



November 29, 2013

CT Office of the Healthcare Advocate
Hartford, Connecticut
Attention: Victoria Veltri, Healthcare Advocate
sim@ct.gov

Re: Draft State Innovation Model Plan public comment

We are writing on behalf of the Center for Medicare Advocacy in response to the administration's State Innovation Model (SIM) draft Connecticut Healthcare Innovation Plan Draft 1.1 (the "Plan").

The Center for Medicare Advocacy, founded in 1986, is a national, non-partisan, education and advocacy organization with headquarters in Connecticut and Washington, D.C. The Center works to ensure older adults and people with disabilities have fair access to Medicare and quality health care through advocacy, education, policy work, and litigation.

There is much to be proud of in Connecticut's health system, particularly in recent years. Medicaid's shift from capitated managed care organizations (MCOs) to a non-risk administrative services organization-led system that focuses on care coordination has resulted in impressive quality and access improvements while controlling costs.

We support many of the findings and recommendations in the SIM draft Plan. Much of the Plan echoes earlier work by consumer advocates and others in previous Connecticut reform reports. However, the process to develop the SIM Plan and some of the recommendations concern us. In particular, we are concerned that the proposed payment model could cause serious harm to people by limiting access to necessary care.

The SIM Plan was developed over a short timeframe, particularly for a state like Connecticut that is just beginning to embrace multiple reform efforts. While we understand the tight timeframe was dictated by the federal grant process, this process, which the steering committee estimates will eventually affect up to 80% of Connecticut residents, should not be rushed.

In contrast to the SIM process, Connecticut's successful Medicaid Health Neighborhoods and Medical Assistance Program Oversight Council were inclusive processes that included critical stakeholders.

To ensure success and that no harm is done, it is critical that the final SIM Plan make an unequivocal commitment that:

- Providers found to have denied or restricted access to necessary care will be prohibited from receiving shared savings or other financial rewards.
 - Robust quality measures to identify under-treatment, which are the basis for denial of shared savings, including inappropriate denials or limitations on care or avoidance of expensive patients, must be developed in an inclusive process that includes meaningful representation of consumers by advocacy groups.
 - The system to measure and sanction under-treatment, and a fair process to resolve disputes, will be in place **before** any provider incentives are implemented
- All decisions will be reached in a transparent, public process with significant public input.
- Independent consumer advocates will be included in meaningful numbers on all SIM committees and sub-committees.
- As in the first SIM Plan draft, downside risk payment models will be excluded in the Medicaid program.

While Connecticut's health system needs reform, we are making progress. Our state is currently experiencing important shifts in policy and payment across sectors and payers with as yet undetermined outcomes. While the federal SIM grant offers resources to support reform, Connecticut should not rush the process, even if it means foregoing a federal grant.

We are still hopeful that advocates' input will be included in a more robust way and that reform in Connecticut will begin in an appropriate way to make responsible health reform in Connecticut a reality.

Respectfully,

/s/ Judith A Stein

Judith A. Stein
Executive Director

[REDACTED]

/s/ Margaret M. Murphy

Margaret M. Murphy
Associate Director

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