Testimony in Support of H.B. 6885, An Act Concerning Medicaid Payment Rates;
Testimony in Support of S.B. 1173, An Act Concerning the Department of Social Services; &
Testimony in Support of S.B. 1175, An Act Concerning Medical Assistance

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Human Services Committee
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Dear Representative Gilchrest, Senator Lesser, Senator Seminara, Representative Case, and esteemed members of the Human Services Committee,

Thank you for accepting this testimony in **support of H.B. 6885, S.B. 1173, and S.B. 1175** on behalf of Health Equity Solutions (HES), a nonprofit organization with a statewide focus on advancing health equity through anti-racist policies and practices. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status. ***Given the overlap in our comments on these 3 bills, we have condensed testimony to this single document***. We submitted separate testimony in support of S.B. 1203, also being heard today.

HES frequently comments and testifies on disparities in access to health insurance in Connecticut. The systemic and pervasive nature of racism in employment and education, among other aspects of systemic racism, mean that Black, Indigenous, Latino/a, and other people of color in Connecticut are disproportionately likely to be enrolled in Medicaid. Each year, when we ask community members about their priorities for health equity, access and affordability are among the top three issues raised. For these reasons, HES supports efforts to address network adequacy, application processes, and access to care in Connecticut's HUSKY Health programs.

H.B. 6885: Medicaid Rate Setting

HES supports the effort to bring Medicaid payment rates in alignment with other, reasonable payment standards. We respectfully recommend implementing a standardized approach to all Medicaid payment rates that both accounts for services not covered by Medicare and includes all provider payments, including those calculated through alternative payment methodologies. Some states have implemented alternative solutions focused on routinizing provider rate reviews and a regulatory body to facilitate this process. MACPAC delineates the methods acceptable for setting fee-for-service provider rates, noting these base rates can be adjusted when engaging in value-based payment approaches. Colorado's analysis of Medicaid provider rates details a methodology based on Medicare rates and, for services not covered by Medicare, the state's approach to determining a fair rate. Other states have recently taken action to ensure a regular cadence of provider rate review and more robust evaluations of access to care. Linking state provider rates to Medicare rates or requiring a review every 3-5 years would ensure no provider group is excluded from regular rate adjustments.

While there is mixed evidence on the degree to which provider rate increases increase access to care, aligning Medicaid rates with Medicare rates has shown some success.

HEALTH EQUITY SOLUTIONS

S.B. 1173 and S.B. 1175: Streamline Access to Medicaid and Medicaid Benefits

As HES has noted before, inequities in insurance coverage rates remain pervasive in Connecticut. As the public health emergency ends and the maintenance of effort requirements for Medicaid expire, hundreds of thousands of state residents currently enrolled in Medicaid will likely be asked to document their income or be found ineligible for Medicaid. Estimates by the federal government note the high level of administrative coverage losses (meaning loss of Medicaid by eligible people) experienced by Latino/a, Black, Asian, and multiracial individuals.

These administrative losses are not unique to the pandemic. Churn—individuals moving on and off HUSKY due to changes in income or difficulty filing paperwork—has long been a concern. Further, tracking of HUSKY members who were affected by cuts to HUSKY A found that few enrolled in Access Health, suggesting transitions between Medicaid and Access Health lead to administrative losses of coverage. Similarly, MACPAC found poor rates of transition to private insurance and high rates of coverage gaps for people transitioning from Medicaid to the federal health insurance marketplace.

In 2020, HES partnered with CT Voices for Children to publish research on Medicaid application and renewal processes based on a series of focus groups and a review of policies in other states. This report includes several recommendations for improving the HUSKY Health application and renewal processes, which remain overly complex. In addition, ***efforts to advance a single application for multiple state-run social services would improve the process for enrollees and dramatically increase efficiency.*** Currently, application and renewal systems for SNAP, Medicaid, TANF, and other services are entirely separate. This leaves enrollees confused when they receive multiple requests for documentation from the Department of Social Services throughout the year and is an inefficient use of state resources.

The proposal to allow Connecticut residents to opt into sharing their information with Access Health CT when filing their state taxes, embedded in H.B. 6659, is commendable. This can help people understand and access their health insurance options. Clarifications based on Maine's statute might increase the effectiveness of this proposal and ensure that the likelihood of eligibility for a tax-subsidized qualified health plan and for Medicaid are considered.

We urge the legislature to take this effort to advance "easy enrollment" a step further and look to California for an examples of how to simplify and facilitate the transition between Medicaid, Covered CT, and qualified health plans available on Access Health CT without any tax liability implications for enrollees. This brief lays out options for improving "account transfers" or data sharing between Medicaid and Access Health CT, which CT could adopt.

Finally, while HUSKY Health has recently shared a plan to hire a small number of community health workers to connect enrollees with primary care providers, ***much more is needed to ensure enrollees understand and are able to use their benefits.*** HES' work on an equity assessment of the State Employee Health Plan found consistent underutilization of preventive care among Black and Latino/a enrollees, who were also disproportionately likely to live in areas with a shortage of health care providers. These inequities are likely worse for Black and Latino/a Medicaid enrollees, who have lower

incomes by definition. Health care navigators, who can be community health workers, can help people through the enrollment and renewal processes, connect people with appropriate clinical providers, and support enrollees as they attempt to follow medical advice and manage chronic diseases. For these reasons, HES ***urges the committee to pass Medicaid reimbursement for community health workers, as included in S.B. 10.*** The language in S.B. 10 reflects the consensus of a coalition of over 100 community health workers and allies.

Thank you for the opportunity to submit this testimony in support of **H.B. 6885, S.B. 1173, and S.B.1175.** We can be reached with any questions at ksiegel@hesct.org or 860-937-6611.