



State of Connecticut
HOUSE OF REPRESENTATIVES
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March 15, 2007

Dear Senator Harris, Representative Villano & Members of the Human Services Committee,

I am here before you today to submit testimony in **support** of three bills: **SB 1425, HB 7322, and HB 7375**. Having spent the past twelve years on the Medicaid Managed Care Council, I thought it was important to come before you personally. I want to thank the committee for raising these bills that address needed changes to the Medicaid Managed Care system.

The bills before you address several important issues. Over the years, it has been made clear to the Medicaid Managed Care Council that obtaining information on fees paid to providers is very difficult. We spend 700 million dollars annually in payments to the HMOs participating in Medicaid. We have raised the rates paid to them per member, and yet we are unable to determine if those increases have been passed on to the provider community. The bills before you require that HUSKY Managed Care Contracts and their rates be subject to Freedom of Information laws and define their services as a governmental function. Legislators cannot make informed decisions without all the necessary information. This bill gives us that tool.

The bills establish a primary care case management program. The importance of this program goes beyond the fact that it provides an alternative method of providing care to enrollees. It gives the state leverage when it enters into negotiations with the managed care companies. Currently, when the state does not meet the demands of the companies, the companies talk about withdrawing from the program. If the companies were to withdraw under the current system, enrollees would have nowhere to go to receive care. By introducing a primary care case management system, we will not only provide people with an alternative to the managed care system, but we will also allow the state to have an alternative should an HMO wish to withdraw from the system.

The bills reinstate presumptive eligibility and continuous eligibility, which will insure that clients receive needed care without disruption and will decrease administrative costs both for the providers and the plans.

The bills raise dental fees to the 70th percentile as defined in the National Dental Advisory Service Comprehensive Fee Report. While I support this increase, I am concerned that even with this increase there are only approximately 400 dentists who would be willing to accept HUSKY clients. Four hundred dentists is less than 20% of the approximately 2500 licensed dentists in Connecticut. We also do not know how many HUSKY clients each of those will see. Over 100,000 children in HUSKY receive no dental care.

I have looked into the face of children in dental pain. I know that their pain is preventable. If a professional chooses not to treat patients on Medicaid then he should have an obligation to contribute to the cost of their care through a tax. That money can then be placed in a fund that is used provide care in an alternative manner by expanding the dental public health system.

The committee could also consider alternative language requiring dental providers to see Medicaid patients in return for the increase in rates. Such a substantial fee increase should come with responsibility. The language also needs to be amended to require an evaluation of the fee increase based on the number of providers enrolled and the number of children receiving services. Public dollars demand accountability.

Sincerely,



State Representative Vickie Nardello
89th District