

NYC and the Affordable Care Act: Where We Are Post-Roll-Out and How We Can Boost Access to Care

**October 23, 2014
New York City Council Chambers
1:00 P.M.**

Sonia Angell, MD, MPH
Deputy Commissioner
Division of Prevention and Primary Care
NYC Department of Health & Mental Hygiene

Marjorie A. Cadogan
Executive Deputy Commissioner
Office of Citywide Health Insurance Access
NYC Human Resources Administration

Marlene Zurack
Senior Vice President & Chief Financial Officer
NYC Health & Hospitals Corporation

Overview

- I. The Affordable Care Act
- II. OCHIA
- III. NYC Enrollment Outcomes and Opportunities after First Cycle of Open Enrollment
- IV. Pathways to Increased Coverage in NYC
- V. DOHMH Role and Enrollment Campaign
- VI. HHC Preparation and Enrollment

The Affordable Care Act

Key Coverage Provisions

Key Facts About Health Care Reform

New York State is implementing the Affordable Care Act or “ACA”

NYC wants all residents to get the assistance & benefits available under the ACA

For most uninsured New Yorkers under 65, there are new health insurance

- **obligations** – a requirement to have health insurance or pay a penalty, and
- **options** – most uninsured can get tax credits to lower their insurance costs through NY State of Health, the Official Health Plan Marketplace

Small businesses (<50 employees)

Don't have to offer health insurance but some may get a tax credit through NY State of Health if they do

Larger businesses (50+ FTE workers)

Must offer affordable & adequate coverage to full-time workers & dependent children - or else they may face a penalty in 2015 / 2016

The Affordable Care Act aims to make health insurance accessible to more individuals* by reducing the cost of insurance in new Marketplaces



Medicaid expansion
($\leq 138\%$ FPL)

- Single adults earning under \$16,105/yr**
- Couples earning under \$21,708/yr**
- Family of 4 earning under \$32,913/yr**

Tax Credits - help paying for premium
($<400\%$ FPL)

- Single Adults earning under \$46,680/yr[^]
- Couples earning under \$62,928/yr[^]
- Family of 4 earning under \$95,400/yr[^]

Tax Credits and Cost-sharing assistance#
($\leq 250\%$ FPL)

- Single adults earning under \$29,175/yr[^]
- Couples earning under \$39,325/yr[^]
- Family of 4 earning under \$59,625/yr[^]

*Primarily non-elderly individual and their families without access to job-based coverage, including sole proprietors.

