

*Written Testimony before the Appropriations Committee
Roderick L. Bremby, Commissioner
March 9, 2018*

The Department of Social Services appreciates the opportunity to provide written testimony to the Appropriations Committee regarding **House Bill 5326, An Act Concerning Medicaid Funding**.

As drafted, this legislation would require the “Commissioner of Human Services” to review the state funding for Medicaid to determine if such funding is cost-efficient, equitable and effective. The bill goes on to require the Commissioner to submit the results of such review to the committees of cognizance.

If this bill moves forward as drafted, the Department respectfully requests that the reference to the “Commissioner of Human Services” on lines 1 and 2 be revised to read, “Commissioner of Social Services.”

Connecticut’s HUSKY Health (Medicaid and the Children’s Health Insurance Program (i.e., HUSKY B)) continuously seeks opportunities to maximize the use of federal funding, to use state funds in the most efficient and effective manner, and to achieve improved health and care experience outcomes and related cost efficiencies. Just a few examples of this include:

- maximization of enhanced federal match funds under the Affordable Care Act (e.g. eligibility expansion under HUSKY D, health homes, Community First Choice, match for administrative activities);
- coverage of a comprehensive array of cost effective preventative medical, behavioral health and dental services that enable people to better manage their health; and
- productive investment of funds in care coordination and primary care practice transformation activities that have greatly increased use of preventative services, reduced non-urgent use of the emergency room and improved health and care experience outcomes;

CT Medicaid has achieved significant improvements in health outcomes, while controlling Medicaid costs. In FY 2017, total Medicaid expenditures in DSS, including both federal and state shares of the program, grew by only 1.1%. This is a remarkable result when compared with performance against the national average. Further, the state share of Connecticut Medicaid costs have increased by only \$34 million (1.2%) over the five year period from FY 2012 through FY 2017. Over that same time period, the Department has reduced per member per month costs under the Medicaid account by 3.4%.

To ensure ongoing cost efficiencies, the DSS Division of Health Services and the Division of Financial Services are already charged with monitoring program outcomes and financials associated with the Medicaid program. The Division of Health Services regularly reports to the Commissioner on:

- quality of care, as measured by a comprehensive set of HEDIS measures and consumer experience of care survey results;
- access, as measured by geo-access analyses and mystery shopper surveys; and
- financial trends, to ensure that program goals are achieved through the most efficient means.

The Department provides detailed monthly Medicaid financial reports to the leadership of the committees of cognizance of the legislature and to the Office of Fiscal Analysis. These reports include overall expenditures, enrollment data, per member per month cost, and detailed spending by service type. Additionally, the Department reports annually on Medicaid financial trends to the Medical Assistance Program Oversight Council (MAPOC). The latest of these reports is available at this link:

https://www.cga.ct.gov/med/council/2018/0209/20180209ATTACH_HUSKY%20Financial%20Trends%20Presentation.pdf. MAPOC is charged under statute [Connecticut General Statutes Section 17b-28] with oversight activities that specifically address the stated goals of HB 5326.

(e) The council shall monitor and make recommendations concerning: . . . (5) funding and agency personnel resources to guarantee timely access to services and effective management of the Medicaid program; . . . (8) program quality, including outcome measures and continuous quality improvement initiatives that may include provider quality performance incentives and performance targets for administrative services organizations;

. . .

(g) The Commissioner of Social Services shall provide monthly reports to the council on the matters described in subsection (e) of this section, including, but not limited to, policy changes and proposed regulations that affect Medicaid health services. The commissioner shall also provide the council with quarterly financial reports for each covered Medicaid population which reports shall include a breakdown of sums expended for each covered population. [emphasis added]

While the Department does not oppose the general concept of this bill, we respectfully suggest that the legislation is not needed because the Department already fulfills these functions and is accountable to report on the same to its statutory oversight body, MAPOC.