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**Testimony on
Proposed H. B. No. 5056 AN ACT CONCERNING ELIGIBILITY FOR
THE MEDICARE SAVINGS PROGRAMS**

Good afternoon Senator Doyle, Representative Walker, Senator Coleman, Representative Abercrombie, Senator Kane and Representative Gibbons and Distinguished Members of the Human Services Committee,

My name is Celeste Proulx and I am from Cromwell, CT. I am here today to testify in support of HB 5056, An Act Concerning Eligibility for the Medicare Savings Programs.

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 have multiple sclerosis, arthritis, thyroid disease, depression, gastroesophageal reflux disease, and other health problems. I volunteer for the National MS Society and other community groups. Last year I shared some of my experiences with this committee.

I am "Mrs. P" referenced to in Rep. Schofield's example of how this bill would have saved me \$3,353.80 last year. At that time I was taking 14 prescription medications. I currently am prescribed 18 medications, which at the cost of \$16.25 each per month my ConnPACE co-pays are \$292.50. This program would save me \$3,964.500 between prescription co-pays and Medicare premiums this year. That is just under 20% of my yearly income!

I am concerned about the eligibility determination process and the lack of knowledge and information about the connection between the Medicare Part D Low Income Subsidy and its relation to Medicaid eligibility. My income is low enough for me to qualify for the ConnPACE program, yet my "spenddown" amount to receive Medicaid assistance is \$5,065.69 which basically means I don't qualify for medical assistance outside of what Medicare will pay providers for services rendered.

Before I can even apply for Extra Help, I must apply for Medicaid through DSS and have received a "spenddown" determination letter. I recently began the application process on-line, but was informed that I do not qualify. The reason was not indicated, but I believe it to be my income being too high for acceptance.

Now that it is a new year, my Medicare Part D provider requires me to meet a deductible of \$295 to reach the "initial coverage period" during which time I will pay part of the cost of a prescription. Once my total drug costs reach \$2,700. I will reach my "initial coverage limit." Then I am required to pay 100% for my meds until the out-of-pocket costs reach \$4,350. Which means I will have used ConnPACE at the cost of \$16.25 causing me to have spent \$141.24 out-of-pocket on medications since the first of the year. My Medicare premium is \$96.40 a month which is deducted from my Social Security Disability benefits. After recently receiving a bill from my Medicare D provider in the amount of \$41.70 due for my premium it took me four phone calls to acquire the information from ConnPACE that these premiums will be paid at the end of Feb for the two prior months. Since I never receive any documentation in reference to how or if the Medicare D premiums are paid by ConnPACE, I wasn't aware of this procedure. It was a relief to learn I did not have to pay the \$41.70 bill.

Please pass legislation to make the Medicare Savings Programs and the Medicare Low Income Subsidy under Medicare Part D available to individuals who need ConnPACE. As we face more difficult times with our state budget, this is one initiative that can save the state money by accessing federal dollars to help cover some of the costs.

Thank you.