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Tina Hyde,

To the Office of Health Strategy,

I am a Connecticut resident writing to you now in opposition of the current Roadmap for Strengthening and Sustaining Primary Care plan for primary care capitation.

Primary care capitation has proven to be unsuccessful at producing savings or improvements to access quality medical care. In fact, primary care capitation would pose a significant risk to Medicaid recipients. Under a capitated payment model, primary care providers would be paid a fixed monthly rate per patient, regardless of the number of times a patient is seen—or if they see them at all. Because this payment system will be difficult to impose on private insurance plans, it will likely only affect Medicaid recipients. As primary care providers would be paid a fixed rate to see patients, it would create a disincentive to treat Medicaid patients regularly and as needed; instead, it will incentivize providers to see other patients covered by private insurance paying out per office visit.

This will harm Medicaid patients who have complex medical problems requiring multiple visits. Medicaid patients are also low-income individuals, disproportionately Black and Brown people, who will be directly and negatively impacted by this profit-driven scheme!

As a concerned Connecticut resident, I demand that OHS re-evaluate the Roadmap for Strengthening and Sustaining Primary Care and remove primary care capitation from the Roadmap language.

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