**Uses latest federal poverty levels (FPL): 2014

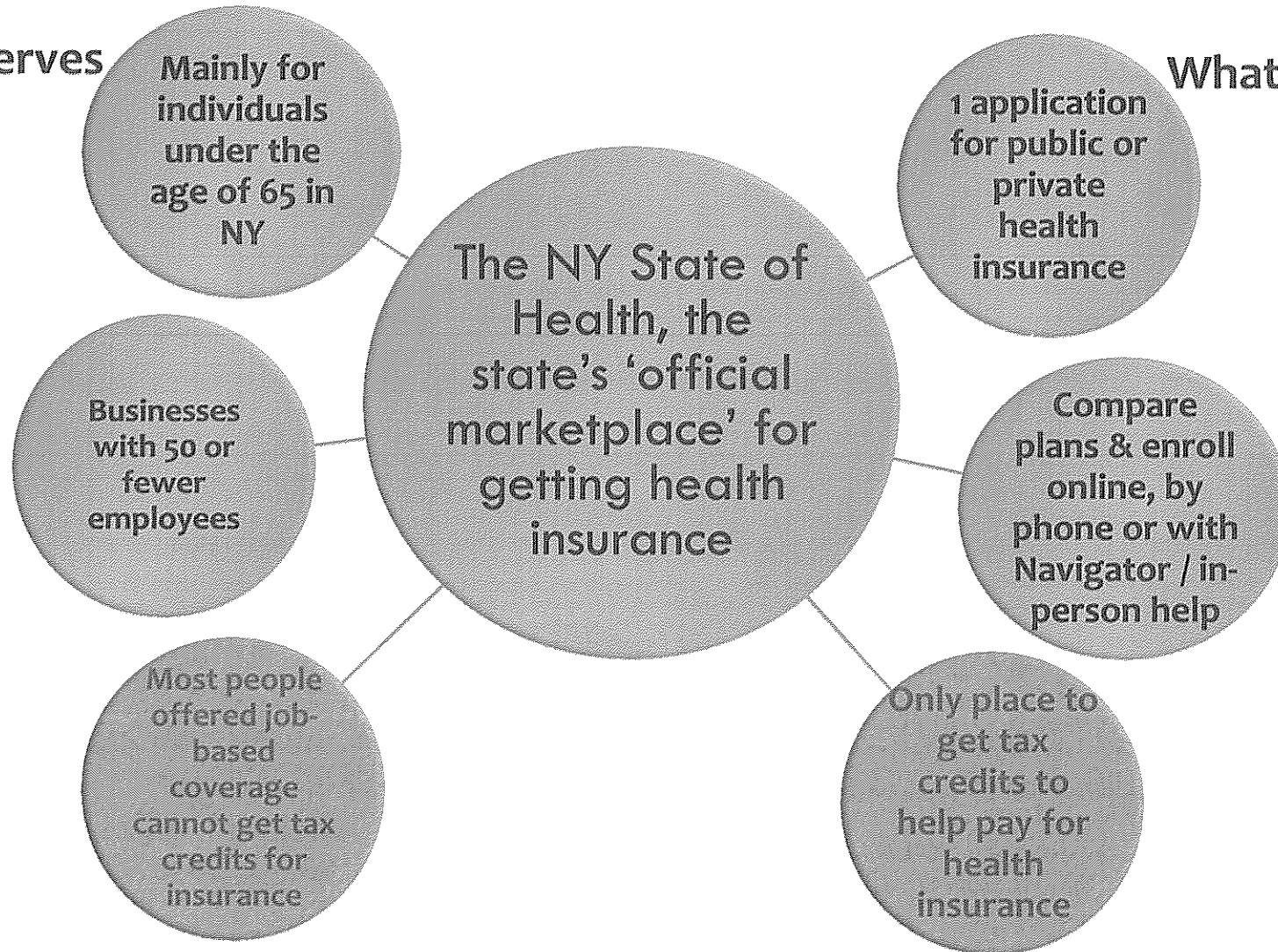
[^]Uses FPL in effect at start of open enrollment: Nov. 15, 2014

#Must enroll in a Silver plan to get cost-sharing assistance: reduction of the amount you have to pay for co-payments, deductibles and co-insurance

What is the NY State of Health?

6

Who it serves



Human Resources
Administration
Department of
Social Services

Pathways to Health Insurance

Individuals

NY State of Health
Medicaid (mainly for <65)
& private insurance –
only place for tax credits
& subsidies

HRA
Medicaid (if 65 or older;
needing or qualifying for
coverage due to disability
or blindness; in a waiver
program)

