



*Quality is Our Bottom Line*

**FTR**

**Insurance Committee Public Hearing**

**Thursday, March 15, 2012**

**Connecticut Association of Health Plans**

**Testimony regarding**

**HB 5485 AAC The Connecticut Health Insurance Exchange**

The Connecticut Association of Health Plans is pleased to offer testimony on HB 5485 AAC the Connecticut Health Insurance Exchange and applaud the bill for raising a number of important issues of principle including recognition that implementation of a Basic Health Plan would be at best premature and at worst potentially highly disruptive to the provider community, especially hospitals, who bear the great burden of Connecticut's underfunding of reimbursement in the State's Medicaid program.

Connecticut, like most states, is in the thick of developing a Health Insurance Exchange. It is an enormous task and very resource intensive. To remove an entire population while planning is ongoing and when important market/exchange structure regulations and guidance are still forthcoming from the federal government is a mistake. Too much work and planning still needs to happen before an informed decision about the benefits or costs of a Basic Health Plan can be answered.

As you know, Connecticut's Medicaid system has for decades paid significantly less than cost for hospital services. This underpayment has resulted in a dramatic "cost shift," with the reimbursement shortfall shifted to those covered by private insurers. Some estimates we have seen indicate that as much as 25% of hospital payments from private insurers goes to covering the cost shift from inadequate Medicaid reimbursement.

The Basic Health Plan model will only exacerbate the cost shift, by enrolling significant numbers in what is essentially the Medicaid program at Medicaid reimbursement levels. And this addition will come at a time when payers and their customers will have decidedly less flexibility in their cost structure to accommodate the additional expense.

We would urge the state to heed the sections of HB 5485 which postpone consideration of the Basic Health Plan until it becomes clearer whether the program, and its costs, are necessary to provide coverage outside of the Exchange.

Thank you for your consideration.