



Testimony in Support of: HB 5429

Senator Musto, Representative Tercyak and distinguished members of the Human Services Committee, thank you for the opportunity to testify in support of House Bill 5429. My name is Lindsay Quillen. I am The Regional Manager of the CHOICES Programs for the North Central Area Agency on Aging. My testimony will be brief. I ask you to support bill 5429, which is an act concerning the availability of Medicare Supplement Insurance to persons eligible for the Qualified Medicare Beneficiary (QMB) program. The bill simply amends current general statutes 17b-256f to allow persons on QMB to purchase a Medicare Supplement (Medigap) policy or to change from one type of Medicare Supplement plan to another.

Currently, this right is not explicitly afforded to QMB beneficiaries. As a result, options and access to healthcare providers for QMB beneficiaries has been limited to those who accept both Medicare and Medicaid in order to limit their out of pocket medical costs.

HB 5429 would ensure QMB beneficiaries the right to purchase or change Medicare Supplement plans if they so decided. Any individual with QMB who opts to purchase a Medicare Supplement Plan will have increased access and coverage with any doctor (across the country) that accepts Medicare. Further, the State of Connecticut would not be billed any Medicare B coinsurance claims for those individuals as the Supplement plan would cover such expenses. This bill does not seek to require anyone to purchase a supplement, just to allow for individual choice. CHOICES has seen cases in which having a supplement plan would be, financially, the best option for individuals, and we have also counseled individuals who do not want to change all of the doctors they have been seeing for years to obtain the partial Medicaid benefit of QMB through Medicaid participating physicians and providers.

With this clarification in the proposed bill:

- **The State will save money** - The claim (for those with a Supplement plan) will go directly from Medicare to the Medigap regardless of whether the provider accepts CT Medicaid or not. QMB beneficiaries with a Supplement Plan will have *significantly less* (if any) claims sent to the State for payment.
- QMB beneficiaries will have increased access to healthcare providers as they will not be limited to medical providers that accept both Medicare and Medicaid in order to limit their out of pocket costs.
- QMB beneficiaries will have decreased out of pocket medical expenses as is intended by the QMB program benefits. If medical claims are accrued out of state, the beneficiary with a Medigap Supplement Plan will still be covered, where as one with only QMB benefits would not.

In conclusion I ask for your support of HB 5429 on behalf of these individuals and as a resident of Connecticut. This bill is simply good policy and a win, win for the beneficiaries and the State alike. Thank you for your time and the opportunity to testify on this important issue.

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