Private insurance market
Buy directly from insurer

Small Businesses

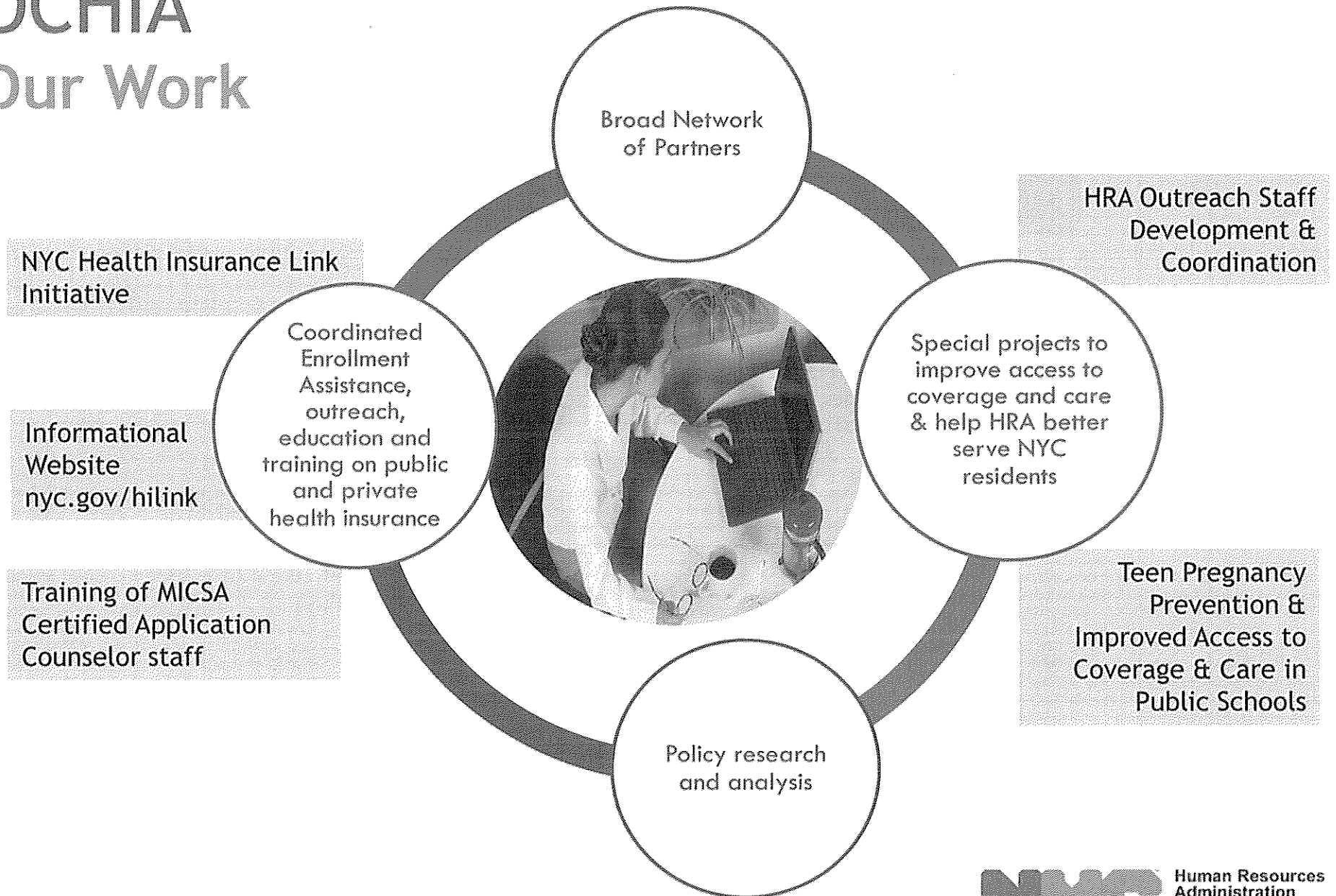
NY State of Health
Private insurance – only
place for tax credit for
eligible small businesses

