



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
HUMAN SERVICES COMMITTEE
Tuesday, March 12, 2024**

**HB 5455, An Act Concerning The Efficiency Of The Department Of Social Services
In Determining Eligibility For Medical Assistance And Responding To Requests
For Information Or Assistance**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 5455, An Act Concerning The Efficiency Of The Department Of Social Services In Determining Eligibility For Medical Assistance And Responding To Requests For Information Or Assistance**. CHA supports the bill.

Connecticut hospitals are critical to their communities. They are confronting the challenges posed by a post-pandemic healthcare system with an exemplary healthcare workforce that continues to provide outstanding care. But challenges remain. Hospitals are treating sicker patients, it continues to be challenging to hire and retain staff, and the financial headwinds are grave. Through it all, hospitals are steadfast, providing high-quality 24-hour care for everyone who walks through their doors, focusing on making Connecticut's healthcare system more equitable, and driving world-class innovation right here in Connecticut.

HB 5455 requires the Commissioner of the Department of Social Services (DSS) to study the efficiency of DSS's Medicaid eligibility determination processes and the Department's efficiency in responding to requests for information or assistance via telephone. The legislation requires DSS to provide a report to the Human Services Committee by October 1, 2024.

CHA appreciates the Committee's attention to this issue as it is important for both HUSKY-eligible individuals and providers alike. A regular source of medical coverage is critical to maintaining good health. In the case of individuals awaiting a determination for HUSKY eligibility, word from DSS is the key to accessing important services such as medical, dental, and behavioral health care; long-term care services; and pharmacy benefits. It is important that these decisions are made timely and that individuals who have questions about their eligibility or benefits are able to get those questions answered.

For providers, timely eligibility determinations are crucial for ensuring patients have access to the care they need, when they need it, in the most appropriate setting. In many instances, it is the linchpin to safe discharge from the hospital. For example, for individuals who need long-term care services and can be safely discharged home and receive services in the community, eligibility for and enrollment in Medicaid's Money Follows the Person is often critical to discharge from the hospital. Delays in eligibility determinations for this program alone can cause patients to remain in the hospital longer than they need to and cause delays for other patients awaiting a hospital inpatient bed.

Delayed eligibility reviews can also have negative financial implications for hospitals. While Medicaid payments do not come near covering the cost of providing care, they are still an important source of revenue for hospitals given the large number of HUSKY patients served by hospitals each year. Delayed eligibility determinations put those payments in jeopardy and inject uncertainty in hospital operations.

DSS has worked closely with CHA to improve the timeliness of Medicaid eligibility determinations that are frequently encountered by hospitals, including retroactive Medicaid and emergency Medicaid coverage. CHA supports efforts to identify additional opportunities to improve these processes, especially in the area of long-term care, and create more efficient pathways for determinations. HB 5455 will augment this work, further identifying issues that need to be addressed in order to create a more efficient Medicaid program in the state.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.