

State of Connecticut
GENERAL ASSEMBLY



Medical Assistance Program Oversight Council

Legislative Office Building, Room 3000, Hartford, CT 06106
* (860) 240-0321 * Info Line (860) 240-8329 * FAX (860) 240-5306 *

www.cga.ct.gov/med/

Chairs: Sen. Terry Gerratana and Rep. Catherine Abercrombie

MEETING MINUTES

Friday, January 8, 2016

9:30 AM in Room 1E of the LOB

Attendance is on Record with the Council.

I. The meeting was called to order at 9:37 AM by the chair, Rep. Abercrombie. She welcomed everyone to the first meeting of the New Year.

Introductions are made by those in attendance.

IIA. Kate McEvoy of DSS gave a brief context overview of Connecticut's Medicaid Model and what the presentation on Medicaid Financial Trends would show. Mike Gilbert of DSS began the presentation (See Attachment).

https://www.cga.ct.gov/med/council/2016/0108/20160108ATTACH_Medicaid%20Trends%20Presentation.pdf

The Presentation provided an update to the October 2014 review, a summary of monthly DSS reports to MAPOC, a review of major Medicaid enrollment, expenditure and per member per month trends, a review of aggregate, state and federal Medicaid spending in CT and a comparison of national benchmarks.

Sharon Langer requested that it should be noted that Husky A includes children and that its important to show the difference of expenditures.

Mark Maselli asked how the money is shifted under the Affordable Care Act based on time of eligibility.

Sharon asked that information on Husky B reimbursement and CHIP funding for children also be included in the presentation. Sheila Amdur talked about misunderstanding in the legislature on costs and the need to depict what the state's share is in Medicaid spending. Kate talked about the gaps in appropriations and cost shifts from the federal government to the state.

Ellen Andrews talked about nationally PMPM compared to CT and the good news for our state.

Stephen Frayne asked that expenditures also be displayed by provider taxes along with the State and federal share.

Ellen commented on the good information provided during the presentation and the money being saved. She discussed the data and results and the success of the model. Kate discussed Connecticut's success in rebalancing.

Matthew Barrett shared his belief that the chart on p. 17 depicts positive financial implications for the state.

Mike added clarification on the reimbursement from the federal government which will decrease by about half a percent in the State Fiscal Year 2017.

Deb Migneault added comments on MFP and improvements in data on quality of life. Rep. Abercrombie thanked Deb and discussed the focus on the budget. Sheila Amdur added comments on Husky C and the high cost high need of this population which leads to disparities in spending.

Deb Polun asked if there were similar questions asked to other recipients of Medicaid on quality of life and expressed the need to prioritize on quality. Rep. Abercrombie discussed wanting to serve as many people as possible and prioritize based on budget restraints. Kate went over the mission of DSS and wanting to circulate a document that discusses economic wellbeing and health care coverage with preventative services. Rep. Abercrombie shared her appreciation for the work at DSS and wanting to support the Department financially while acknowledging budget restrictions. Dr. Zavoski discussed the term investment which is vital to the Medicaid program and its future.

Sharon Langer discussed the role back in eligibility in Husky A and needing to survey those losing coverage before and after the cuts to get a better understanding of what happens indirectly when people lose services. Ellen stated that the last time people were cut from services they weren't able to do surveys but discussed some of the outcomes that happened based on families that were followed. She discussed Medicaid not being a problem in the state budget and a false understanding of the cost vs. outcomes.

Rep. Abercrombie thanked Mike for the report and asked that future meetings show numbers broken down by population.

IIB. Kate McEvoy introduced Melissa Garvin who is the director of tactical planning and field operations at DSS. She went through the presentation which provided a year in review of field operations, online accomplishments and the January Dashboard (See Attachment).
https://www.cga.ct.gov/med/council/2016/0108/20160108ATTACH_ConneCT%20quarterly%20update%20-%20Copy.pdf

Rep. Abercrombie asked if the process for when calls come in was changed. Melissa referenced a chart that was handed out in showing the process and how the calls were done.

Deb Polun asked what programs could be accessed through the online portal.

Sen. Gerratana received clarification on the user ID and the client ID needing to be linked.

Kristen Hatcher asked about the reporting during predictable times and the time frame for items that needed to be followed up on. Melissa clarified that considerable processing that is not necessary during high volume times can wait and are resolved same day. Generally high times are during the beginning and end of the months.