**Private insurance
market**
Buy from insurer with
broker or agent help

Privately-run exchanges
Buy through a 3rd party,
allows choice of plans

OCHIA

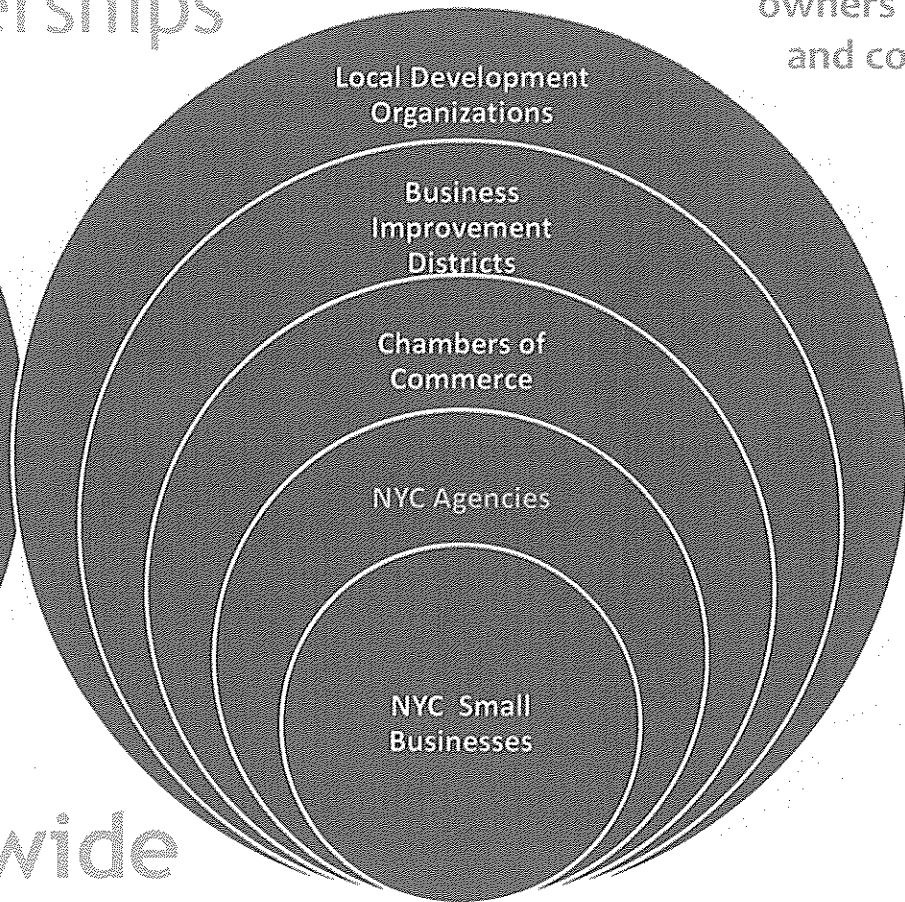
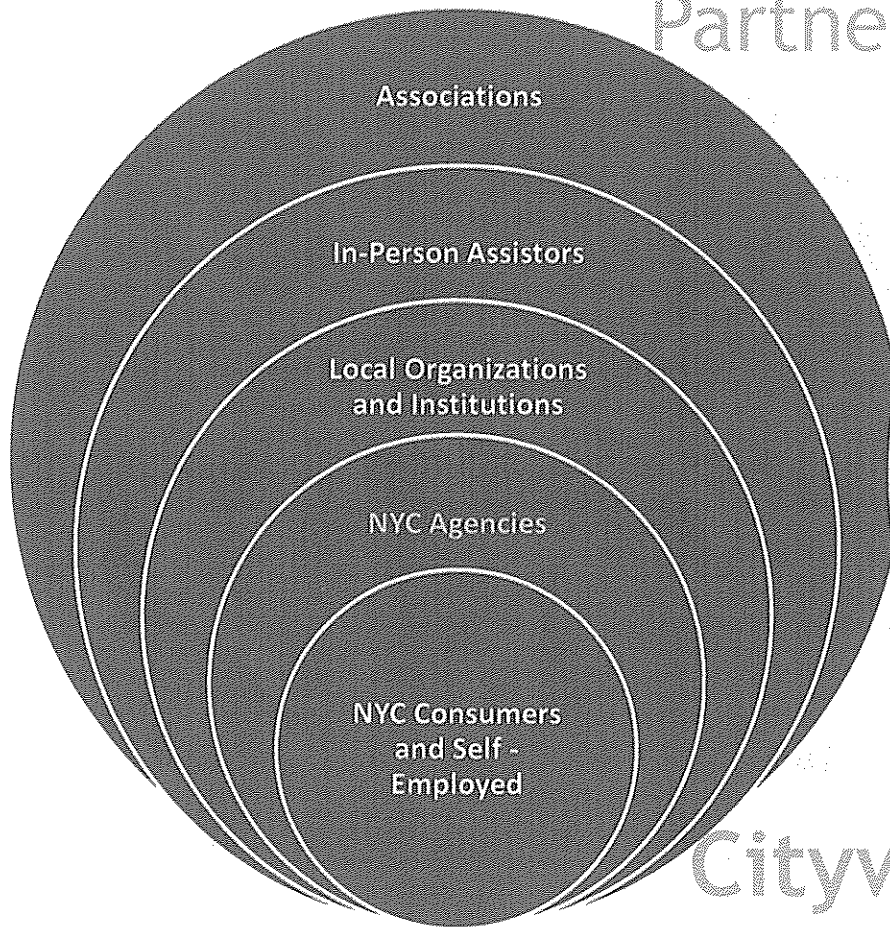
Our Work



