



January 14, 2022

Vicki Veltri
Executive Director
Office of Health Strategies
450 Capitol Avenue
Hartford, CT 06016

RE: December 2021 Draft Primary Care Roadmap

Dear Ms. Veltri:

On behalf of the Connecticut Association of Health Plans (Aetna, Anthem, Cigna, ConnectiCare, Harvard Pilgrim, and United Healthcare), I respectfully submit the attached comments relative to the Draft 2021 Primary Care Roadmap.

At the outset, I would like to commend the Office of Health Strategy (OHS) for its diligence and commitment in fostering a productive stakeholder engagement process that incorporates input from a wide variety of perspectives. The respect for OHS is evident in level of participation by health care sector executives who have dedicated precious time and resources to the workflow process.

The resulting "draft" Roadmap provides a valuable guide in outlining meaningful goals and objectives that will help sustain and better support Connecticut's fragile health care delivery system. The Association welcomes continued participation in these discussions and is committed to ongoing engagement.

For the record, we request that the attached redline edits be accepted and that the following comments be reflected in the final Roadmap document:

1. The Governor's Executive Order calls for a rebalancing of overall spend to reflect a stronger investment in primary care. While enhanced payments are one such mechanism to affect that change, they are not the only mechanism. By way of example, a carrier might make a large investment in a telemedicine platform to enhance the delivery of services. There should be a mechanism under the target to capture such innovations. CTAHP requests edits to clarify those provisions.
2. Voluntary participation is a fundamental staple of the Roadmap and has been critical in bringing together stakeholders for continued collaborative conversation. The document makes clear that the Roadmap is voluntary for providers. CTAHP requests that the document better reflect the understanding that participation is voluntary on behalf of the carriers as well.
3. Executive Order #5 allows the Executive Director of OHS to put "forward legislative recommendations to fulfill the purpose of the order" reflecting the possibility that there may be

elements of the Roadmap that necessitate statutory change. CTAHP suggests that qualifying edits be reflective of that consideration in addition to reflecting the following 1) the Connecticut Department of Insurance is the regulatory authority of insurance carriers, 2) carriers are bound by both Federal and State law as well as the policies enacted by the AccessHealth CT Exchange Board which may limit participation in some facets of the Roadmap, and perhaps most importantly for this discussion 3) that roughly 70% of Connecticut's commercial market is self-insured whereby employers set the policy design and make provider reimbursements directly. Connecticut does not have regulatory authority over the self-insured market and while employers may voluntarily participate in the Roadmap, they can't be required to do so as the document sometimes seems to suggest.

4. Definition of primary care and the associated coding should be reviewed in detail in order to be consistent with definitions used by the carriers. For instance, CT State Statute 38a-503b(c) requires carriers to allow female enrollees to designate OB/GYNs as their primary care provider necessitating that OB/GYNs be included in the definition of primary care - not simply monitored. Likewise, nurse practitioners and other licensed individuals are critical participants in the delivery of primary care (particularly during COVID) and their inclusion in the target is imperative to an accurate representation of what primary care services are being delivered.
5. It is important to recognize that OHS is funded, in large part, via assessments on health insurance carriers which translates into a surcharge on policyholders which contributes to the overall cost of insurance premiums. Any funding for provider coaching and/or mentoring, as called for under the Roadmap, should be borne by the General Fund as it is a statewide public health initiative that benefits all segments of the market including Medicaid. It's also important to recognize that carriers have already made significant investments in provider education. Carriers and provider groups regularly engage in implementation of best practice methods as outlined in the document. It's critical that any new policies not erode or impede the important progress currently being made in these areas.
6. Lastly, the opening pages of the Roadmap through its conclusion are contingent upon the existence of a robust workforce. The document must go further in acknowledging that success is of the Roadmap is visionary at this point and dependent upon a number of factors to enhance the primary care delivery systems - many that are outside the scope of this document. Due consideration must be given to the current workforce crisis underway that is intrinsically linked to the availability of primary care services. The provider landscape has changed dramatically just over the course of the last year. The COVID pandemic has put a spotlight on the challenges already in existence and exacerbated the situation. Various policies and procedures have been enacted to address the issue (including other Executive Orders issued by the Governor) drastically changing the narrative. It is incumbent on OHS to assure that the Roadmap takes these changes into account as they are imperative to the accuracy of the data that will inform any forthcoming analysis.

Please also see the attached CTAHP comments submitted to the Primary Care Subgroup for additional recommendations. Many thanks for your consideration.

Susan J. Halpin

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Executive Director

Connecticut Association of Health Plans

