

State of Connecticut
GENERAL ASSEMBLY



Medical Assistance Program Oversight Council

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Chairs: Sen. Terry Gerratana and Rep. Catherine Abercrombie

MEETING MINUTES

Friday, October 9, 2015

9:30 AM in Room 1E of the LOB

Attendance is on Record with the Council.

I. The meeting was called to order at 9:36 by the chair, Rep. Johnson.

Introductions were made by Council Members and Agency Personnel.

Rep. Johnson stated that Sen. Gerratana and Ellen Andrews were attending a conference on Medicaid ACO's and listed those who reported they could not make the meeting.

IIA. Kate McEvoy introduced Melissa Garvin of DSS, who would be giving the report on Eligibility Process Improvement. She began with the agenda of the presentation which would review the business process, ongoing efforts and the October Dashboard (See Attachment).

https://www.cga.ct.gov/med/council/2015/1009/20151009ATTACH_DSS%20-Eligibility%20Process%20Improvement%20Update;%20October%209,%202015.pdf

Rev. Bonita Grubbs asked if there was a list of areas where further improvement is needed. Melissa answered that nothing is off the table and everything is constantly re-evaluated. DSS is currently exploring having a client survey.

Sheldon Toubman asked if specific numbers could be included and if DSS could share an actual goal. Marva Perrin of DSS stated that the data is constantly reviewed and they are trying to figure what are acceptable goals based on trends.

Kathy Yacavone asked if during a call there is a notification of how much time is left to wait. Melissa explained that it is based on thresholds due to the variability in volume of calls. Kathy feels it would be best to give clients calling as close of a time frame as possible.

IIB. Kate McEvoy thanked her colleagues in Eligibility for their presentation. She shared the news on behalf of CHN that they received an Audit for their ASO services and received a 100 percent score. Sylvia Kelly shared CHN's pleasure with their score which is reflective of staff's hard work. Rep. Johnson added comments about CT's Medicaid services.

Sheila Amdur acknowledged Kate, who is one of six directors of state's Medicaid programs that were chosen to participate in leadership trainings CMS is undertaking. Kate briefly explained the opportunity she would now have. She intends to report to the Council over the next year and explained her focus. Rep. Johnson talked about legislation that was passed last session regarding PTSD for homeless children and thanked Kate for her work.

Kate invited Charles Lassiter of Mercer to join her for the presentation on the Medicaid Quality Improvement and Shared Savings Program (MQISSP). Mercer is contracted to advise DSS on the framing of Model Design for MQISSP. Kate thanked the chairs and members of the Care Management for the work they have done over the past few months. Kate began to go through the documents that were distributed (See Attachments). They are all located on MAPOC's website.

https://www.cga.ct.gov/med/council/2015/1009/20151009ATTACH_DSS%20-%20MQISSP%20Overview;%20October%209,%202015.pdf

https://www.cga.ct.gov/med/council/2015/1009/20151009ATTACH_MQISSP%20Key%20Model%20Design%20Documents%2010-5-15.pdf

Kate outlined her goals for the presentation which included an overview of MQISSP, providing a context setting, reviewing the model design process and key design features.

Sheila Amdur asked about who was being targeted under the initiative. Kate asked for everyone to review the elements document which lists the targeted population of MQISSP and walked through it.

Rep. Johnson asked a question about slide 36 with the reduction in ED usage and how observation status fits into that. Kate stated that they will have to examine that at respond more formally. Dr. Zavoski added that he did not know if those numbers were separated.

Matthew Barrett asked for clarification on the model and advanced care coordination payments. Kate stated that it was felt that the MQISSP model was the best balance for the Medicaid program.

Charles Lassiter began an overview of provider qualifications and shared savings specifications. Kate discussed the under-service monitoring strategies. Charles continued discussing some of the elements that provide risk for underservice and continued with reviewing shared savings. Kate provided the next steps of the model design process and welcomed all questions and comments from the Council.

Rep. Johnson thanked Kate and Charles for their presentation on MQISSP.

Rev. Grubbs offered that she is willing to participate in helping in any way she can.

