CONNECTICUT VOICES FOR CHILDREN

Testimony Supporting H.B. 5560: An Act Concerning an Evaluation of the Medicaid Program

Sharon D. Langer
Human Services Committee
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Dear Senator Musto, Representative Tercyak, and Members of the Human Services Committee, I am a Senior Policy Fellow with Connecticut Voices for Children, a research-based public education and advocacy organization that works statewide to promote the well-being of Connecticut's children, youth, and families. I am testifying on behalf of Connecticut Voices in **support** of HB 5560: An Act Concerning an Evaluation of the Medicaid Program.

HB 5560 would require the Department of Social Services to "enter into a contract with a business entity" to conduct an evaluation of the Medicaid program. The purpose of the evaluation would be to provide this Committee with a professional and non-partisan assessment of the "strengths and weaknesses of the state' Medicaid program, a comparison to Medicaid programs in other states and recommendations for changes to the state's Medicaid program."

This proposal is a follow-up to a recent report commissioned by the Medicaid Care Management Council and funded by the Connecticut Health Foundation to provide the Council with information about various models for providing health care coverage to HUSKY families. See, *HUSKY A and B Restructuring Work Group: Best Practices as a Roadmap to the Futur*e, available at www.cthealth.org). The report did not take a position on the "strengths and weaknesses" of Connecticut's current managed care system. This legislation would take the next step and evaluate Connecticut's Medicaid program.

In light of the Governor's announcement two days ago that his administration would be making fundamental changes to Medicaid, HUSKY and Charter Oak health programs, we have the following comments about the importance of the underlying goals of HB 5560 - data collection, analysis and evaluation.

CT Voices has a unique perspective on the importance of measuring whether the Medicaid program is providing cost-effective health services for its HUSKY members. CT Voices has provided independent performance monitoring of the HUSKY program for many years through funds appropriated by the General Assembly.

Mary Alice Lee, Ph.D. directs this project and reports annually on children's health services, including enrollment trends, preventive care (well-child care and developmental screening, dental care and sealants), emergency care, and asthma care. Each year, we link Connecticut birth data with HUSKY and Medicaid enrollment data to identify births to mothers with state-funded coverage and to report on prenatal care and birth outcomes.

Dr. Lee shares this information with the Department of Social Services and the Medicaid Care Management Oversight Council. These reports have lead to program improvements over time, such as increased access to dental care, changes in asthma care, and simplification enrollment and

retention strategies. The state has been spending $218,317 annually in recent years on monitoring – of which the federal government pays all but $83,000.

In the absence of a state budget on July 1, 2009, the Department of Social Services' contract for monitoring lapsed June 30, 2009. The Rell administration delayed contracting for independent performance monitoring in the HUSKY Program for one year, until June 2010. As a result, policy makers have not had the data with which to assess the effect of major program changes and resumption of managed care on access to care and utilization. This month, Connecticut Voices will report on enrollment trends and children's health services utilization in 2008. **Although the data are three years old, this report will be the first to describe just what happened to utilization in the year that risk-based managed care contracts were suspended and the program reorganized**.

The state has no comparable data or analysis for its current fee-for-service Medicaid program which covers Connecticut's frail elderly, persons with disabilities, low-income adults, as well as those enrolled in the Charter Oak health plan.

While we are painfully aware of the fiscal challenges facing the state, we do not see how we can continue to appropriate billions of dollars for the Medicaid and related programs without knowing whether or to what extent children and adults are receiving appropriate and timely care.

We applaud the Committee for raising this bill and we fervently hope that the Administration's decision to utilize an ASO for Medicaid, HUSKY and Charter Oak will lead to the requirements in the RFP that health care utilization data be collected, and that quality measures be included. In addition, the Department itself must be required to contract for ongoing evaluation of the program.

We need to do evaluations on a regular basis – otherwise how will we ever know whether what we are doing makes a positive difference for our kids and families – and whether we are spending taxpayer money wisely?

Please feel free to contact me if you have questions or need further information.

Thank you for this opportunity to testify in support of HB 5560.