

Dear Members of the Health Care Cabinet:

GHLA wishes to advise Cabinet members that it agrees with all of the comments submitted to you on September 12th by our sister legal services organizations, NHLAA, CLS and CLRP, in both their bullet points and their longer comments (both are attached for convenience).

In particular, we fully support their position, which we understand was raised by Cabinet members at the September 13th meeting, that **downside risk should be taken completely off of the table for Medicaid**. Not only does such risk threaten harm to our vulnerable Medicaid clients, because of the significantly enhanced incentive to save money by denying appropriate care, but it would destroy the trust that the independent advocates have worked hard to try to rebuild with health care reform planners in Connecticut. They, as well as CMS, have been repeatedly promised by DSS and the SIM Project Management Office, orally and in writing, that under no circumstances would downside risk be applied to anyone in the Medicaid program throughout the duration of the SIM grant. Accordingly, downside risk must be taken off the table if there is any hope of getting buy-in from independent advocates on whatever else is recommended by the Cabinet, which Bailit has recognized to be a critical requirement for success in health reform efforts.

In addition, we wish to emphasize that CT Medicaid already **is** a great success in both cost and quality since CT moved sharply away from risk-based MCOs and embraced innovative PCMH and intensive care management through a non-risk ASO. What is working here should be expanded, and certainly we should do no harm. The successful Medicaid PCMH program, which has been nationally recognized, requires neither shared savings nor downside risk. It is and should be recognized to be a very important value-based program applying an alternative payment methodology. Especially given this success, we do not agree that there should be any mandate for a minimum percentage of Medicaid enrollees being covered by alternative payment methodologies.

Thank you for noting our collective concerns.

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