

Mrs. Nancy Wyman  
Lieutenant Governor of Connecticut  
State Capitol - Room 304  
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Dear Mrs. Wyman,

I am writing to you today about the state panel which voted in recommending several strategies to control health care costs and reshape the way care is delivered. I agree with your stance on creating a state office to oversee health reform efforts. In addition, I do approve of adopting payment models which require health care providers to deliver high-quality/cost targets when caring for Medicaid enrollees; however, concerns of unintended consequences for the payment model could occur from the proposal.

It is clear the opposition to this plan would include health care providers whom could lose money from not reaching targets and Connecticut currently tackling budget deficits. However, the end goal of Medicaid is for individuals and families whose resources are insufficient to pay for health care. As a family case manager for the Town of Enfield, I meet these families daily as they display their concerns of health insurance coverage. Therefore, we cannot forget who we are fighting for. Medicaid is providing health insurance coverage for doctor visits, hospital expenses, nursing home care, home health care, and long-term care costs for over a million families/individuals in Connecticut, according to Connecticut's Department of Social Services.

I and millions of CT residents greatly appreciate you and the cabinet voting to recommend creating an Office of Health Strategy to develop the infrastructure needed for the state's cost-containment strategies: developing a cost growth target, tracking the implementation of the proposed payment models, and studying rising health care costs in the state is needed. My case load involves families whom are low-income and Medicaid enrollees having numerous health issues and reported with inadequate coverage from their physicians. A particular family stated having a very high co-payment to their prescriptions which they barely can purchase. Many families have also indicated choosing to avoid their necessary prescription due to the high cost while focusing income on their housing utilities. These examples confirm my concern of unintentional magnitudes from the proposed model.

The proposed model enforces health care providers to form Consumer Care Organizations which offers financial stakes in controlling the overall cost of their patients' care and ability to access services. The intention is great for low income families who need to be assured the costs will be affordable. However, these organizations has been proposed and implemented from other states which showed providers giving the minimal quality of services for Medicaid patients to avoid the financial penalties. This concerns CT's Medicaid director Kate McEvoy who also believes the department could face difficulty balancing staff time and resources if it had to implement the Consumer Care Organization model. Therefore, reform is needed.

By creating a committee which will overlook the future of health insurance in Connecticut, I am glad to see you continually fight for vulnerable families. This committee could assess how to solve any rising insurance cost for families. However, I agree with the council which oversees Connecticut's Medicaid program who has urged your cabinet to avoid

committing the Consumer Care Organization Model until more consumer protections have been reviewed. It is essential for families and individuals to be given high quality health care from their providers.

Thank you for your time regarding this matter.

Sincerely,

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