OCHIA

Citywide Partnerships

For 13 years
Working to connect NYC
residents and small business
owners to care
and coverage



Citywide Reach

NY State of Health (NYSOH) Enrollment by Coverage Type and Geographic Area, NYC & Rest of NY State*

Estimated uninsured in NYC, pre-open enrollment: 1.1 million**

NYSOH Enrollment*	Bronx	Brooklyn	Manhattan	Queens	Staten Island	All NYC	Rest of NY State
Medicaid	62,404	98,149	44,640	92,371	11,223	308,787	216,496
Child Health Plus (CHP)	3,790	8,553	2,562	8,503	1,432	24,840	40,035
Private Insurance	16,419	53,219	38,413	50,386	6,879	165,316	205,288
All Coverage	82,613	159,921	85,615	151,260	19,534	498,943	461,819

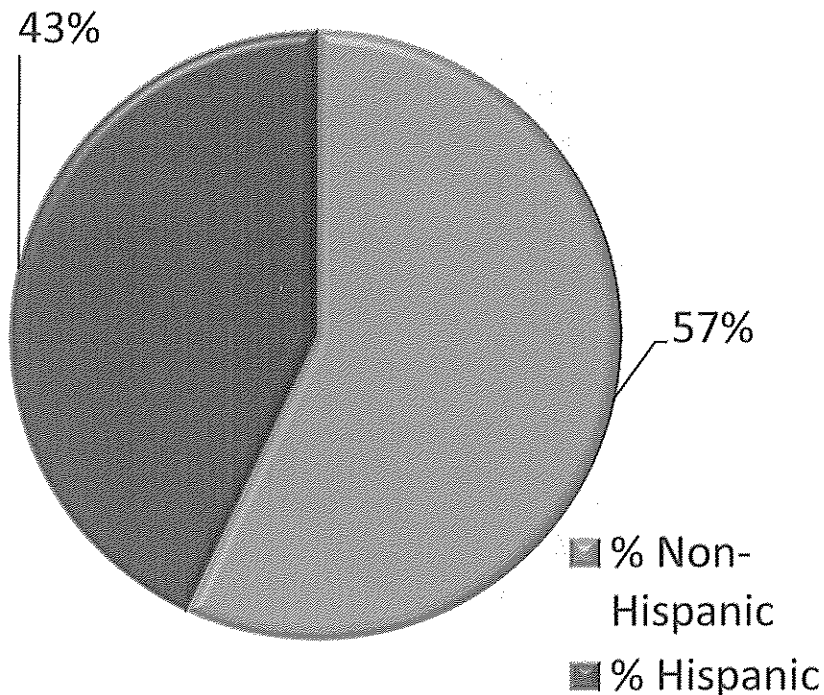
*NY State of Health 2014 Open Enrollment Report, June 2014

<http://info.nystateofhealth.ny.gov/sites/default/files/NYSOH%202014%20Open%20Enrollment%20Report.pdf>

