

MidState
VNA & Hospice

1122

We're here for you. In your community, in your home.

TESTIMONY BEFORE THE HUMAN SERVICES COMMITTEE REGARDING
S.B. 1122 - AN ACT CONCERNING CHANGES TO THE HUMAN SERVICES STATUTES
March 17, 2009

Senator Doyle, Representative Walker, and members of the Human Services Committee, my name is Michelle Ockenfels and I am the Director of MidState VNA & Hospice which provides care to 1500 patients and performs 50,000 home care visits annually in the central Connecticut region. MidState VNA & Hospice employs 70 workers. I **strongly support** sections one through five of the S.B. 1122.

Home Health Care is much more cost effective than providing patient care in hospitals, institutions and facilities and provides significant cost savings to our state. Also, we have experienced profound satisfaction from our patients, as they prefer to manage their illnesses and injuries at home.

It is imperative that we are given the proper tools, specifically an increase in Medicaid reimbursement rates, so that we can continue to serve our patients- your constituents and their families. The inadequacy of Medicaid reimbursement rates is threatening the financial viability of MidState VNA & Hospice.

Medicaid rates created a shortfall of \$515,000 last year in my agency. To make up that deficit, we have to generate a surplus from other payors, such as Medicare. Unfortunately, the Medicare program has frozen our rates through 2011 and the President's budget and Congressional advisors recommend at least a 5 percent cut in Medicare payments next year. This would be an additional \$127,000 reduction in revenue that would further place out of reach our ability to subsidize our Medicaid losses.

MidState VNA & Hospice has reduced our workforce by 20%, restructured our operations, and redesigned processes to optimize efficiencies and maximize productivity, with a commitment to providing quality home health care to patients in the community. Further cuts would jeopardize our ability to provide that quality patient care and would promote unsafe caseloads for the clinicians.

The home health industry is the eyes and ears of the medical needs within the community. Our clinicians take preventative measures by identifying early signs and symptoms of patient decompensation and provide opportunities for intervention before patients become severely ill and require hospitalization. These preventative measures are consumer preferred and cost effective. Soon we will be unable to provide these services to the Medicaid population. This would mean that those very clients that we have been successfully managing at home would be seeking medical treatment in emergency rooms across the state.

We want to serve the Medicaid patient population, as our mission is community based home health care. With improved Medicaid reimbursement rates, we will be able to serve these clients in their homes and save significant healthcare dollars.

Thank you for the opportunity to present my comments and concerns. I urge you to please pass this bill out of the committee.

Sincerely,

Michelle Ockenfels