

*Communication to the Public Health Committee Regarding
S.B. No. 295 An Act Concerning Radiological and Imaging Services*

The Department would like to begin by thanking the leadership and members of the Public Health Committee for the opportunity to provide additional information related to Medicaid reimbursement of radiological and imaging services.

SB 295 requires the Department of Public Health to study and submit a report on the effects of the Department of Social Services' revised methodology for imaging and radiological services reimbursement and report on the impact of Medicaid State Plan Amendment 15-020, effective April 1 2015, on the accessibility of these services for Medicaid recipients.

Measuring the impact of State Plan Amendment 15-020, as submitted to CMS, is the responsibility of the Department of Social Services and it is a responsibility that the Department takes very seriously.

Accordingly, the Department has already begun to actively monitor utilization and access changes attributed to the implementation of the revised Medicaid methodology for imaging and radiological services.

Current DSS findings show:

- Through the 2nd quarter of calendar year 2015 (April 1 to June 30, 2015) Medicaid claims data demonstrates that utilization of independent radiology services by physicians has increased by 0.5 percent when compared to the same quarter in 2014. The Department routinely monitors this data every quarter and will continue to do so.
- Through the 4th quarter of calendar year 2015 (October 1 to December 31, 2015), Medicaid claims data demonstrates that utilization of radiology services in hospitals has remained stable, neither increasing nor decreasing.
- The Department's member services call center for Medicaid members documents that during the period January through December 2015, there were only 14 calls received regarding radiological services. These calls did not include any complaints from members that were unable to find a site for x-ray services but rather, were from members that needed assistance finding a radiologist in their area.

The Department is aware of a presentation by the Radiology Association to the MAPOC Complex Care Committee in January of 2016 during which it was alleged that there was a lack of access to mammography screening services in Bridgeport for women of color. In response to these allegations, we reviewed specific claims data for mammography screening services by race and ethnicity in and around Bridgeport and found no evidence of any impact on access to these services. The Department reviewed the calls placed to member services regarding radiology. Out of the 14 calls received, none said they were having trouble finding

a providers and no one called back saying they were unable to make an appointment with a provider.

Based on our review of claims data and inquiries and complaints registered with the Member Services call center, the Department cannot substantiate the allegations that there are utilization or access issues related to radiological and imaging services for Medicaid members.

There were also allegations that radiology services in hospitals would increase, as private radiology practices may have to restrict serving Medicaid members due to the rate change. DSS found no demonstrated or documented correlation that the radiology reimbursement changes resulted in an increase in the utilization of radiological services for Medicaid members at hospitals, because private radiology practices have stopped taking Medicaid members.

The Department appreciates the Committee's interest and concerns on this topic and we remain absolutely committed to continue to actively monitor utilization and access for all radiology services. As the Department is already participating in these efforts, SB 295 is unnecessary and duplicative and would divert resources the Department needs to focus on the provision of services.