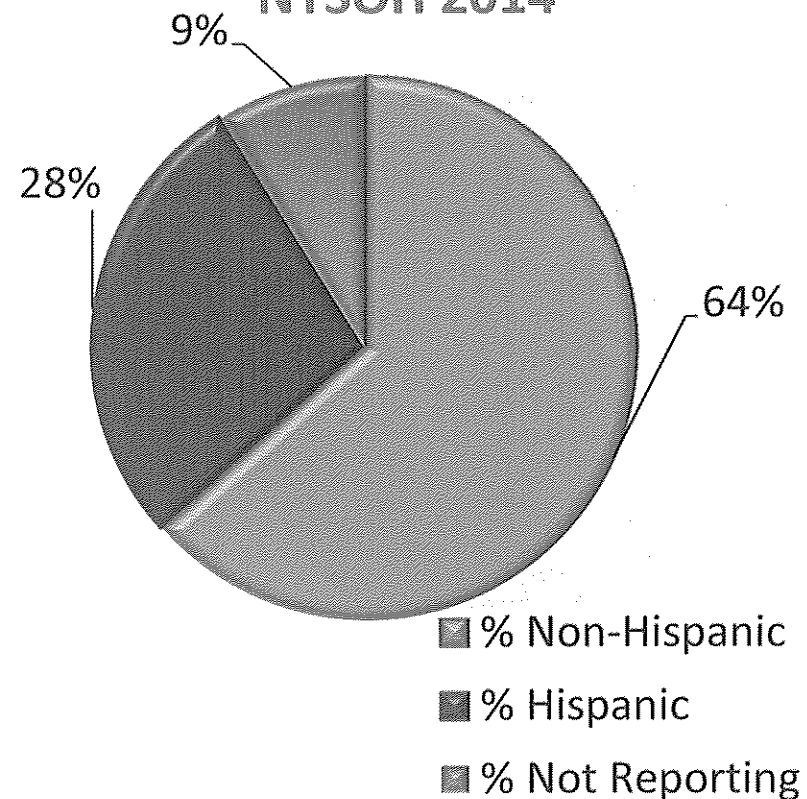
**HRA Office of Evaluation & Research (OER) analysis of the 2012 American Community Survey, March 2014, children and non-elderly adults (most recent data available)

