

State of Connecticut

GENERAL ASSEMBLY



Medical Assistance Program Oversight Council

Legislative Office Building, Room 3000, Hartford, CT 06106

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www.cga.ct.gov/med/

Chairs: Sen. Terry Gerratana and Rep. Catherine Abercrombie

MEETING MINUTES

Friday, December 11, 2015

9:30 AM in Room 2E of the LOB

Attendance is on Record with the Council.

I. The meeting was called to order at 9:39 by the chair, Rep. Johnson.

Introductions were made by Council Members and Agency Personnel.

Rep. Johnson reported that Rep. Abercrombie would not be able to make the meeting.

II. Kate McEvoy of DSS began the overview of Connecticut's Participation in the NGA High Need, High Cost Policy Academy (See Attachment).

https://www.cga.ct.gov/med/council/2015/1211/20151211ATTACH_NGA%20high%20cost%20high%20need%20-%20FINAL.pdf

Kate provided the committee with contextual background for the presentation. She went over the agenda which would feature an overview of the NGA policy academy and Connecticut application, historical context, current Connecticut Medicaid strategies, and an initial profile of high need, high cost Medicaid members.

Rep. Johnson asked if the collection of data was a focus of the academy. Dr. Zavoski discussed a meeting that took place in July and the way CT collects data compared to other states.

Rep. Johnson asked what the process would be to share some of the information Kate was providing to the Legislature.

Sheila Amdur shared her concerns of high need high cost individuals and disproportionate representation.

Mark Keenan believed DPH could be more involved in the academy and offered Kate information he could share.

Dr. Zavoski gave his opinion on Emergency Department Utilization. Dr. Geertsma discussed evidence based advice giving. Kate discussed a medical intervention in Utah called “safe to wait.”

Mary Alice Lee asked for information on the amount of people in the ICM program. Discussion was had on ED utilization and whether it is “high.” Dr. Zavoski believes that the approach under the current model of care shows drops in ED visits. Silvia Kelley discussed the effort to get Husky D members connected to a PCP. Beth Cheney gave her point of view on ICM as a PCP. Kate discussed getting data through the federally funded TEFT grant.

Rep. Johnson discussed the issues with observation status. Stephen Frayne added that Hospitals are in favor of trying to solve some of the problems of observation status. Rep. Johnson shared some of the difficulties with making changes to observation status at the federal level. Kathy Yacavone discussed the continuing need to educate patients and offer expanded hours of service for other options instead of the ED.

Rep. Johnson discussed the applied income situation of beneficiaries who are in nursing home facilities. Kate discussed the problems with Federal law and the possibility of having a discussion with Marc Shok who is the director of eligibility at DSS.

Bill Halsey went over the initial review of data.

Cynthia DeFavero asked about the statistics on demographics and if there were health disparities present. Bill Halsey said that this would be monitored throughout the program and Kate discussed some of what SIM has been doing on health equity. Cynthia asked for a breakdown of Medicaid beneficiaries by County. Mary Alice asked that one-time events like pregnancy be separated in the data. Christine Bianchi asked if the total percentage for the state based on demographics could be included in future presentations.

Deb Polun shared some of the preliminary findings of CHCACT on their high cost, high utilizers. Kathy Yacavone added comments on the benefit of looking at ED diagnosis.

Stephen Frayne asked about the children in Husky D. DSS includes up to age 21 as children while persons over 18 can be in Husky D.

Ellen Andrews stated she was happy with current numbers in health equity which she anticipated to be worse. She asked why about twice as many adults were being admitted to the hospital in comparison to children. Dr. Zavoski explained the relative numbers and challenges with costs with certain illnesses.

Discussion was had on Dental Health care. Rep. Johnson thanked DSS for their presentation and ongoing work.

III. Rep. Johnson gave a review of the draft 2015 MAPOC Report to Legislature (See Attachment).

https://www.cga.ct.gov/med/council/2015/1211/20151211ATTACH_Draft%20-%202015%20Council%20Biannual%20Report%20-%20Full.pdf

Sen. Gerratana added comments on the Report and suggested members provide feedback. Deb Polun and Mary Alice suggested that a list of membership be included in the report.

IV. Subcommittee Report (See Attachment)

https://www.cga.ct.gov/med/council/2015/1211/20151211ATTACH_November%20-%20December%20Subcommittee%20Repot.pdf

Alex Geertsma reiterated his request given at the last meeting of a defined structure of the subcommittees. He shared his disappointment in the Quality Improvement Committee no longer meeting and his belief that now was the time for it to begin meeting again. Dr. Zavoski provided background information on CT CHIP that was started but did not continue due to a lack of resources. He agreed that Quality Improvement should be restarted.

Sheila Amdur reviewed what the Complex Care Committee would be doing in January.

Rep. Johnson talked about what took place at the previous Women's Health Committee meeting.

V. Kate McEvoy provided a brief overview of what DSS intends to present to the Council in January.

Dr. Geertsma talked about how there is a need to publicize the reform that has happened in this state, which is contrary to what is happening in much of the rest of the U.S. Sen. Gerratana talked about a conference in New Jersey she attended and the positive response she got from attendees.

Kate McEvoy announced that an updated ConneCT dashboard was online.

Rep. Johnson announced the next meeting date.

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

The meeting was adjourned at 11:32 AM.

The next meeting will be held on Friday, January 8, 2016 at 9:30 AM in Room 1E

Richard Eighme
Council Clerk