

March 8, 2016

Honorable Nancy Wyman  
Lieutenant Governor  
State Capitol  
Hartford, CT 06106

**Re: Concerns with CCIP Plan for Medicaid Provider Networks Developed by  
SIM Project Management Office**

Dear Lt. Governor Wyman:

We are writing to share our deep concerns with proposals from the State Innovation Model (SIM) for the Medicaid Quality Improvement and Shared Savings (MQISSP) plan. Specifically, we are concerned about its attempt to mandatorily impose SIM's Community and Clinical Integration Plan (CCIP) standards on provider networks as a condition of their participating in MQISSP.

First, as independent consumer advocates, we want to recognize that our Medicaid program is a national model of success. Since we moved to a care-coordination model without financial risk four years ago, access to care is up, many more providers are participating, the quality of care has improved to rival private coverage in many areas, and both per person costs **and** total costs to the state budget have dropped. It is critical that CCIP does nothing to undermine that success.

CCIP's goals are critically important; many of us have devoted our careers to advancing them. However, the CCIP proposal was developed by SIM with minimal involvement by the Care Management Committee of the Medical Assistance Program Oversight Council which advises DSS or by Medicaid advocates on and off that committee. Advocates have raised extensive concerns with CCIP, in writing and in meetings.

CCIP imposes substantial costs on Medicaid networks without any source of funding, and substantial burdens on busy providers. The plan may duplicate ongoing efforts already working in communities and under the Medicaid program's successful innovations. We are concerned that, though the plan says duplication with existing care plans will be avoided, consumers could get conflicting advice on how to manage their conditions, and even conflicting treatments, from different sources, with CCIP-defined network-level care plans undermining person-centered care plans developed by PCMHs and DSS/CHNCT's Intensive Care Management program. And, unlike successful states with optional, but widely accepted, assistance which networks are free to embrace or not, depending on their needs, SIM is proposing that CCIP standards be **required** of all Medicaid networks from the inception of MQISSP.

Finally, we note that, although the SIM PMO contends that CCIP is an all-payer requirement in the interest of furthering “alignment,” it is actually required **only** of Medicaid-participating providers, such that **no other payers in the state** are under any obligation to require **any** part of it be adopted by their contracted providers which do not participate in Medicaid. This is troubling, as Medicaid enrollees are clearly the most vulnerable group of patients in the state, the ones who will be most threatened by inconsistent and burdensome requirements being imposed on their providers by CCIP’s mandatory standards. But it also raises serious questions about why the SIM PMO was given primary responsibility for developing a plan for the MQISSP which would only be mandatorily imposed on providers for **Medicaid** enrollees, when, per federal law and the DSS-PMO written protocol, Medicaid is necessarily the primary responsibility of DSS.

In light of these concerns, we are writing to urge delay before CCIP standards are written into the RFP as a requirement for all MQISSP provider networks, allowing more study and time to engage other payers. It is critical that CCIP at least have the benefit of a full review by the Care Management Committee. That committee of Medicaid stakeholders has worked closely with DSS over many years to build the person-centered medical home and intensive care management initiatives and is now working collaboratively to design the MQISSP plan. If the MQISSP RFP is not to be delayed, then either the roll-out of CCIP within it should be delayed or, at the very least, the CCIP standards should be made entirely optional, as they are under the successful Vermont Blueprint for Health.

Thank you for your attention to our concerns.

Respectfully,

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NAMI-CT  
SIM Quality Council

Ellen Andrews  
CT Health Policy Project  
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SIM Practice Transformation Task Force

Eileen Healy  
Independence Northwest

Kristie Barber, Co-Chair  
Keep the Promise Coalition

cc: Members, Care Management Committee  
Commissioner Roderick Bremby  
Kate McEvoy, Medicaid Director  
Robert Zavoski, Medical Director  
Senator Terry Gerratana  
Rep. Catherine Abercrombie  
Rep. Susan Johnson  
Mark Schaefer, SIM PMO director  
Vicki Veltri, Office of the Healthcare Advocate