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Testimony Regarding S.B. 836: An Act Holding Harmless Medicaid Clients and Providers Affected by Agency Computer Errors

Testimony Supporting S.B.899: An Act Concerning Children Who Transfer from HUSKY A to HUSKY B Health Care Coverage

Testimony Supporting H.B.7123: An Act Concerning Telephone Wait Times for Persons Contacting the Department of Social Services

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Human Services Committee
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Senator Moore, Representative Abercrombie, Senator Logan, Representative Case, and esteemed members of the Human Services Committee,

I am testifying today on behalf of Connecticut Voices for Children, a research-based child advocacy organization working to ensure that all Connecticut children have an equitable opportunity to achieve their full potential. Thank you for this opportunity to voice our support for S.B. 836, S.B.899, and H.B.7123.

Support for S.B. 836: An Act Holding Harmless Medicaid Clients and Providers Affected by Agency Computer Errors

Connecticut Voices for Children supports this proposed bill based on what we have learned as coordinators of the Covering Connecticut's Kids & Families (CCKF) project. For over 15 years, CCKF has brought together state health insurance programs like HUSKY and the Access Health CT insurance exchange with health and social services community partners to share information to improve health coverage and access to care.

Discussion at CCKF and at the Council on Medical Assistance Program Oversight (MAPOC) has raised ongoing concerns about submitting verification documents, processing applications, and document retention related to benefit applications and renewals. While we do not have clear documentation of these concerns, many anecdotes and a statement that in a one-year period, 20% of a representative subset of the Medicaid population was dissenrolled and then reenrolled in Medicaid within 60 days[1] suggest a need to take such concerns seriously.

In addition to the changes requested in S.B. 836, ***we recommend clarifying the period of time during which a computer system is deemed "new." We further recommend requiring ongoing reporting from the Department of Social Services on "churn" between and within programs***. "Churn" is when eligible families temporarily lose their enrollment status, experience a gap in benefits, and then reenroll within a defined period of time. Reporting on this phenomenon could include tracking the number of individuals disenrolled from a benefit program who reenroll within 90 days by reason for disenrollment, with particular attention to points at which eligibility is reassessed (such as when a child turns 1 or 18). Analyses of churn across the U.S.[2,3] suggest strategies for reducing churn in order both to prevent gaps in benefit coverage and reduce the administrative costs of disenrolling and reenrolling benefit recipients.

The most recent report on gaps in Medicaid for children, published in 2016 and based on 2015 data, suggested that such gaps were increasing even for children who remained eligible for coverage.[4] Continuous coverage prevents disruptions in access to treatment or benefits and reducing churn alleviates administrative costs.

Support for S.B.899: An Act Concerning Children Who Transfer from HUSKY A to HUSKY B Health Care Coverage

Families with low incomes often experience fluctuations in income due to variations in work schedule or other factors.[5] Such fluctuations should not result in disruptions to children's health care. S.B.899 attempts to limit gaps in treatment that a child might experience when their family income increases and they are transferred from HUSKY A (Medicaid) to HUSKY B (Children's Health Insurance Program).

In addition to the recommendations in S.B.899, ***we respectfully suggest that the Department of Social Services study the possibility of combining HUSKY A and HUSKY B***. Connecticut is one of just 13 states with a separate CHIP program. HUSKY B includes less than 10% of children covered by HUSKY programs overall. While combining these programs theoretically could increase costs due to the wider range of benefits under HUSKY A, it likely would reduce administrative costs. Connecticut maintains a separate CHIP program as well as HUSKY Plus (a set of benefits available to HUSKY B enrollees with specific medical needs). In addition, the cycling between HUSKY A and HUSKY B that occurs for children whose family income fluctuates regularly results in administrative costs.[6]

Further, each time there is a need to reenroll or a child's coverage group changes, there is a risk that eligible children will lose coverage or access to vital care due to the administrative complexities of these changes, including the transfer of preauthorization requests noted in S.B.899. Continuity of care is key to managing chronic conditions like asthma and to intervening early when a child experiences a developmental delay.