Sheldon shared that those who are included and excluded in the program is not finalized, referencing a letter from NAMI submitted to DSS. He also stated that in order for an entity to participate in MQISSP they must already be participating in PCMH. Sheldon finds it concerning because at the SIM steering committee several people objected to that, feeling they wanted more people to participate and worrying about not knowing the outcomes. He expressed that one of the principles he wants to see is that if you don't meet the underservice measures you don't get an opportunity at any pool of funds. Charles stated that this was built into the model and would be reflected. Sheldon referenced Slide number 39 and the implication that the successful PCMH program is an example of switching to value based approach. He found this to be contrary to what Mark Schaefer had stated at a SIM meeting and asked for comment from DSS. Kate stated that it might be useful to distribute a chart done by Chartis for SIM. She explained the difference between people viewing this as a continuum versus a reference and discussed MQISSP moving to an upside only model which she believed was different than what Dr. Schaefer was stating.

Dr. Zavoski added that at SIM's meeting the NCQA discussion is sometimes compromised by the division of providers. Rep. Johnson stated that she is happy to see the Department recognizing and moving forward with their initiatives. Dr. Zavoski thanked Sheldon and talked about how this was a development and new territory for Medicaid.

Mary Alice Lee referenced slide 30 and the quarterly cost per member trending downward and requested it be reported by beneficiary group. Sheila added that she finds such information would be very important and help in providing care coordination for certain populations. She stated that she hopes no one is counting on big savings from the program.

Kathy stated she was happy to see a lot of the work that was done in the SIM Equity and Access Council is being reflected in MQISSP and is glad that there is an extension in which we will now be able to spend more time developing.

III. Mary Alice Lee, began her presentation on the Husky Performance Monitoring done by CT Voices for Children (See Attachment).

[http://cga.ct.gov/med/council/2015/1009/20151009ATTACH_CT%20Voices%20for%20Children%20-%20Impact%20of%20MCO%20to%20ASO%20transition%20\(MAPOC%2010.9.2015\).pdf](http://cga.ct.gov/med/council/2015/1009/20151009ATTACH_CT%20Voices%20for%20Children%20-%20Impact%20of%20MCO%20to%20ASO%20transition%20(MAPOC%2010.9.2015).pdf)

Rep. Johnson thanked Mary Alice for her insightful presentation.

Sylvia Kelly followed up by stating that no improvement was shown between 2012 and 2013 because Hospitals were not reporting V-codes. She went over another initiative regarding preventative care for children under 15 months old, where parents receive multiple phone calls to make sure they are going to a pediatrician. Sylvia discussed the data that is being provided in real time on ED's and the positive improvements that have and will be made with it. Dr. Zavoski provided context of what has happened moving to a fee-for-service model and the data that is being gathered.

Sheldon commented on the fight that went on for years to switch from managed care and discussed the improvements and results within the PCMH program. Mary Alice expressed the limitations on analysis based on the data they receive from DSS. She stated her intentions and that she finds the program changes are good and leading to improvements.

Deb Polun added comments about the growth in Health Centers with the Affordable Care Act and the data on ED visits that would greatly help. She discussed the possibility of partnerships reaching out to the parents of young children.

Renee Coleman-Mitchell discussed the Department of Public Health's work with DSS on ED visits and a specific focus on those related to Asthma. Rep. Johnson discussed legislation that looks at chronic conditions. Sylvia referenced the differences in populations and the work that will be done based on data. Dr. Zavoski added that Asthma is a big focus right now and applauded Mary Alice for her work.

Dennis Cleary asked about notifying people about alternatives to the ED. Sylvia explained a mailer that was sent out informing households of alternatives. Kate reiterated the work she will be doing through the NGA on high need, high cost utilizers and the need for a definition and clarification of Emergency/Urgent Care. She talked about expanding para-medicine and the recommendations that are being prepared by the Department.

IV. Rep. Johnson stated that the Complex Care Committee would be meeting on the 23rd and continuing its work on high cost, high need utilization.

V. Rep. Johnson announced the next meeting date for the full Council and listed what would be on the agenda for November.

With no other business, Rep. Johnson thanked all the members.

The meeting was adjourned at 11:56 AM.

The next meeting will be held on Friday, November 13, 2015 at 9:30 AM

Richard Eighme
Council Clerk