Molly Rees-Gavin asked for clarification on slide 3 and what the percentages referred to. Melissa referenced that the numbers are separated base on the standard of promptness.

Ellen asked what the threshold was on calls abandoned. The threshold is 20 seconds.

Stephen Frayne complimented on the benefit center wait times and asked if there was a goal. Melissa talked about process improvement and the skews in wait times. DSS is working on finding an acceptable range.

Christine Bianchi asked for a clearer understanding on renewals that cannot happen online. Melissa talked about the scanning center metrics and staff that are specifically assigned to renewals.

Deb Polun asked if the next time there was a presentation someone from Access Health could be invited and able to answer questions.

Rep. Johnson asked how the data is being made available on a regular basis and why someone might be left with a long ringtone. Melissa talked about the different systems but not understanding a long ringtone. She added that the dashboard is posted online each month.

Mark Masselli asked what the average amount of time people are on the phone after a call is answered. Melissa stated that each case depends but on average about 14 to 16 minutes. The figures are fairly consistent and shifts happen based on predicted processing times. Mark asked for that trend to be shared.

Kate added comments and provided details on the availability of information available.

Sharon Langer asked about the first report for the category of services that are provided and if it includes behavioral health services. The report is inclusive of all expenditures. Sharon asked if there was a reason transportation was left out. Mike stated that the report is a snapshot of a much larger and more specific report. Sharon asked that maybe a note be added stating that. Ellen added that you have to ask for the Comprehensive Financial report from DSS and asked if that could be added to the site along with the active assistance reports and quarterly numbers on enrollment by category. Kate said that she would talk to the commissioner and report back.

Kristen followed up with Mark's comments and asked about process improvements vs. efficiencies and the possibility of being able to see that data. Melissa stated that staff is not shifted and added comments on leaning the process and being more proactive.

Sheila Amdur talked about the standard with Logisticare and the standards that they had to meet and the possibility of setting a benchmark for benefit centers. Melissa talked about the difference of the two services. Rep. Abercrombie added that she feels that trying to set specific wait times will cause shifting that may take away from other services.

Rep. Abercrombie asked that it might help to have a breakdown of staffing in the three service areas.

III. Subcommittee Report (See Attachment)

https://www.cga.ct.gov/med/council/2016/0108/20160108ATTACH_December%20-January%20Subcommittee%20Report.pdf

Rep. Abercrombie talked about the discussion on reporting from the subcommittees. Christine invited people to feel free to suggest topics for the consumer access or other subcommittees. Rep. Abercrombie added that she would be looking at the subcommittees and what is happening in them.

Rep. Johnson provided an update on the complex care committee and the development of an informational forum. She talked about cost shifts that the committee will look at. Matt Katz talked about the notes that were shared from the complex care committee and the savings CBIA has publicized. He asked Kate if this savings existed. Kate talked about misconceptions on the rebalancing initiative of DSS and the document that has been distributed on long-term services and supports rebalancing by the Department.

Rep. Abercrombie thanked the chairs of Complex Care for bringing the information forward and deciding to move ahead with the forum. Deb Migneault stated that the Commission on Aging did meet with CBIA and tried to provide them with the most up-to-date and relevant information. Rep. Abercrombie thinks it will be important to invite CBIA to the forum. Sheila talked about the climate today and the forum needing to be framed in a way that was short and to the point. Kate stated that DSS wants to invite people to share where they think large amounts of savings may be found and talked about current discussions on e-consults and the possible benefits.

Rep. Abercrombie complimented DSS on being open and at the table. Sharon added her hope that the BHPOC be included in talks.

IV. Final Report (See Attachment)

https://www.cga.ct.gov/med/council/2016/0108/20160108ATTACH_Final%20Draft-%202015%20Council%20Biannual%20Report%20-%20Full.pdf

Rep. Abercrombie went over the final report and the one change that was made. She thanked the clerk for his work on the report. She asked for a voice consensus of approval of the report. The report was accepted unanimously.

Rep. Abercrombie announced the date of the next meeting and asked the Council to pay close attention to where the meetings would take place due to session restraints. She went over what would be on the agenda for next month.

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

The meeting was adjourned at 12:03 AM.

The next meeting will be held on Friday, February 19, 2016 at 9:30 AM

Richard Eighme
Council Clerk