

Department of Correction
Testimony of Kathleen Maurer, M.D.
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Human Services Committee
Raised Bill No. 208, *An Act Concerning Reducing Inmate Health Care Costs*
March 1, 2012

Good morning, Senator Musto, Representative Tercyak and members of the Human Services Committee. I am Dr. Kathleen Maurer, Director of Health Services for the Department of Correction (DOC). Thank you very much for the opportunity to provide our comments on Senate Bill 208, *An Act Concerning Reducing Inmate Health Care Costs*.

The DOC takes its legal and ethical responsibility for providing health care to our inmates very seriously. We are responsible to provide medically necessary, community standard, and cost effective health care to our inmate patient population. To this end, the DOC has already initiated several measures to support these goals. In general, we see healthcare as a part of a larger approach to the care and management of our inmates. We understand that providing quality healthcare to our inmates within our facilities and then ensuring that these same inmates have access to healthcare in the community after they are released is an important deterrent to recidivism. Over the past several years, we have developed increasingly close relationships with our colleagues in other state agencies especially the Department of Social Services (DSS) and community organizations. The focus of these efforts has been to integrate the medical needs of our inmate patients whenever possible with Medicaid funding sources and Medicaid providers. We have worked closely with our colleagues at DSS and want to support their testimony on this bill. I want to bring two of these efforts to your attention as they bear directly on this bill.

First, beginning in 2004 the DSS and DOC began the steps to create a Pre Release Entitlement Unit (PREU) with two eligibility specialists dedicated to work closely with our contracted health care provider, the University of Connecticut Health Center /Correctional Managed Health Care (CMHC), and our own reentry staff. Since that time the three agencies have been sharing system data and dedicating time and staff to the process of Medicaid enrollment including streamlining and expediting paperwork on applications, training internal and external providers on our streamlined process attendance and outreach at community reentry councils. The results of these efforts were an exponential growth in the amount of awardees of medical assistance granted upon release. By 2008 medical assistance was granted in a routine and consistent manner. As of 2010, 3,386 of the 6,885 discharging inmates had applications for benefits processed (49%). Over a five year period of time we have increased inmate access to Medicaid by well over 30%. As of February of this year we have just expanded the two person unit to five to ensure all exiting inmates have access as appropriate.

DOC and DSS staff are currently exploring the potential for enrolling into Medicaid a specific group of our paroled inmates who reside in halfway houses. Our intention is to develop a mechanism to enable this group of parolees to receive healthcare services in the community. At the present time, their health care needs are met within one of our jails.

Secondly, federal law does not allow for the use of Medicaid to fund outpatient health care for inmate medical care while incarcerated in our facilities. It is our intention that CMHC provide payment, whenever possible, to healthcare providers at the state Medicaid rates. The proposed language in section 2(c) of the bill would actually increase the payments to these providers and therefore increase

the cost of providing outpatient care to inmates as 110% of the Medicare reimbursement rate is greater than reimbursement at Medicaid rates. We encourage our health care services provider to manage its business in a way that will ensure that medical services are purchased at appropriate rates. The DOC does not directly reimburse for individual claim costs and hence would not be in the position of needing an electronic billing system or fraud prevention procedures. We leave that responsibility up to our business partner, CMHC, who has electronic systems in place to review, process and verify claims. In terms of maintaining inmate Medicaid enrollment while incarcerated, we refer you to our sister agency DSS regarding their own policy and federal law and regulation involving this issue.

In summary, the DOC recognizes that access to quality healthcare both inside of our facilities and upon release and in the community is an important component of our longer term plan to reduce recidivism and improve the likelihood that inmates become productive citizens and members of our communities. Our plans include even more close collaboration with our other state agency colleagues and community organizations in order to better meet the healthcare and other needs of our inmate patients and to ensure that we achieve these longer term goals.