**Human Services Committee**

**PUBLIC HEARING AGENDA**
**Tuesday, February 28, 2023**

**Connecticut Association of Health Plans**
**Testimony Regarding**

**SB 978 AAC EXPANSION OF THE COVERED CONNECTICUT PROGRAM.**
**HB 6665 AAC THE GOVERNOR'S BUDGET RECOMMENDATIONS FOR HEALTH AND HUMAN SERVICES.**
**HB 6776 AAC A PASSIVE MEDICAID REDETERMINATION PROCESS FOR CERTAIN RECIPIENTS.**

The State of Connecticut should be commended for implementing a significant new program that provides lower-income working individuals with the opportunity for no-cost health insurance through the Covered CT Program. The program is unique in the sense that it provides individuals with commercial benefits under the Exchange with the cost of premiums, copays, and other coinsurance picked up by the state. Covered CT also provides for certain state-funded Medicaid wrap-around services, like non-emergency transportation, as a bridge to the commercial market.

Unfortunately, uptake in the program has been minimal and it is a lost opportunity for many in the state. The situation will become that much more acute as the 400,000 plus individuals added to Medicaid under the public health emergency will be redetermined over the next several months resulting in as many as 100,000 individuals losing eligibility. Toward that end, we support the components of SB978, HB6665, and HB6776 that support and underscore the value of the Covered CT program.

The Association respectfully requests, however, that the bills be further enhanced to prepare and respond for the upcoming wave of newly ineligible Medicaid recipients.

Streamlining that process is critical to assuring individuals don't find out at the hospital or the pharmacy counter that they no longer have coverage under HUSKY. Reenrolling these individuals after they've lost coverage is an inefficient way to proceed that will result in both delay of care and increased uncompensated care.

Instead, we'd respectfully suggest that the state auto-enroll newly ineligible Medicaid members into the Covered CT program in a similar manner as to how the state intends to passively reenroll members into Medicaid. The same financial information from the Department of Revenue Services could be utilized to achieve auto-enrollment. Other states have already proceeded in this manner and Connecticut would be well-served by doing the same. Any mechanics needed to accomplish auto-enrollment must be implemented in the next few weeks before notifications begin going out to the 400,000 targeted individuals.

It’s important the Department of Social Services, the Exchange, Advocates, the Medicaid ASOs, and the Exchange carriers all meet as soon as possible to facilitate auto-enrollment if the General Assembly agrees this is the preferred approach.

Thank you for your consideration.