

Medicaid **Medicaid Matters New York** *Matters*

Medicaid and New York's Health Insurance Exchange
May 18, 2011

Medicaid Matters New York (MMNY) is 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. Medicaid and the other public programs – Child Health Plus and Family Health Plus – will be central to covering low-income New Yorkers under a new system of health insurance coverage. The State Health Insurance Exchange (the Exchange) offers a tremendous opportunity for simplifying and streamlining enrollment into public health programs, and integrating them with newly-available private coverage. This unprecedented time also presents an opportunity to reach people and communities historically unreached. As described in these comments, we can only hope to be successful if there is adequate language access, if the system meets significant levels of cultural competency, and if consumer and community involvement is included at every step of the way.

MMNY urges enactment of a law establishing an Exchange in New York this session in order to maximize the federal funding available to assist states in creating exchanges. We submit these comments regarding the structure and governance of New York's Exchange in recognition of the fact that integrating public programs with private products and their subsidies will be one of the fundamental challenges faced by the Exchange. The decisions made this session regarding Exchange governance and structure will impact our ability to successfully address that challenge and maximize the coverage gains promised by federal health care reform.

One Exchange with Consistent Processes and Messages

The Medicaid program in New York State has been plagued with complexity and inconsistency. Much of the complexity has been an unintended and unfortunate consequence of years of progressive initiatives designed to make more low-income New Yorkers eligible for coverage. The new budgeting rules introduced by the Affordable Care Act (ACA) will go a long way toward simplifying the program. However, the federal rules themselves contain significant complexity, as Medicaid rules are not the same for all populations, and questions regarding inconsistencies in budgeting rules for Medicaid and private insurance subsidies remain unanswered.

We already know what happens when complex rules are administered by many different agencies, as Medicaid is still county-run in New York. Complexity leads to inconsistency which leads to high levels of confusion for consumers. We cannot afford to let this happen with the Exchange. Although different regions of New York will undoubtedly offer different pricing and products for

private coverage, and different local agencies involved in consumer assistance and navigation, the underlying policies and procedures for applications and eligibility determinations must be centralized and consistent. Communications with consumers must be consistent in tone and message across the state, and they must be accessible in terms of literacy, language and cultural competency.

The Exchange Must be a Governmental Entity

The Exchange must have governmental accountability and transparency in order to gain the trust of consumers in making adjudicatory decisions and handling confidential information. We recognize that a public authority is the vehicle most likely to be chosen, due to an authority's enhanced flexibility in procurement, singularity of mission, and freedom from conflict of interest between regulatory and contracting roles. MMNY would not object to a public authority but special attention must be paid to the composition of the Exchange Authority's Board of Directors.

Composition of the Board

A significant number of members should represent the interests of consumers and small employer purchasers of products offered by the Exchange. All board members should have some knowledge and expertise regarding individual or small group, or public health insurance, or experience with health care finance, administration or familiarity with public health and public health research, including expertise on health needs and disparities in the State's diverse communities. MMNY also believes the board should have representation from the governmental agencies charged with overseeing the commercial and public insurance industry (the Superintendent of Insurance, the Commissioner of Health and the Medicaid Director).

In addition, Board composition should reflect the racial, ethnic, and geographic diversity of the State. No conflicts of interest should be tolerated. The board should establish an advisory committee in order to more fully represent the diverse interests of New York's stakeholders and to include stakeholders who might be precluded from board service by their conflicts of interest.

"No Wrong Door" and "One-stop Shopping"

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.

To that end, New York's Insurance 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;
- 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.

Comprehensive Consumer Assistance and Navigation

With the opportunities afforded by the *Patient Protection and Affordable Care Act* come significant challenges and uncertainties about how we will make sure everyone will get what they need. Arguably the biggest and most important challenge to overcome will be ensuring that *all* consumers will 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. Federal 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.

MMNY was involved in a project to garner community input on what consumer assistance and navigation should look like under a new system of providing health insurance coverage in New York.

Stakeholder meetings were held around the state to bring a variety of perspectives together to inform a report that will soon be published by the New York State Health Foundation to inform the implementation activities and processes of setting up the Exchange and related state programs.

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.