit Administrator (PBA) to replace the current system from 2008. He explained that while PBAs and Pharmacy Benefit Managers (PBMs) have different roles, the state is procuring a PBA to modernize technology, maximize drug rebates, and increase transparency, with DSS maintaining full control over the

pharmacy benefit program. The discussion addressed potential savings through improved rebates and better management of physician-administered drugs, with Jody noting they would also look at the 340B process. Key questions from Matt Barrett and Sheldon Toubman focused on specific performance metrics and requirements for the RFP, which William indicated would be included as key performance indicators but were not yet finalized.

Pharmacy Pilot Authorization Results

Dr. Jody Terranova presented a pharmacy pilot clinical criteria authorization update showing results from January through May, where 18,332 drug requests in 11 classes required prior authorization. The data revealed that 14.6% of requests were filled immediately with prior authorization on file, 58.3% of providers submitted authorizations after receiving messages, and 61.5% of those were approved. Dr. Terranova noted that while 29% of requests fell into an "other" category due to unclear tracking, the pilot showed better outcomes than traditional prior authorization processes for both original prescriptions and alternative medications in the same class.

GLP-1 Prior Authorization Challenges

The meeting focused on challenges with prior authorization for GLP-1 diabetes medications, where Dr. Terranova explained that 85% of initial requests don't get filled immediately due to providers not submitting prior authorizations proactively. Kelly Phenix shared her personal experience with GLP-1 medications and emphasized the importance of continuous glucose monitoring. Sheldon Toubman raised concerns about the high percentage of unknown outcomes for patients and requested data on temporary 14-day supplies, to which Dr. Terranova committed to following up on the pharmacy denial notice issue and reviewing the requested data. Dr. Lagarde highlighted the significant clinical burden this process creates for organizations serving Medicaid recipients, noting they've had to hire a full-time staff member to handle prior authorizations.

Pharmacy Benefit Administrator (PBA) Modernization

- **Why now:** Current PBA contract dates to 2008; CMS has been pressuring CT to re-procure; part of broader Medicaid Management Information System upgrade.
- **PBA vs. PBM distinction:** DSS retains full control; no spread pricing, no retained profits, no pharmacy ownership — unlike a PBM model.
- **Savings focus:** Maximizing rebates/supplemental rebates and better management of physician-administered drugs to capture rebates under pharmacy benefit. *2021*
- **Multi-state consortium:** Current consortium contract tied to current PBA; expires 2027 and would be re-bid with new contract.
- **Timeline:** Research → Planning → Procurement → Award (CMS approval required) → Implementation.
- **Funding:** Enhanced federal CMS technology upgrade dollars.

Pharmacy Pilot Update (Clinical Criteria Prior Authorization)

- **Scope:** 11 drug classes; grandfathering ended April for 3 classes (anti-psoriatic topicals, anti-migraine, GLP-1 diabetes); 18,332 total requests tracked Jan–May.

- **Same-day fill rate: only 14.6%** — providers must proactively submit prior auth before patient arrives at pharmacy; current fax-based system is a key barrier.
- **Outcomes:** 46% received original drug (same-day or via PA approval); 33% received same-class alternative; ~21–29% outcome unknown/other.
- **GLP-1 note:** Highest denial volume; Mounjaro moved to **Preferred** effective July 1, 2026, easing access.
- **Pending fix:** Pharmacy denial notices to patients (required by law) — draft in progress, near-ready; Sheldon requested review before release.
- **Root issue:** Electronic prior authorization (required by CMS, offered by all modern PBAs) will enable real-time provider alerts — expected to significantly improve same-day fill rate post-PBA modernization.
- FQHCs reported hiring a full-time pharma tech just to manage prior auth burden — adding cost to providers.

Connecticut Dual Eligible Population Analysis

Bill Halsey announced a significant analysis review of Connecticut's dually eligible population, which includes 47,000 full duals in Medicare Advantage plans, 109,000 partial duals in Medicare Advantage, 37,000 full duals in traditional fee-for-service, and 29,000 partial duals in traditional fee-for-service. The department is examining DSNP contracts, conducting a deep dive analysis of utilization and claims data, and assessing Medicare and Medicaid claims integration while working with UConn Center on Aging and CMS technical assistance. Several committee members expressed support for the initiative, with concerns raised by Sheldon Toubman about potential limitations in Medicare Advantage networks and questions from Karen Siegel about regional accountability models and community health workers, which Bill indicated would be considered as potential work streams.

Dual Eligible Population Analysis

- **Population size:** Full duals ~84K total (47K Medicare Advantage, 37K FFS); partial duals ~138K total.
- **Trend:** Growing enrollment in Medicare Advantage/DSNPs vs. traditional FFS — driven largely by insurer marketing, not informed choice.
- **Work streams:** DSNP contract review, deep-dive utilization/claims analysis, PACE program monitoring (Rural Health Transformation), CMS technical assistance, stakeholder listening sessions.
- **Key risk flagged:** Dual eligibles already receive dental, hearing, transportation via Medicaid — DSNP marketing misleads them into plans that add prior auth and network restrictions for benefits they already have.
- **Data gap:** DSS currently only has FFS Medicare data; actively requesting Medicare Advantage claims data via Westat.
- **CHOICES program** (CT Bureau of Aging SHIP): Offered as a data/counseling partner for duals analysis.
- **Goal stated:** Improve care coordination and outcomes; cost curve impact secondary but acknowledged.

Medicaid Fee Schedule and Operations

The meeting focused on two main topics: fee schedule updates and call center operations. Fatmata Williams presented updates to various Medicaid fee schedules effective July 1, 2026, including HIPAA updates, optometry services changes, and expansion of collaborative care model coverage, though Senator Lesser expressed concern about some changes being outside the regular rate-setting process. The call center update revealed significant challenges with high call volumes and long wait times, with over 92,000 inbound calls in June and a 23.9% abandonment rate for Tier 1 calls. The department is working with OPM to address staffing needs and is exploring options including additional staff and contractors to handle the expected increase in calls due to new Medicaid work requirements.

Changes to the fee schedule to the proposed SPA changes are available on the DSS website: Medicaid State Plan Amendments (ct.gov).

Please note the CT Law Journal notices for each SPA includes the fiscal impact information.

Next MAPOC meeting: Friday, September 11, 2026 at 1pm via Zoom; no August meeting.