



**Nancy Wyman**  
LIEUTENANT GOVERNOR  
STATE OF CONNECTICUT

October 5, 2015

Dear Signatories,

Thank you for your letter of September 28, 2015. We value the collaborative work of the over 100 individuals who are participating in the SIM process, including the members of the care management committee (CMC) of the Medical Assistance Program Oversight Council (MAPOC). That's why I was surprised by the tone of your letter. It's unfortunate that none of the signatories to the letter reached out to discuss your concerns, as my door has always been open to discuss the concerns of advocates.

As you know by now, over the last few weeks, we—DSS, the PMO and the administration—discussed the need for additional time for the CMC to review and comment on all aspects of the Medicaid Quality Improvement and Shared Savings Program (MQISSP). We have extended the timeframe for review and comment by the CMC. That said, I think it is important to respond to some of the inaccuracies contained in your letter.

First, there is no 'hyper-accelerated' schedule. The schedule itself was not set by the PMO. Nor is the PMO dictating DSS' process. The PMO and DSS are working together. The schedule for July 1, 2016 implementation of the MQISSP was agreed upon by all state involved parties – DSS, the administration and the PMO. DSS established the October 5<sup>th</sup> deadline—now extended—for the RFP components in order for it to meet the agreed upon schedule of July 1, 2016. As we always do, we continually evaluate our ability to meet our various SIM timelines with the best interests of all Connecticut residents in mind. This is especially true in the case of MQISSP, where we shifted our implementation timeline once already. And as was presented at the last CMC meeting, DSS, the PMO and my office had already been formulating a request for another extension of the MQISSP start date to January 1, 2017. I am sure you can appreciate that we are committed to achieving the vision of the SIM, so timelines are important to achieving our goals.

Second, your assumptions about the MQISSP concept paper are inconsistent with the process so far. DSS' Concept Paper was meant to be a starting point for discussion with CMS and will be revised as the care management committee and others continue to give input to DSS. You might remember that a concept paper was also used for the coverage of Autism Spectrum Disorder services. The MQISSP Concept Paper has not yet been shared with CMS despite its release on August 26th. That was by design to ensure adequate input from the CMC and SIM advisory bodies.

Third, your assertion that the RFP timeline was affected by inaction on the part of the PMO is incorrect. DSS engaged Mercer even prior to the release of grant funds. Because of DSS' commitment to the project, Mercer started its work right away.

Finally, if we did not believe that the MQISSP was in the best interests of Medicaid beneficiaries, we would not be undertaking it. The federal government, through CMMI and its many initiatives, is committed to higher quality, accessible and lower cost healthcare for all, including Medicaid and Medicare recipients. As you know, the SIM is a federal initiative of the Center for Medicare and Medicaid Innovation, which is part of CMS, the agency that governs Medicaid.

Like CMMI, Connecticut is committed to ensuring value for the money it spends on healthcare. Connecticut is part of the Health Care Payment Learning & Action Network "HCPLAN" - <https://publish.mitre.org/hcplan/home-2/about-us/> -- an initiative led by the CMS Alliance to Modernize Healthcare with a mission to "accelerate the health care system's transition to alternative payment models by combining the innovation, power, and reach of the private and public sectors." The HCPLAN's hope is to improve outcomes and lower costs for patients by pursuing a goal that at least 30% of U.S. health care payments are linked to quality and value through alternative payment models. In 2018, the HCPLAN is pursuing an objective that at least 50% of U.S. health care payments are linked to value based payment models. We have aligned ourselves with the HCPLAN's goals.

What we have set out to do in Connecticut is consistent with what other states are modeling in their Medicaid programs, and in some ways, it's even unique. Not only will it build on the innovations of our existing Medicaid PCMH initiative, but it will enable participation of new practices through our innovative Advanced Medical Home. Innovation is hard. Change is hard. But change we must to align with the shift to value and to make our Medicaid program even better.

We have fully honored our commitment to give the care management committee the opportunity for review and comment on all aspects of the MQISSP. We will continue to do so. I look forward to continued collaborative work on all SIM related activities. I hope that if you have additional concerns, you will reach out to my office to discuss them.

Sincerely,



Nancy Wyman  
Lieutenant Governor