



**Scott Brabant**  
Board Chair

**Luis B. Pérez, LCSW**  
President & CEO

January 14, 2022

Tina Hyde  
Office of Health Strategy  
P.O. Box 340308  
450 Capitol Avenue MS#51OHS  
Hartford CT 06134-0308

Dear Ms. Hyde,

Mental Health Connecticut (MHC), a 114-year-old nonprofit, focused on direct service, advocacy, and community education. We partner with individuals, families, and communities to create environments that support long-term health and wellness. MHC is statewide, with offices and services in six areas: Stamford, Bridgeport, Waterbury, Torrington, Danbury, and West Hartford.

I am writing to voice MHC's concerns to the Office of Health Strategy's "Roadmap for Strengthening and Sustaining Primary Care in Connecticut," a plan that would shift all primary care in Connecticut to a capitated payment model. Historically, MHC has not supported capitation based on evidence that capitation is a failed payment model with serious risk of underserving Connecticut residents.

MHC serves nearly 1,000 individuals per day. Our program participants live at or below the poverty line, and receive state assistance, with the majority under Medicaid.

Connecticut Medicaid is already a major success in cost control and in access to primary care. OHS's decision to increase primary care spending, costing Connecticut's health system \$3.9 billion annually by 2025, will force other cuts in essential health care services, particularly in Medicaid. Currently, Medicaid reasonably compensates primary care providers (although Medicaid still severely underpays specialists, relative to Medicare).

A capitated payment model could potentially deepen Connecticut's health disparities. Primary care providers would be compensated at a fixed rate per patient (rather than on a per-visit basis), effectively creating disincentives to see Medicaid patients. Instead, providers will be more incentivized to see patients enrolled in private insurance, for whom they will be compensated on a per-visit basis. This will harm Medicaid patients who have complex medical conditions, including co-occurring physical and mental health concerns, and are disproportionately from historically marginalized communities.

The effects of this will be a dramatic increase in worsening medical complications among Medicaid patients, which will go untreated for substantially longer periods of time, costing our health system and consumers significant payments later on, and severely diminishing the health of these patients.



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This Roadmap sets the stage for Connecticut's health care system to further entrench our health care system into a place where socio-economic barriers increase. Historically, capitation has created disparity, resulted in worsening health conditions of our most vulnerable populations, and increased health care costs. The proposed Roadmap does not allow for person-centered community care models to be active players in a whole health model of care. Community-based care at MHC and hundreds of other agencies across the state have proven that this way of work is cost effective and more successful at treating behavioral health conditions.

We ask that the Office of Health Strategy reconsider this plan, and at the very least, integrate guardrails and strategies that will mitigate the negative impact that can arise from the proposed prospective payment model.

MHC would like to work with OHS on health care reform to improve equitable access to care and ensure Connecticut protects the Medicaid system and its enrollees.

Respectfully,

A handwritten signature in black ink, appearing to read "Suzi Craig", written over a light blue horizontal line.

Suzi Craig  
Chief Strategy Officer  
Registered Lobbyist