

August 5, 2016

The Honorable Nancy Wyman
Lieutenant Governor
State Capital
LTGovernorWyman@ct.gov

Dear Lieutenant Governor Wyman:

Several members of the Health Innovation Steering Committee (the HISC) and of the Consumer Advisory Board wish to address the issues raised in July 27th correspondence to you from a number of consumer advocates, regarding the Medicaid Quality Improvement and Shared Savings Program (“MQISSP”, now also known as Medicaid Plus).

The July 27th letter does not accurately capture the context and content of the HISC discussions regarding MQISSP at the HISC meeting of June 9, 2016. This may well be the result of the summary provided in minutes, acoustics in the room, and rushed exchanges at the end of a meeting. The purpose of this statement is to clarify the context and content to assure there is mutual understanding among all concerned.

First, some history. Dating back to when MQISSP was being considered for inclusion in the implementation grant proposal to CMS, the HISC has both recognized and endeavored to address concerns regarding the enrollment of Medicaid members in MQISSP.

It is a matter of public record that the HISC has consistently acknowledged the authority of the Department of Social Services (DSS) to administer Medicaid and pursue the best interests of Medicaid members. The approved SIM plan describes ongoing monitoring and evaluation efforts to facilitate rapid cycle evaluations of reform efforts and identify areas for mid-course corrections. The plan also includes extensive provisions for monitoring and addressing underservice. The purpose of this language was to assure that DSS had the capacity to oversee the impact of MQISSP in “real time” as it is being implemented and make immediate adjustments to protect disadvantaged consumers.

HISC members who are consumer advocates have been continually emphatic that DSS must continuously assess implementation during the first year, update the HISC and MAPOC on their findings, and make appropriate adjustments to protect consumers. The HISC was repeatedly assured by DSS that it had the capacity to conduct such monitoring, and updated on the strategies they intended to use to do so.

On October 15th of last year, for example, DSS reported specifically on underservice which has been the primary focus of concern for all consumer advocates. That presentation referenced DSS’ multipronged framework for monitoring

underservice. They planned to monitor claims data, and had measures for preventative care and clinical care for specific health conditions. They also planned to utilize consumer surveys and secret shoppers to gauge access to care as well as experience in seeking care. Other elements of MQISSP shared savings have been designed to protect beneficiary rights -- upside only, use of a savings cap, high claims cost truncation and concurrent risk adjustment claims methodology.

Given this context, the suggestion at the June 9th meeting that DSS might have to delay the second wave of MQISSP enrollment in order to conduct a separate evaluation came as a surprise.

Second, the content of the discussion at the June 9th HISC meeting neither challenged the authority of the agency nor the importance of protecting Medicaid members. HISC member comments questioned the need to delay enrollment when DSS has assured HISC that ongoing monitoring mechanisms would be in place, and the fact that DSS had never previously mentioned either the delay or the evaluation to HISC in any of its reports. In addition, HISC members specifically expressed discomfort with the broad and ambiguous language used by DSS in its presentation on MQISSP to describe the criteria it would use to consider enrolling Medicaid beneficiaries in the second wave of SIM.

Ensuring that nothing is done that results in harm to members of the Medicaid program has been an ongoing priority for the HISC, particularly the consumer advocates who serve as members. The overarching goal is to improve the quality of care and to re-align the payment system to facilitate that. The lack of clear communication at the June 9th presentation was then understandably troubling to many.

Sincerely,

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