March 5, 2019

TESTIMONY OF THE CENTER FOR MEDICARE ADVOCACY
APPROPRIATIONS COMMITTEE HUMAN SERVICES SUBCOMMITTEE
REGARDING THE STATE BUDGET FOR THE BIENNUM – H.B. 7148
(Department of Rehabilitation Services
Department of Social Services)

1. Introduction

Honorable Co-Chairs and Members of the Committee, thank you for the opportunity to provide this testimony. I am Judith Stein, founder and executive director of the Center for Medicare Advocacy (the Center). The Center is a non-profit, non-partisan law organization that works to advance access to Medicare and quality health care for older people and people with disabilities.

I am here to speak to H.B. 7148, the State Budget for the Biennium, particularly as it relates to the Department of Rehabilitation Services and the Department of Social Services. Among other things, we urge you to protect and fully fund nonprofit organizations that work tirelessly and cost-effectively to improve the quality of life for Connecticut residents.

2. The Center for Medicare Advocacy

For over 30 years the Center has provided free legal assistance for Connecticut’s older and disabled residents and their families, education and technical support for the CHOICES program, as well as federal policy analysis, engagement, and litigation on behalf of all the state’s Medicare beneficiaries. During this time the Center has also represented the Department of Social Services, the state Medicaid agency, to appeal Medicare denials for care provided to residents dually eligible for Medicare and Medicaid – largely for home health and nursing home care – to ensure costs are not inappropriately shifted from Medicare to Medicaid.

Unfortunately, due to annual funding cuts to both of these programs, the Center has lost 5 attorneys, 2 nurse and 2 advocates. We do the best we can to continue to provide topnotch services for the State and its residents, but our capabilities are necessarily constrained. For example, we must provide more information & referral services and less direct representation, we bring far fewer appeals, resulting in less Medicare recoveries for residents and the state. While we work tirelessly to diversify our funding from foundations, donors, writing, and creative fee-for-service work, the state cuts we have experienced simply cannot be replaced.

We understand that Connecticut faces another difficult budget year and appreciate that Governor Lamont’s budget seeks to limit the impact on people served by my, and other, nonprofit organizations. Nonetheless, after so many years of difficult budgets, we ask you to build on the Governor’s proposals so that those who serve Connecticut’s vulnerable older, disabled, and young people can continue to provide quality services – and stop cuttings jobs.
3. The Department of Rehabilitation Services (DORS)

The Center for Medicare Advocacy is authorized by Connecticut General Statute 17a-314 to provide a comprehensive Medicare advocacy program that provides assistance to Connecticut residents who are Medicare beneficiaries. We created this project in 1986 and, are nationally known for the work we do on behalf of Medicare beneficiaries. However, we have experience almost annual cuts to our funding since 2008. **Ten years ago, our funding for this work was $455,348 a year. The Center’s current contract for this work is $283,064.**

Despite these cuts, the Center continues to provide unique, quality help for Connecticut’s Medicare beneficiaries. For example, from July 1, 2013 – December 31, 2018, we provided information and referral services to 5,754 people, opened 1,600 cases, returned about $1.5 million from Medicare for Connecticut residents, drafted and disseminated myriad informational and self-help materials and a weekly electronic newsletter. In addition, we hosted and maintained a website visited by 2.1 million individuals. We provided dozens of webinars and presented education programs for approximately 9,500 people throughout the state. We also provided a series of CHOICES trainings for each of the state’s five Area Agencies on Aging each year. Further, we also successfully litigated major class action lawsuits resulting in better access to Medicare coverage and appeals for people with long-term and chronic conditions.

The Center’s work is increasingly important as the state’s population is aging and more and more residents rely on Medicare to access health care. At the same time, Connecticut’s organizations that serve this population have fewer shared resources and networking available, especially since the demise of the state’s Commission on Aging.

Like other non-profit organizations, the Center does its best to do a lot with very limited funding. But inevitably, something has to give. **We respectfully ask for an increase in the Center for Medicare Advocacy’s funding to provide the legislatively mandated comprehensive Medicare advocacy program – and to make up for years of cut backs and respond to the ever-increasing need of our aging population.**

4. The Department of Social Services (DSS) and Programs for Vulnerable Connecticut Residents

The Center for Medicare Advocacy supports budgeting that will assist staffing levels throughout the Department of Social Services which has undergone debilitating cuts in recent years. Also in particular, we support efforts to bring down the cost of prescription drugs, with the caution that step therapy and other such draconian management programs must be resisted as harmful to patients. Importantly, to really save money, Medicare should negotiate prescription drug prices; we offer any technical help we can provide to encourage such action at the federal level. In addition, we urge the State to resist further use of prior authorization in the Medicaid program; we know all too well that, in practice, this management tool leads to prior denials of necessary care.

We support funding for Money Follows the Person, increased funding for the Children’s Health Insurance Program (CHIP), and funding to fight opioid addiction and to help those already caught in addiction with treatment and recovery. The Center also supports Bill 7102, that would implement recommendations of the Senior Centers Task Force, to support and enhance Senior Centers as important resources in communities throughout the state.
I particularly call your attention to one of the Center for Medicare Advocacy’s creative projects, a unique partnership with DSS, which brings revenue to the State while fighting unfair Medicare denials and policies. Unknown to many policy-makers, since 1988 the Center has appealed Medicare denials on behalf of DSS for nursing home, home health care, and sometimes hospital care, for services provided to people who are dually eligible for Medicare and Medicaid. During the course of this project we have recovered over $350 million for the state. Most recently, between July 2013 and December 31, 2018, the Center has recovered $52.4 million from appeals and a settlement with the federal Medicare agency. Regrettably, however, the funding for this work has also been greatly reduced. Every year since 2013 the Center’s budget has been cut and has been authorized to bring far fewer Medicare appeals – which results in a loss to the State of millions of potential dollars in Medicare recoveries.

We hope this work to maximize Medicare coverage for dually eligible residents can continue, be creatively developed, and fully funded so we can continue to bring revenue to the state while also pushing for fair access to Medicare coverage and appeals – and against cost-shifting from Medicare to Medicaid.

5. Support for the Current Eligibility Structure of the Medicare Savings Program

As has become clear, the Medicare Savings Program, (MSP) is an extremely valuable safety net program for older adults and people with disabilities. MSP pays all or some of the Medicare cost-sharing for low-income people who do not qualify for full Medicaid coverage. The outcry after last year’s cuts were announced – thankfully heard and responded to by the legislature – demonstrated the importance of this program to families throughout the State.

The Governor’s proposal to reinstate an asset test to MSP is certainly better than reducing income eligibility levels, but it will still leave too many people unable to afford access to care. Importantly, enrollment in the major MSP program, known as the Qualified Medicare Beneficiary (QMB) program, also qualifies an individual for the federal subsidy to help cover the costs of prescription drugs under Medicare Part D. Thus, this budget proposal would also result in low-income older and disabled people facing barriers to obtaining needed medicines as well as health care. If there must be an asset test, we urge adoption of a much higher dollar-level.

6. Conclusion

The Center for Medicare Advocacy urges the legislature to fully fund the Departments of Rehabilitation and Social Services, and the non-profit organizations and important programs these agencies administer. We hope the Center for Medicare Advocacy’s programs will be seen, and funded, as key partnerships with the State. Together we help Connecticut stay vibrant and lead efforts to ensure Medicare meets its promise to all eligible older and disabled people – and does not shift costs to the State’s Medicaid program.

Thank you for the opportunity to submit this testimony.

Judith Stein
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Center for Medicare Advocacy