

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, February 19, 2016

9:30 AM in Room 1B of the LOB

*Attendance is on Record with the Council.*

**I.** The meeting was called to order at 9:33AM by the chair Sen. Gerratana. She thanked everyone for their attendance and discussed the legislative process. Sen. Gerratana apologized for the limited capacity of the room, which was the only one available for the meeting.

Introductions were made by those in attendance.

**II.** Marc Shok began the DSS and AHCT presentation with Rob Blundo (See Attachment). Marc explained Public Act 15-5 and the reporting requirements he would be sharing.

[https://www.cga.ct.gov/med/council/2016/0219/20160219ATTACH\\_HUSKY%20A%20Transitions%20.pdf](https://www.cga.ct.gov/med/council/2016/0219/20160219ATTACH_HUSKY%20A%20Transitions%20.pdf)

Rob Blundo went through the rest of the data in the presentation.

Kristen Hatcher asked if the number of children who were unenrolled based on their parents un-enrollment was known. Marc Shok explained that in theory the parent's enrollment would not affect their children's and that the metric would be difficult to obtain. Sen. Gerratana asked for clarification on why the metric would be difficult to obtain. Marc discussed working over two systems and how cases are sorted in the Husky A program. He added clarification on the unique identifiers used for different populations within the Medicaid program.

Ellen Andrews talked about 12 families who were followed for a year the last time coverage was lost and the 3 circumstances where children lost coverage. She went through the percentages which showed about half of the first cohort of persons no longer having health coverage. Marc stated that it was a significant amount that needed improvement but there could be circumstances that persons have coverage outside of Medicaid or Quality Health Plans, DSS and AHCT would not be able to track.

Katherine Yacavone asked for clarification on p. 6 and what the process would be when the TMA ends. Marc talked about the coverage that would be lost and the outreach that will be done. The coverage of children remains the same.

Mary Alice Lee asked if the plans could be discussed more. Marc talked about what was done last summer for the 1,215 and the person to person outreach used. He stated that they plan to do the same for the 17,000+ that lose their TMA coverage effective August 1, 2016. Recipients need to make sure their information is up-to-date. Many techniques will be used including person to person interactions, robo-calls and postcards. DSS and AHCT have had many meetings on strategizing and finding the best way to reach out to these people and encouraging them to enroll in QHPs. Rob Blundo added that it's important to keep the individuals well educated. He stated that retention is important in making it easy for individuals to maintain health coverage. Premium payments must be made and eligibility information must be completed to retain insurance. There is outreach going to targeted people with outstanding information and AHCT is working with community partners.

Rev. Bonita Grubbs shared her interest in the use of community partners and requested more information on the outreach.

Stan Soby asked why children's coverage could not be identified and why the outreach effort couldn't include helping parents assist their children. Marc said they could factor in outreach on children but identifying the children would be difficult based on the system and a possible lack of resources based on IT. Stan added that a sampling might be useful to see if there is a significant number.

Cynthia DeFavero asked if DSS would be switching in August to its new ImpaCT system. The Commissioner recently announced that ImpaCT would be delayed and will begin the pilot role out in the Fall. Cynthia asked for clarification on community organizations involvement. Marc talked about the communication used. Cynthia discussed current access to the EMS system. Marc explained that access to EMS is being watched very closely and will influence the transition to ImpaCT. Cynthia explained that in order to help a consumer, having access to EMS is necessary for organizations, especially with the 17,000 plus losing coverage. She made the point that it would help to have as much information as possible.

Alex Geertsma talked about the relationship between parent coverage and their children's coverage and how the systems doesn't have the relationship to connect the coverage between families. With private insurance you could track the families because of how dependents are set up. He expressed his hope that SIM addresses this and the problems clinicians have when trying to contact parents without having proper information.

Katherine explained how through attribution, if parents are going through community health centers they would be able to make connections. They need help to reach out to these families.

Rep. Abercrombie asked that there be a plan in place. She explained the extensiveness of this population and the outreach needed. She added that Sen. Gerrata and she were also very concerned about the kids. Rep. Abercrombie asked that when DSS and AHCT come back next month they have a plan to share. She stated not wanting to be looking back thinking we did the best we could when more could have been done. Sen. Gerrata reflected the concerns of the Council and legislation. Mary Alice added that she would like to see how they would staff up to deal with the additional people and the messages that need to go out. She questions what happens if people don't get coverage in time but want coverage outside of enrollment.

Sen. Gerratana requested more information on how someone enrolls outside of the enrollment period.

Kristen Hatcher stated that notices will be a critical component when the TMA expires and explained how notices can have conflicting and confusing messages.

Rep. Johnson added that she wants to see more information on the process of enrollment and the process of becoming eligible for Medicare or other services. Marc Shok talked about the transition and the automated process that would be used in the future. Marc explained certain persons would have the option to enroll in QHCs with a subsidy.

Cynthia asked Rob Blundo on the training/ education for brokers and mistakes that she knows have happened because people go to enroll when they already have coverage on Medicare. Rob added that with a subsidy there are checks that are performed with the federal data check services. If brokers are selling insurance to those who already coverage, Rob asked to get the names of individuals so they can do research. Sen. Gerratana asked why a Medicare recipient wouldn't be automatically stopped. Rob talked about working credits and lacking subsidies. There are a small number of individuals who have QHP and who don't get the coverage of Medicare. Dr. Geertsma discussed the industry of private insurers who receive commission and the concerns of receiving advice that is steered towards consumers in a way for them to make money. The brokers in Connecticut are required to register through Access Health CT and file forms that agree to a code of ethics.