No data is currently publicly available to analyze the number of children impacted by shifts between the HUSKY A and B programs. As noted above in our testimony supporting S.B. 836, we respectfully suggest that the Department of Social Services report on movement between HUSKY programs as well as on reasons for disenrollment and rates of reenrollment within 90 days and other common disruptions for HUSKY enrollees. Such reporting would shed light on the degree to which ***administrative or technical barriers may be causing lapses in coverage for some HUSKY enrollees even when they remain eligible***. Addressing such gaps in continuity of coverage and care not only improves access to health care, it would create administrative efficiencies and related cost savings.

Support for H.B.7123: An Act Concerning Telephone Wait Times for Persons Contacting the Department of Social Services

As noted above, anecdotal reports through CCKF and MAPOC suggest challenges in benefit enrollment and renewal processes in the past year. The Department of Social Services has reported improvements in telephone wait times in recent months.[7] By November 2018, wait times had improved to an average of 32 minutes (down from over 100 minutes in January through April) and abandon rates had also improved to less than 40% (down from 60% in January). These improved figures still represent the need for callers to make a significant investment of time, including the use of limited phone plan minutes. Such improvements are a step in the right direction and ongoing resources are needed to continue this trend.

Call volumes can be unpredictable and may fluctuate in response to events such as the recent shutdown of the federal government, which altered SNAP distribution timelines. In order to adequately plan for such unexpected events we respectfully suggest an ***ongoing assessment of the impact of telephone wait times*** and related challenges on processing applications and renewals for Medicaid and SNAP. Further, we respectfully suggest that ***public reporting on call center wait times continue and that reporting on churn (as defined above) be analyzed for any connection between failed attempts to reach the Department of Social Services and loss in coverage.***

Thank you for the opportunity to submit this written testimony support of S.B. 836, S.B.899, and H.B.7123. I can be reached with any questions at ksiegel@ctvoices.org or at 203-498-4240, ext. 120.

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[1] Medical Assistance Program Oversight Council November Meeting 2018. Available at: http://www.ctn.state.ct.us/ctnplayer.asp?odID=15750 Note: The analysis provided was specific to the Patient Centered Medical Home Plus shared savings program and DSS staff noted that the "churn" found in this population was similar to "churn" found across the HUSKY programs.

[2] Center on Budget and Policy Priorities. (2015) "Lessons Churned: Measuring the Impact of Churn in Health and Human Services Programs on Participants and State and Local Agencies." Retrieved from: https://www.cbpp.org/research/lessons-churned-measuring-the-impact-of-churn-in-health-and-human-services-programs-on

[3] Center on Budget and Policy Priorities and CLASP. (2018) "Improving SNAP and Medicaid Access: Medicaid Renewals." Retrieved from: https://www.clasp.org/sites/default/files/Deep%20Dive%20-%20Medicaid%20Renewals%20-%2011-27.pdf

[4] Connecticut Voices for Children. (2016) "Gaps or Loss of Coverage for Children in the HUSKY Program: A 2016 Update." Retrieved from: http://www.ctvoices.org/sites/default/files/h15huskycoveragegaps20102012201320142015.pdf

[5] Tax Policy Center. (2017). "Income Volatility: New Research Results with Implications for Income Tax Filing and Liabilities." Retrieved from: https://www.urban.org/sites/default/files/publication/90431/2001284-income-volatility-new-research-results-with-implications-for-income-tax-filing-and-liabilities_0.pdf

[6] Connecticut Health Foundation. (2018) "Improving the Health of Connecticut's Children." Retrieved from: https://www.cthealth.org/publication/improving-the-health-of-connecticuts-children/

[7] Connecticut State Department of Social Services. (2018). "DSS Public Dashboard." Retrieved from: https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Communications/July-2018-DSS-PublicDashboard.pdf?la=en