



377 Research Parkway
Meriden, CT 06450-7160
203-238-1297

TESTIMONY

Human Services Committee Public Informational Forum, Managed Care Organizations
Providing Health Care Services

January 18, 2007

Good morning Senator Harris, Representative Villano and members of the Human Services Committee.

Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA), the professional organization for registered nurses in Connecticut. I am Marilyn Richard, a psychiatric –mental health advanced practice registered nurse in private practice and a member of Connecticut Nurses' Association's Government Relations Committee. I am providing comments on Medicaid's managed care organizations that provide health care services.

In the decade that has elapsed since Medicaid Managed Care was implemented in Connecticut, certainly there have been some very positive advances. We appreciate the work of the Department of Social Services and the legislature in bringing those advances and improvements to our Connecticut residents who need it most. However, much work remains to be done if Husky/Medicaid managed care is to achieve the goals to which it aspires. These must include access to the full spectrum of care, from prevention to acute and chronic care, for medical, behavioral, and dental health. We have a long way to go.

My goal today is to identify two key areas that need immediate attention. These are specific both to my particular domain of psychiatric/mental health care, but also to my nursing colleagues whose practice areas are different than mine. All are of concern to nursing, and to the Connecticut Nurses' Association, which has as its concern the health of all residents of Connecticut and in particular, those most vulnerable in our state.

- Access to medication: We cannot effectively treat patients without the proper medication. HUSKY insurance provides full prescription coverage. However, the Medicaid managed care companies throw up huge barriers in the name of prior authorization. The goal appears to be delay, burden, deny. In the end, the medication is often approved—but only after the provider has spent as much time on the phone and with forms as she did actually seeing the patient. The burden is on the provider to prove that it is necessary – which may take several days during which time the patient is left without medication. Because this process is so time consuming it is a barrier to providers wanting to serve this population
 - **Recommendation:** Remove the burden of proof of medical necessity from the provider.
- The fee schedule set for by the various insurers under Medicaid managed care is simply inadequate to engage private practice providers. This is true in medical, dental, and behavioral health disciplines. It has the net effect of making the patient's insurance meaningless. In fact, it is sometimes easier to get a specialist to see an uninsured patient on a charitable care basis than to get a HUSKY insured patient seen. The net effect is that patients with Husky who need to see a specialist, for instance an orthopedic specialist, are often forced to go to one of the tertiary medical centers for care that should be provided in the home community. As stewards of this program, one must ask: if the amount provided to the MCOs for each HUSKY enrollee includes an allocation for specialty care, yet patients can't access specialists, where does that money go?
 - **Recommendation:** There are many proposals on the table to increase the Medicaid fee schedule and this must be done in this legislative session.

Thank you for your time and please don't hesitate to contact our office if you have additional questions.