

From: Victoria Veltri Victoria.Veltri@ct.gov  
Subject: FW: SIM Draft Proposal  
Date: December 3, 2013, 7:38 AM  
To: Dawn Johnson [REDACTED]  
Cc: Mark C. Schaefer Mark.Schaefer@ct.gov

Victoria Veltri JD, LLM  
State Healthcare Advocate  
State of Connecticut Office of the Healthcare Advocate  
P.O. Box 1543  
Hartford, CT 06144  
(860) 331-2441 - direct (PLEASE NOTE my new phone number)  
(860) 331-2499 - facsimile  
[victria.veltri@ct.gov](mailto:victria.veltri@ct.gov)<<mailto:victria.veltri@ct.gov>>

[www.ct.gov/oha](http://www.ct.gov/oha)<<http://www.ct.gov/oha>>

---

From: Jan VanTassel [REDACTED]  
Sent: Tuesday, November 12, 2013 12:02 PM  
To: Veltri, Victoria  
Cc: Karyl Lee Hall  
Subject: SIM Draft Proposal

I want to follow up separately on behalf of CLRP to articulate my specific concerns with Draft 1.1 of SIM. I realize that this is a "work in progress" and appreciate the opportunity to meet with Lt. Governor Wyman and you last week. While I believe our concerns were heard, I am not sure that some were given the attention that they need. This is particularly true of the language that has been incorporated to allow for downside risk sharing by Medicaid providers after "early phases" of the value based payment reforms under SIM.

Frankly, I find it inconceivable that a state that has such a poor track record of Medicaid rates and provider participation would even consider exacerbating this situation by including such a possibility in its plan, at a time when the number of persons eligible for Medicaid is expanding dramatically and more providers are desperately needed.

Furthermore, based on my experience working as a manager in the Medicaid program, it is quite reasonable to expect that many people who have not had access to consistent primary care will have unidentified and/or untreated conditions that could result in higher "short term" costs during the initial stages of SIM. The potential for discouraging participation or treatment is simply too great a risk for the state to take at this point in time.

My concerns about this provision are heightened by the vague language in the proposal, starting with the term "early phases" which offers no specificity about the time frame, and continuing with a broad reference to quality outcomes. As a practical the proposal offers no concrete parameters for implementing downside risk, and, despite the reference to quality outcomes and the provider network, leaves the door open for imposing risk if it were decided at some time in the future that it was the way to reduce Medicaid costs.

The Medicaid exclusion needs to unambiguous.

I am also troubled by the document's failure to respect the patient's right to informed consent. On page 75 it is stated that the consumer's values and preferences will play a "prominent role" in decision-making. Sorry, but the consumer has the right to informed consent. That must be specified and can be accomplished by stating that consumer's values and preferences will drive decision-making. This requires that they be fully informed, in plain language, about risks and benefits related to their treatment options, and that their right to informed consent is respected.