July 27, 2016

Re: Support for DSS's Decision to Evaluate Outcomes from MQISSP Implementation before Making Further Enrollments of Medicaid Recipients into Shared Savings

Dear Lt. Governor Wyman:

We are writing in response to reports of criticism, at the June 9, 2016 meeting of Connecticut's State Innovation Model (SIM) Healthcare Innovation Steering Committee meeting, of the plans of the Department of Social Services to "evaluate outcomes" for the Medicaid "MQISSP" shared savings program in 2017, after the first wave of up to 215,000 members are enrolled, and to then "consider [an] additional wave of participation." This initial evaluation and consideration is essential to meeting the goals of MQISSP "to improve health and satisfaction outcomes for Medicaid beneficiaries"[1] and avoid harm to members, the providers who serve them, and state taxpayers. It is also **required** under the federal Medicaid statute, which requires all state Medicaid agencies to act in the "best interests" of Medicaid beneficiaries, 42 U.S.C. §§ 1396a(a)(5) and (19). That requirement of federal law cannot be met if the agency rushes another 200,000 enrollees into this experiment without first assessing the results of placing the initial 200,000+ there, and using what it learns to protect all of them.

As independent consumer advocates, many of whom represent individual Medicaid enrollees on a daily basis, we have repeatedly raised concerns about SIM's push to rush our state's successful Medicaid program back into a financial risk model, such as shared savings. As we have repeatedly emphasized, shared savings is new and untested, especially for Medicaid members, who are at special risk for poor health outcomes and are far less likely to be able to advocate for themselves under this new financial model. It is for this reason that twenty-two advocates wrote a letter in September 2014 stating that: "No degree or type of oversight can substitute for first testing and assessing the results of shared savings… Connecticut should carefully plan for the gradual folding in of Medicaid recipients after seeing the results of initial testing of shared savings." Nothing has changed to warrant abandoning this caution.

DSS's commitment to "evaluate outcomes" after the first wave is prudent and consistent with commitments from both administrative and legislative leaders to protect Medicaid members.

Connecticut's last experiment with financial risk in Medicaid did not go well. Since shifting from capitated managed care organizations to a care coordination-based model, the quality of care in the program has improved significantly, far more providers are participating, and access to care is up. Most significantly given the

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[1] A Brief Primer on the Medicaid Quality Improvement and Shared Savings Program, DSS website, accessed 6/15/16

goals of the SIM initiative, costs are well under control.[2] No one wants to jeopardize these hard-won accomplishments, and thus DSS's MQISSP planning with the Care Management Committee of the Medical Assistance Program Oversight Council[3] has made protecting that progress its first priority.

While independent advocates have worked faithfully with DSS in developing the MQISSP plan, nothing in this new and ambitious experiment is guaranteed to succeed. We have pointed out in prior letters many of our concerns for potential poor outcomes, including inappropriate underservice, erosion of quality and, despite the model's label, risks of **increased** costs for the state[4]. In fact, more mature Medicare shared savings programs have encountered significant challenges and disappointing results.

Concerns reportedly raised in the June 9th meeting that sufficient data will not be available for timely evaluation of the program are uninformed. The program's evaluation is built on our state's consolidated and robust Medicaid claims data system, made possible by the unitary payment model, and almost all of the MQISSP quality measures are based on this robust system. We should know very quickly if the program is working, and, if not, we will have detailed information on where problems exist that can guide solutions. Unlike in the past, the Medicaid program has both the ability and the commitment to measure success in this program. If there are concerns about underservice, eroding quality, reduced access to care, or increased costs to taxpayers, we assume all stakeholders, including the members of the SIM Healthcare Innovation Steering Committee, would not wish to continue on that path, making matters worse.

In addition, by 2017, the state's ability to sustain the administrative costs of operating this program, the priorities of newly elected policymakers, and evidence from other states' Medicaid shared savings programs may warrant revisions or suspension of our program. It would be irresponsible for the state to blindly commit now to ultimately moving half a million more members into an untested program without carefully evaluating progress to date.

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[2] See "Connecticut Moves Away from Private Insurers to Administer Medicaid Program," *Wall Street Journal*, March 18 2016; "Innovations and Insights in Medicaid Managed Care," Center for Health Law and Policy Innovation, Harvard Law School, March 2016.

[3] Protocol for Work in Support of the State Innovation Model Medicaid Quality Improvement and Shared Savings Program, February 24, 2015

[4] Shared Savings Could Increase CT Medicaid Spending by Over $90 Million, CT Health Policy Project, September 2015

DSS is charged by federal law with making all decisions affecting Medicaid enrollees and with doing so in their best interests -- this includes any decisions about enrolling them into shared savings initiatives. As independent advocates for Connecticut's Medicaid members, we fully support DSS in taking a prudent level of caution to "evaluate outcomes and consider additional waiver participation," after the 2017 roll-out is fully implemented, and we urge all members of SIM's Healthcare Innovation Steering Committee to join us in that support.

Respectfully,

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cc: DSS Commissioner Roderick Bremby
Kate McEvoy, J.D.

Members, SIM Healthcare Innovation Steering Committee