Rep. Johnson asked about the interim period of 24 months when someone is disabled but not eligible for Medicare and if the insurance commissioner was aware of some of these issues. She provided an example of a constituent who purchased additional coverage. Mark talked about disabled individuals being able to receive HUSKY D if they are not receiving Medicare. Additionally if they have children they could receive Husky A.

Jesse White-Frese asked if coverage goes both ways for DSS and AHCT. Marc added clarification on the rules of eligibility between the two systems and needing to have a case through EMS. It is currently not automated but will be under Impact. The EMS system's case supports automation but the Access Health system holds the case. If a consumer loses eligibility it goes through AHCT and DSS. ImpaCT will help with the eligibility.

Sen. Gerratana thanked DSS and Access Health for their presentation and discussed what needed to be looked into.

**III.** Mary Alice Lee began her presentation and provided context of the project. (See attachment) [https://www.cga.ct.gov/med/council/2016/0219/20160219ATTACH\\_Dental%20Care%20for%20Young%20Children%20.pdf](https://www.cga.ct.gov/med/council/2016/0219/20160219ATTACH_Dental%20Care%20for%20Young%20Children%20.pdf)

Dr. Geertsma gave comments on the rates of providers participating, his experience in the sites he has worked and the numbers that are attributed. He finds it to be a burden to add more and more to the daily routine of providers and there needs to be other solutions.

Ellen provided her understanding of the burden on providers but wanted to know the saving of money that is taking place and how it could be replicated.

Dennis Cleary asked about the training of practitioners. He questioned if more people are being trained and coming in based on the results. Mary Alice talked about the outreach. Kate said the information would be provided next month.

Jesse White-Frese commented on the remarkable gains that have been made in dental services. She talked about her experiences with not getting reimbursed in a school based health center. Kathy Yacavone added comments on her experience.

Dr. Zavoski stated that the program is a work in progress and the trajectory is consistently up. One of the benefits of the SIM project is to look at what commercial payers are and are not doing. Many private practitioners don't think that Medicaid would pay for these services.

Stan Soby noted the significant data that was presented and asked about participation for urban centers out to the more rural communities.

Alex clarified his comments and added that he thought it was important to look at what goes on in the practices. He questioned the disincentive of not being paid being removed, and what are the other disincentives and solutions would be.

Deb Poerio thanked DHP and DSS for the wonderful program and the opportunity in School based health centers. She believes there is the opportunity to do more of this if resources and training is expanded.

Dennis asked why the cap was set at 48 months. Dr. Zavoski stated what the goal of the program was. Kate apologized for Marty's absence and added he would give a clear answer next month.

Alex stated that the reason to do this in this age group is to capture and prevent.

Rep. Abercrombie thanked Mary Alice for her report and the benefits such gives to law makers when making policy.

#### **IV.** Subcommittee Report (See Attachment)

[https://www.cga.ct.gov/med/council/2016/0219/20160219ATTACH\\_January%20-%20February%20Subcommittee%20Report.pdf](https://www.cga.ct.gov/med/council/2016/0219/20160219ATTACH_January%20-%20February%20Subcommittee%20Report.pdf)

Rep. Abercrombie provided information on the MAPOC executive committees work on subcommittees and their structure. Rep. Johnson's thanked everyone for their hard work.

Ellen Andrews talked about the work that is being done on MQISSP in the Care Management Subcommittee. She explained a new issue that came up regarding CCIP. The program was originally thought to be a compliment to MQISSP but currently it will be included in the RFP and CMC members have expressed serious concerns about the costs. Ellen explained that she and others are still trying to understand and work through the project and the different interpretations. Kate provided context on the development of MQISSP and the work that the committee and DSS have been doing. She discussed the structure and idea of building on PCMH. The PTF has been working on two projects; one is CCIP which contains two components. Kate explained the role of AMHs in the project and the idea of establishing a set of standards for advanced networks. The Department agreed to integrate CCIP into the RFP for MQISSP. She explained that it is very important that Care Management participate in the development of MQISSP and discussed some of the concerns that were expressed on CCIP during the work

group. One concern was that CCIP standards don't acknowledge the current work in Medicaid and PCMH. There needs to be more discussion, but there is a schedule for the model design. Suzanne Langerde commented that one of the associations received a grant from CMS specifically for practice transformation and that efforts are underway.

Alex expressed that he would like everyone to understand the measurement standards for pediatrics was a compromise. He added that there are some things that won't necessarily give cost savings and quality improvement is never done.

Ellen acknowledged the work that Care Management Committee, Mercer and DSS have done on MQISSP. She expressed the need be very careful moving forward to make sure there are no unintended outcomes. Additional resources are needed.

Rep. Abercrombie shared her agreeance with the comments of Kate and Ellen and the time and effort that has gone into MQISSP over the past few months. She thanked the members of Care Management and DSS who despite a lack of resources and time have really stepped up. Rep. Abercrombie added that social services are too important and the need to make sure the Medicaid population is protected.

Kate thanked the chairs, and members for all the time spent in meetings. She thanked the clerk for handling the material and meetings. Kate talked about the need for transparency and the documents all being posted online. She asked the clerk to circulate the developed infographic which shows how all of the Medicaid programs link together.

Suzanne asked about the cost savings subcommittee. The clerk provided details on the status and future plans for the subcommittee. Rep. Abercrombie provided further details and expressed her opinion on the subcommittee.

Kate announced the Medicaid informational forum that would take place on Monday.

Beth Cheney gave information on a group that got together on ICM and didn't have experience. She reached out to them and got very good feedback. Beth would like to have ICM come and share information and the great things that can come of it.

**V.** Rep. Abercrombie announced the date of the next meeting and asked the Council to pay close attention to where the meetings would take place. 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 11:40 AM.

**The next meeting will be held on Friday, March 11, 2016 at 9:30 AM**

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Richard Eighme  
Council Clerk