Testimony of

THE COMMUNITY HEALTH CENTER ASSOCIATION OF CONNECTICUT (CHCACT)
Before
Appropriations and Human Services Committees
Regarding Proposed Changes to Medicaid Low Income Adults

Presented by
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The Community Health Center Association of Connecticut (CHCACT) has the privilege of working with all Federally Qualified Health Centers (FQHCs) in Connecticut. FQHCs provide critical access and high quality primary care and preventive services to patients in underserved areas of our state, regardless of ability to pay. They are a large and absolutely critical component of Connecticut's health care delivery system. In 2011, 14 health centers in the state combined cared for over 328,000 unduplicated users and provided well over one and a half million visits.

CHCACT is extremely concerned about the proposal to scale back both eligibility and benefits for the Medicaid Low-Income Adults (MLIA) population. The 77,000 MLIA enrollees are reliant on Medicaid for their health care coverage and are unlikely to be able to obtain coverage elsewhere. Changing the program will lead to more people delaying treatment and using emergency departments, which is neither effective financially for the state nor healthwise for the individual.

Connecticut's FQHCs will continue to serve all individuals, regardless of ability to pay. Individuals without health insurance, including those who are dropped from MLIA, can access health care at FQHCs on a sliding fee scale. However, even these reduced rates can pose a hardship to low-income individuals. As a result, many will delay needed care or seek services at much more costly and already overcrowded hospital emergency departments. Additionally, there is great concern over the ability of FQHCs to progress to PCMH status without continued Medicaid reimbursement – or some other reimbursement – for the low-income individuals who have accessed their services for decades dating back to the days of city welfare, then State Administered General Assistance (SAGA) and finally MLIA.

Moreover, CHCACT fears for the impact these proposed changes would make on the broader Medicaid population. As currently proposed, current enrollees and new applicants would all need to be redetermined for MLIA eligibility. The Department of Social Services recently admitted that it has neither the staff nor the technology to adequately address current caseload.

Adding 77,000 redeterminations on top of an already overburdened Department would lead to longer backlogs. Due to the Department's current practice of automatically dropping Medicaid clients from eligibility if their applications are unable to be processed in time, adding to the existing backlog could lead to tens of thousands of Medicaid enrollees being dropped from the rolls. As required by federal law, DSS currently contracts to have outstationed eligibility workers at each FQHC to assist patients with the HUSKY Health enrollment processes and guide them through redetermination to avoid lapses in coverage or termination of benefits to eligible individuals. The FQHC outreach workers could never absorb the enormous increase in workload that the proposed MLIA changes would precipitate.

There is no evidence to support the projected savings of $52 million so the extraordinary effort to reprocess over 77,000 MLIA patients, interrupt their coverage, benefits and access to services will very likely be for naught.

CHCACT understands that, with this proposal, Connecticut policymakers are trying to address budgetary concerns. However, eliminating health care coverage for low-income individuals runs counter to state and national efforts to broaden access to preventive, primary health care and reduce unneeded emergency department visits. On behalf of the patients and families currently served by FQHCs, we ask you to oppose this proposal.