



## CONNECTICUT HOMEMAKER & COMPANION ASSOCIATION

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March 5, 2013

Senator Kissel and Representative Mushinsky and members of the Program Review and Investigations Committee, my name is Nancy Trawick-Smith and I am the Chairman of the Board of Directors of the Connecticut Homemakers and Companion Association. Our association represents over 50 Companion-Homemaker Agencies from all over the state. I am writing to support **House Bill 6514, An Act Implementing the Recommendations of the Program Review and Investigations Committee Concerning Medicaid Payment Integrity.**

At a recent public hearing DSS Commissioner Bremer testified that "in 2012 the DSS Office of Quality Assurance identified over \$380 million in cost avoidance overpayments and third party liabilities". This bill would require DSS to provide an annual report to this committee detailing where these millions come from -the number of audits by provider type, the amount of overpayments identified and recovered due to such audits, and how many of these audits actually resulted in fraud investigations. This annual report would bring much needed transparency to the DSS investigations and audits that are currently taking place.

In 2010 the legislators passed legislation requiring the Department of Social Services to develop regulations to guide their audits of providers. These written regulations once developed were to accompany any notice to a provider that their records were to be audited by the Department of Social Services. Two years after this bill became law proposed regulations were finally published in the Connecticut Law Journal. A subsequent public hearing on the proposed regulations was held with the Office of Legal Counsel, Regulations and Administrative Hearings of the Department of Social Services. Providers representing the home health care, community provider, pharmaceutical, and homemaker-companion industries testified. The overall theme of these testimonies were that the audit process lacks transparency; there is a lack of clear regulations as to why providers are chosen for audit, the sampling methodology is unclear, and the amounts recouped from providers are so high that it risks the financial well of a provider.

This bill is simple. A report which basically gives the details behind this process must be presented to this committee on an annual basis. 380 million dollars is a great deal of money and the members of this committee should know the detail behind this money. I want to thank the committee for allowing this testimony and welcome you to contact me at any time.

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