

## **Comments on CCIP plan version 4**

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February 22, 2016

Independent advocates have been working diligently with DSS to design a Medicaid shared savings plan (MQISSP) that is built on, and furthers, Medicaid's successful Person-Centered Medical Home and Intensive Care Management initiatives that have significantly improved access to care and quality while containing costs. As directed by administration and legislative leaders, we are working through the Care Management Committee (CMC) of the Medical Assistance Program Oversight Council to provide our input.

In a separate process, the Practice Transformation Task Force (PTTF) of the administration's State Innovation Model (SIM) has developed a Community and Clinical Integration Program (CCIP) that they have proposed requiring of all provider networks applying to participate in MQISSP, but not any other networks. The CMC received a presentation on the plan in September 2015, and several members offered feedback on the draft plan at that time, urging, among other things, that all CCIP requirements be optional. Our comments were not incorporated into the plan. Earlier this month, CMC members were invited to attend a PTTF meeting for a discussion regarding the CCIP plan but most were not able to attend the evening meeting. Subsequently, we were informed that we would have no other opportunity for input into the plan, though it is to be required only of providers participating in Medicaid shared savings.

Independent advocates, members of both committees and non-members, have voiced serious concerns with the CCIP proposal, as well as the process that led to it. The following represent only my concerns.

### **What is CCIP?**

The Community and Clinical Integration Program (CCIP) is SIM's plan for community-based resources to support Medicaid advanced "networks in the development of new capabilities to effectively integrate

non-clinical community services with traditional clinical care into a set of comprehensive, person-centered primary care services that support patient goals.”<sup>1</sup> SIM is proposing that, in contrast to community support systems in other states which are voluntarily adapted as appropriate, participation in CCIP be a **requirement** for all Medicaid advanced networks. CCIP includes very detailed and rigid, one-size-fits-all standards for Medicaid networks regarding comprehensive care management, health equity improvement, and behavioral health integration. Optional standards include oral health integration, e-consults, and comprehensive medication management.

Independent advocates acknowledge these are important goals; many of us have devoted our careers to advancing them. However we are concerned that CCIP’s plan will not further those goals, and could potentially undermine current, hard-won progress and savings in our Medicaid program.

### What are the general concerns?

- The plan shifts substantial costs onto providers that could reverse Connecticut’s impressive current Medicaid cost savings trend.
- CCIP’s current plan places significant burdens on already overwhelmed Medicaid providers, many of whom are facing multiple financial strains. It is important to note that Medicaid payment rates tend to be lower than that of other payers.
- The CCIP plan is overly prescriptive, with pages of one-size-fits-all standards that undermine local flexibility and innovation, the greatest strengths of the accountable care model.
- CCIP duplicates many network functions and community service providers, including but not limited to care management, population risk identification, and community collaboration. At best, this duplication will create waste, confusion, delay, and require resources to resolve. At worst, it will create conflicting direction that could cause harm to the system and individual consumers.
- There are serious doubts about the lack of evidence that CCIP’s proposed requirements would be effective in solving the problems identified by CCIP. There is no information on data or evidence that was used to set CCIP’s target populations.
- There is a strong likelihood that CCIP, in its current form, would undermine the drivers of current Medicaid success – person-centered medical homes and intensive care management – as well as many existing, successful community collaboratives across Connecticut. This could lead to multiple, conflicting care plans for members and headaches for busy providers.
- SIM is proposing that CCIP, and its extensive standards and mandates on providers, be administered and adjudicated not by DSS, Connecticut’s federally-recognized Medicaid agency that runs the rest of the program, but by the SIM program. It is important to note that, unlike similar state bodies, SIM is not subject to the State Code of Ethics and has taken advantage of that loophole in the law in previous procurements. SIM does not have the critical expertise about Medicaid’s unique features that is found at DSS.
- Although the SIM PMO and PTF both contend that CCIP is an all-payer requirement in the interest of “alignment,” it is actually required **only** of Medicaid-participating providers, such that **no other payers in the state** are required to adopt any part of it.

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<sup>1</sup> Report of the SIM Practice Transformation Taskforce on Community and Clinical Integration Program for Advanced Networks and Federally Qualified Health Centers, Fourth Draft, February 4, 2016.

## What should be done?

There are several options to preserve the goals of CCIP but ensure it is feasible, evidence-based and does no harm. But it will take time, and collaboration with a broad base of stakeholders to identify and avoid unintended consequences. MQISSP alone is a “mighty undertaking”<sup>2</sup> that is challenging for states far ahead of Connecticut in Medicaid alternative payment plans. The CMC has a strong history of guiding collaboration and developing successful Medicaid innovations for the state. Options include:

- To take the time for research into best practices to meet CCIP’s goals and to take one thing at a time, delay implementation of CCIP for a year until MQISSP is stable
- To allow time for thoughtful CCIP integration, delay MQISSP for a year
- To allow flexibility, support innovation, and assess the need before imposing mandates, make CCIP standards optional for networks, as is the case in successful states
- To ensure alignment across payers, implement CCIP when the other SIM payers have agreed to include the standards in their contracts with provider networks

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<sup>2</sup> CMC meeting, February 16, 2016