

Advisory Board for Transparency on Medicaid Cost and Quality

Executive Order No. 6

Minutes

Tuesday, January 12, 2021

11:00 a.m., via Zoom

Committee Members in Attendance: Vicki Veltri, Kate McEvoy, Mike Gilbert, Dr. Bonnie Hopkins, Ann Spenard, Grace Damio, Commissioner Gifford, Karen Siegel, Benjamin Oldfield, Luming Li, Susannah Bernheim, Kelly Phenix, James Cardon, Vannessa Dorantes, Mag Morelli, Sandi Carbonari, Jordan Scheff, Melissa McCaw, Miriam Delphin-Rittmon

Others in Attendance: David Seifel, Dr. Bradley Richards, Joel Norwood, Fatmata Williams, Geralynn McGee, Olga Armah, Judy Dowd, Herman Kranc, Jodie Brinley, Dawn Lambert, Kelly Sinko, Krista Moore, Nick Venditto, Sheldon Toubman, Michael Kryzanski, Hilary Felton-Reid, Nina Holmes, Rod Winstead, Bill Halsey, Michael Williams, Mark Schaefer, Hanna Nagy, Deepti Kanneganti, Alvin Wilson

Presenters: Kate McEvoy (DSS); Mike Gilbert (DSS)

Absent: None

I. Convene meeting and welcome

- a. The meeting was convened at 11:04am. Commissioner Gifford provided opening remarks*

II. Introduction of Members

- a. At the request of Commissioner Gifford, members introduced themselves and provided brief remarks.*

III. Presentation from DSS: Kate McEvoy and Mike Gilbert from DSS presented an Overview of HUSKY Health Quality and Cost Indicators.

The presentation began with an overview of the HUSKY Health program from DSS Director of Health Services Kate McEvoy, discussing individuals served, the structure of the Connecticut Medicaid approach, and other complementary

initiatives the state is implementing. Director McEvoy reviewed the different coverage groups within HUSKY and provided a brief outline of the members captured by each group and data on costs and membership. Director McEvoy then discussed the overall aim of HUSKY Health, the approach DSS and the State of Connecticut take to achieve that aim, and recent accomplishments. Specifically identified were the preventative services and PCMH program, the pay for performance model, and ASO-based care management which have assisted in building community-based care coordination and supports for social determinants. It was noted that these efforts have created multi-disciplinary health neighborhoods. Director McEvoy then briefly reviewed the success that Connecticut has had with health outcomes and costs and the manner in which HUSKY Health analyzes its own performance in an effort to track trends.

The presentation then shifted to the Access portion of the discussion, touching on the fee for service approach and the manner in which that approach is beneficial to Medicaid members and their ability to access services. Specifically, data was provided on the number of medical providers in the state, the number of specialists, the change from calendar year 2019, and similar information regarding behavioral health providers, dental providers, and pharmacies. Adult Quality Measures was discussed next, reviewing CMS performance measures with accompanying data in the slide deck detailing Connecticut's performance on the MAC Scorecard as compared to the CMS Median Rate and touched briefly during the presentation.

Director McEvoy made note of the Department's long term services and supports initiative, the manner in which DSS tracks and analyzes data related to rebalancing, and offered benchmarks in the slide deck.

Lastly, Director McEvoy commented that DSS is aware of and acknowledges the problems that remain for people of color serviced by HUSKY Health. Specifically, birth outcomes and mortality rates related to chronic conditions are of particular concern. Data was shown detailing these disparities. Director McEvoy concluded with a brief remark on CAHPS. The slide deck contained further information and data on this subject.

DSS Deputy Commissioner Gilbert began his portion of the presentation with a discussion on Per Capita expenditures and other measures looking at sustainability across the Medicaid program. In per capita expenses, specifically, Connecticut compared favorably to neighboring states in New England, New York and New Jersey. Data was presented showing the positive results Connecticut sees in per capita spending. DC Gilbert then discussed other fiscal indicators showing favorable trends in Connecticut. Data and information was provided showing a review and summary of areas of focus for revenue maximization, federal reimbursement, and other costs in program areas. DC Gilbert suggested circulating the recent MAPOC presentation to the group for further information.

IV. Discussion and Next Steps

a. Questions and Discussion for DSS:

Dr. Bernheim noted that it is new that CMS is giving cross-state info, but it is limited – she asked if DSS has other metrics that are closely followed and if there is any ability for those to look across states, or are we limited to what CMS reports? Director McEvoy stated that Commissioner Gifford led the scorecard work and noted that there is a planned increase in the number and type of data available, but that it will be a process that continues over time. DSS as a program and the Medical ASO does provide measures, but there is a limit to our cross-state data available.

Karen Siegel similarly asked if the state has measures by race and ethnicity. Director McEvoy indicated that the Medical ASO does measure by race and ethnicity and she will take that request back and ask for further information.

Commissioner Dorantes provided comment on the intersect and development of the prevention plan and the impact of social determinants and community-based type of response.

b. Other Questions and/or Discussion:

None

V. Announcement of time and date of next meeting

- a. Next meeting: TBA*
- b. The next meeting will begin with further discussions on cost trends.*
- c. DSS would like to then have open discussion to get a sense from the group on areas of emphasis, and the mechanism for conveying the group information to the public.*

VI. Adjournment

- a. The meeting was adjourned at 12:35pm*