



Testimony on the Health Care Exchange
Provided to
New York State Insurance Department
Provided by
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President/CEO
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The Health & Welfare Council of Long Island is a private, not-for profit, health and human services planning, research/public education and advocacy organization that serves as the umbrella for public and voluntary agencies serving Long Island's poor and vulnerable individuals and families.

HWCLI responds to Long Island's needs through its four focus areas: Disaster Preparedness, Economic Stability, Health Care Access and Nutritional Security.

For the Past eleven years, HWCLI has served as a lead agency for the Facilitated Enrollment Program through a contract with the New York State Department of Health, enrolling over 30,000 individuals in one of the State's public health insurance programs. It has convened the Access to Health Care Coalition, a broad based coalition of community based organizations, managed care plans, local districts and the State Department of Health to address systemic issues related to accessing and maintaining coverage in public health insurance. Most recently, HWCLI began providing CHA (Community Health Advocate) services through a contract with Community Services Society. Collectively, since November the CHA agencies have assisted over 10,000 New Yorkers with getting and keeping private and public health insurance, accessing care, and dealing with complex insurance issues. Finally, HWCLI is a founding member and current steering committee member of Medicaid Matters New York, a Statewide Coalition of over 130 organizations united in the mission to make sure the consumer voice is heard, understood and met in any discussion related to the state's public health insurance programs.

HWCLI would like to echo the sentiments of many of our colleagues that have testified before us today and at the hearings that have recently taken place across the State; ***we need health exchange legislation this session.***

We recommend that New York State integrate its Medicaid program and the health exchange and address the five key areas discussed in the recent report released by the United Hospital Fund: eligibility and enrollment, renewals and transitions, information systems, consumer communications, and challenges associated with aligning the plans, networks, and benefits offered.

ENSURING THE EXPANSION OF COVERAGE

With an estimated 1.2 million New Yorkers entering into the Exchange in 2014, it is clear that consumers need an effective Exchange. New Yorkers will also need strong and well-integrated Navigator and Consumer Assistance Programs to successfully access health insurance and health care systems within the Exchange. Comprehensive balanced public education will be needed to raise awareness on the availability of qualified health plans – public and private alike – and available subsidies or exemptions. While they will likely evolve, facilitated enrollment into health plans is critical and must be provided in a manner that is culturally and linguistically appropriate to the needs of the population being served.

We need to ensure Navigator and Consumer Assistance Programs are well-funded by passing the Exchange Law this session and, thus, seize Current federal funding opportunities that may soon disappear

With the opportunities afforded by the *Patient Protection and Affordable Care Act* come significant challenges and uncertainties about how *all* consumers have easy access to assistance and navigation to help them seek, obtain and retain the coverage for which they are eligible. The system will inevitably be incredibly complex, particularly for people of lower means, complex needs, and other challenges, and people should not be expected to wade through the system on their own. For some constituencies, confidentiality and sensitivity to particular services is of utmost concern. All of these issues must be incorporated into the model of consumer assistance and enrollment.

New York has a history of supporting consumer assistance in public insurance enrollment through the Facilitated Enrollment program and the community-based system of out-stationing. State regulations should be designed so that the state builds on the successes of these programs, aiming to make assistance and navigation as globally accessible as possible, at every step of the process.

To adequately provide for consumer assistance and navigation, the state must:

- Continue to support the Facilitated Enrollment program and maintain out-stationing, including access to face-to-face assistance when needed, and build on it's successes to create a model that can serve all Medicaid populations;
- Fund an independent consumer assistance program made up of community-based organizations statewide that already have historical knowledge and expertise in assisting the diverse people in the communities in which they work;
- Identify a consumer ombudsperson, centrally located at one state agency, to triage concerns and complaints from individuals and their advocates, including a free hotline for public access;

- Support education and outreach to underserved constituencies through multiple media efforts (print, social networking, radio, etc.), community- and faith-based organizations, schools and other venues; and,
- Maintain constant, ongoing communication and coordination with consumer stakeholders and their advocates to ensure broad, diverse perspectives are considered in every decision-making process.

NO WRONG DOOR

Central to the mission of health reform is making sure people who are eligible for some sort of coverage, whether it is public or private, are readily able to access that coverage. Health reform requires that state Exchanges provide a gateway through which people can apply for all types of health care coverage – Medicaid, Child Health Plus, tax subsidies and private plan coverage. The Exchanges will also be the source of desperately needed navigational assistance. Many people will not know what they are eligible for, their income or other status may change, and they must not be turned away; the ‘no wrong door’ concept means they will be directed to whatever the system determines they are eligible for. Therefore the Exchange must:

- Provide information on *all* coverage programs (Medicaid, Child Health Plus, Family Health Plus, Emergency Medicaid, Medicaid’s Family Planning Benefit Program, Medicaid for Pregnant Women, Home and Community-Based Services options, private insurance, private insurance subsidies, and financial assistance for the uninsured at hospitals and community clinics), including cost, benefits, network adequacy, and quality ratings;
- Abide by the Federal requirement for a universal application designed to accommodate everyone; accept applications by all available mechanisms (Internet, phone, mail and in person), recognizing differences in consumer capacity to use the various mechanisms; NYS might want to consider building off of the Access New York application
- Uphold the obligation to provide maximum accessibility, meeting the needs of people with disabilities, literacy challenges, and language barriers;
- Keep citizenship/immigration status documentation and income verification requirements to a bare minimum, streamlining requirements with existing mechanisms that work, including cross-agency data matching, and building upon systems changes to provide utmost seamlessness;
- Consider a state-only coverage option for the purposes of covering the people and services left out of health reform, including those who are exempt or ineligible for health insurance, and the full range of reproductive health services;
- Figure out how to align eligibility and enrollment standards for people whose income eligibility is determined based on their modified adjusted gross income (MAGI) and those who are excluded from MAGI determination (non-MAGI);

- Ensure that consumer communications regarding subsidies offered through the Exchange and public insurance programs are written at appropriate literacy levels and translated into the languages of New York's diverse communities; and,
- Update systems and infrastructure to allow for smooth information sharing and seamless transitions, making the operations imperceptible to consumers.

As stated in the United Hospital Fund's report, " Building the Infrastructure for a New York Health Benefit Exchange: Key Decisions for State Policymakers", while the choice of having the federal government run New York's exchange might reduce financial exposure for New York, it would come at the significant cost of surrendering self-determination on a range of regulatory issues, including the role the Exchange plays in the markets, oversight of the interplay between the Exchange and non-exchange markets, coordination of the exchange with the Medicaid program, and consumer protections unique to New York.

We need health insurance legislation this session and urge you to ensure its passage.

Thank you-