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**Human Services Committee Public Hearing March, 4, 2008
Testimony in Support of**

**Raised S.B. No. 562, AN ACT CONCERNING INCREASED ACCESS TO THE
MEDICAID PROGRAM FOR THE MEDICALLY NEEDED ELDERLY AND
DISABLED.**

and

**Raised H.B. No. 5796, AN ACT CONCERNING ELIGIBILITY FOR THE FEDERAL
SPECIFIED LOW-INCOME MEDICARE BENEFICIARY PROGRAM AND THE
QUALIFYING INDIVIDUAL PROGRAM.**

Senator Harris, Representative Villano and Distinguished Members of the Human Services Committee,

My name is Celeste Proulx and I am from Cromwell, CT. I receive Social Security Disability Insurance income and am a Medicare Beneficiary. I also use ConnPACE and face a huge spend down for Medicaid. I am testifying in support of Raised S.B. No. 562, AN ACT CONCERNING INCREASED ACCESS TO THE MEDICAID PROGRAM FOR THE MEDICALLY NEEDED ELDERLY AND DISABLED. And Raised H.B. No. 5796, AN ACT CONCERNING ELIGIBILITY FOR THE FEDERAL SPECIFIED LOW-INCOME MEDICARE BENEFICIARY PROGRAM AND THE QUALIFYING INDIVIDUAL PROGRAM

I am very concerned about the low income allowable under Medicaid "Aged, Blind, and Disabled", the lack of accurate and easy to understand information for Medicaid beneficiaries and its difficult redetermination process and the lack of knowledge and information about the connection between the receiving the Medicare Part D Low Income Subsidy and its relationship to Medicaid eligibility.

I am a retired certified Drug and Alcohol Counselor and one of my strongest skills is Case Management. I have had extensive experience working in the human services system advocating for individuals with disabilities. My difficulties, described below, with the process are proof that the system needs a severe overhaul and need to be FIXED! No wonder people don't even bother because it is so overwhelming and complex!

I have multiple sclerosis, arthritis, thyroid disease, depression, gastroesophageal reflux disease, and other health problems. I am a volunteer for the National MS Society and other community groups. I must take 14 medications to manage my health. Historically, I have used ConnPACE,

Medicare and Medicaid. With the advent of Medicare Part D, initially I found that my medication expenses were reduced. However, based on my most recent experience, this is not the case.

My Medicaid "spenddown" amount is \$4,947.88, which basically means I do not qualify for medical assistance outside of what Medicare will pay providers for services rendered.

My Medicaid redetermination form paperwork was sent to me on June 25, 2007 and needed to be returned by July 20, 2007. Since I was not using Medicaid, I decided not to complete the 'redetermination' form from the CT Department of Social Services. My DSS case worker was aware of my decision. We discussed the fact that my "spend-down" is so high that I realistically will not reach the point where Medicaid helps to pay for what Medicare will not pay.

I chose not to "jump through the hoops" of requalifying every 6 months, because my spend down amount is nearly \$5000.

Why is it necessary to submit all the paperwork to confirm Medicaid eligibility? As a disabled person, Medicaid redetermination causes much unnecessary collection of data which puts a strain on me physically, mentally, emotionally and financially.

My Medicaid redetermination form was due at the end of the summer. Five months later on January 15, 2008, I received a letter from Anthem, my Medicare D provider, stating that they were notified by the Centers for Medicare and Medicaid Services that I no longer qualified for extra help with my Medicare prescription drug costs.

I called my DSS case worker to discuss this. When I asked her if my decision to let my Medicaid lapse would that be the reason that I lost the "extra help." She stated she would not imagine so, because I would have been notified much sooner!

I then began the process of obtaining information how it is that I 'no longer qualify' for the extra help.

Many telephone calls to Social Security and Medicare-often being told from one to call the other-resulted in determining that the reason was because I let my Medicaid lapse.

A Medicare staff member informed me that she has become aware of the fact that many case workers who manage the Medicaid program in each state DO NOT EVEN KNOW that a person becomes no longer be eligible for the "extra help" subsidy under Medicare D when he/she lets their Medicaid lapse!

Once I found out that I lost the extra help because of the lapse of Medicaid, I was faced with two choices; Reapply for Medicaid or apply for the Low Income Subsidy/Extra help.

I applied for the Extra Help on the Medicare.gov website and I have not received a response. Since then I have been trying to find out how I will be notified about the status of my extra help application.

I also reapplied for Medicaid and now have the huge spend down. I still do not know about my status with the extra help request with Medicare. They said that the process takes weeks!

The loss of the subsidy has caused me to pay \$200 out-of-pocket for medications since Jan 1. I am hoping to be able to pay these increased costs until the process is finalized.

Please pass these bills, and be aware of this horrific experience as a major snafu in the Medicaid/Medicare system!!!!

Thank you.