Ethnicity of NYC Uninsured pre-open enrollment & NYC NYSOH Enrolled

NYC Uninsured Non-elderly
Adults in 2012*



NYC Residents Enrolled in
NYSOH 2014**

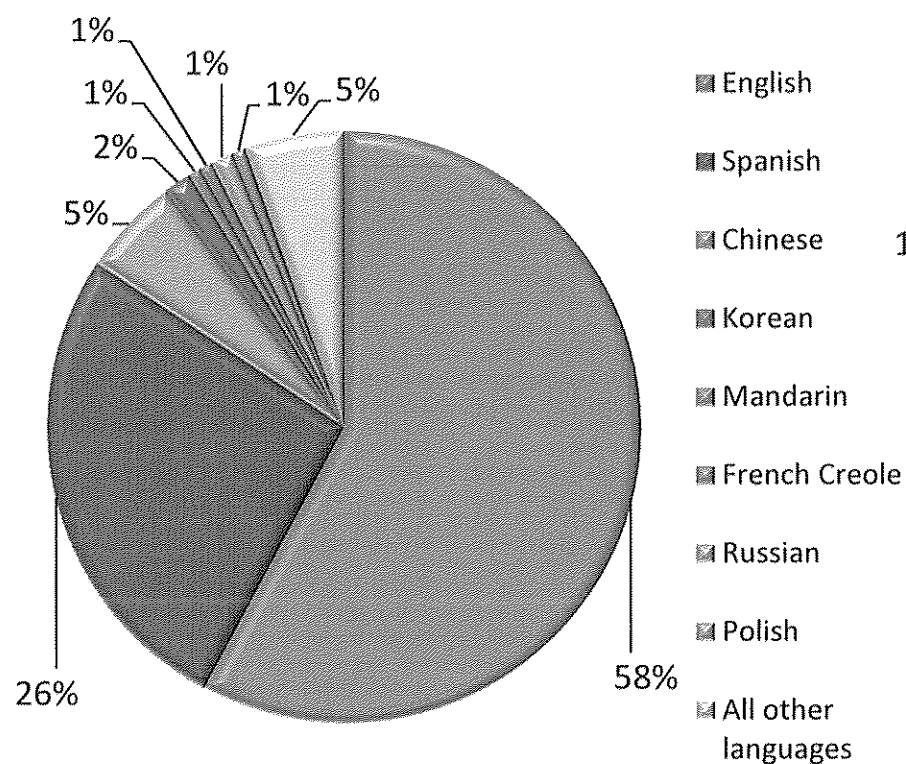


*HRA/OER Analysis of 2012 American Community Survey, March 2014

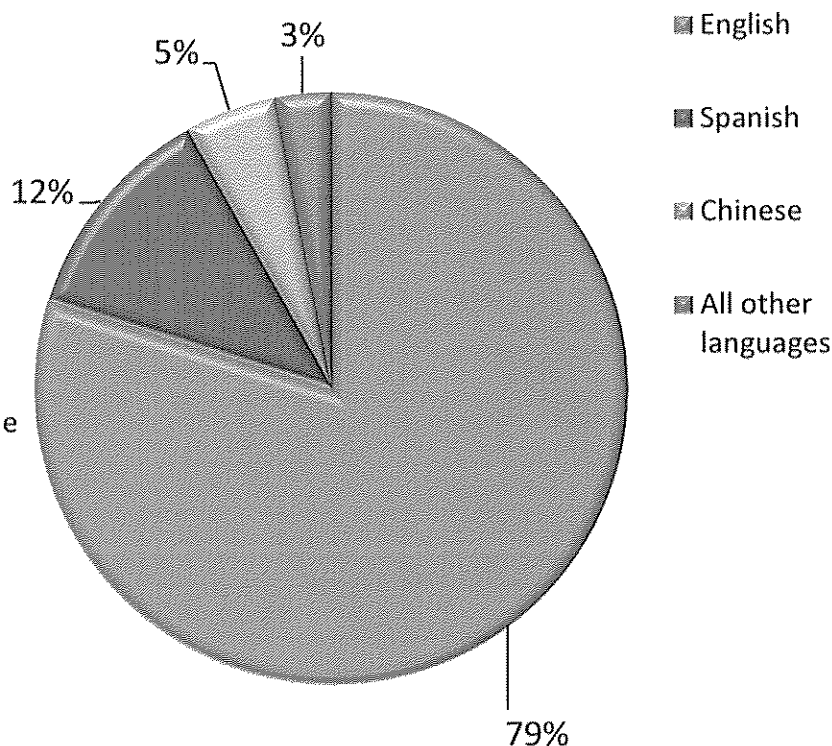
**Children and adults, NY State of Health 2014 Open Enrollment County Level Enrollment Report, September 2014. Data available here: <http://info.nystateofhealth.ny.gov/2014OpenEnrollmentCountyData>

Languages Spoken by NYC Uninsured & NYC Enrolled

NYC Uninsured Non-elderly Adults -
language proficiencies &
preferences*



NYC Residents Enrolled in NYSOH
– language preferences**



*English segment represents the number of uninsured NYC adults who spoke only English or who spoke English very well; other language segments represent the language spoken at home of uninsured NYC adults who spoke English less than very well (436,002 adults). HRA/OER Analysis of 2012 American Community Survey, March 2014

**NY State of Health 2014 Open Enrollment County Level Enrollment Report, September 2014

Pathways to Increased Coverage for NYC Residents and Small Business Owners

Opportunities on the Horizon

Open Enrollment begins November 15, 2014

Through partnerships and City resources, NYC can help more residents get insured under the ACA:

- Enhanced – Health Insurance help
- ACA Awareness & Enrollment Campaigns-- with emphasis on immigrant and LEP populations in NYC

Enhanced Health Insurance Help



Local Law 1

- **Expand use of Local Law 1 to inform residents about ACA coverage.** Local Law 1 requires certain Agencies, programs and vendor to provide clients with information about public health insurance (a pamphlet) when they seek City services

Greater Agency Engagement

- **Partner with more City Agencies & further enhance existing relationships.** Make health insurance application assistance referrals & on-site services available at more city office sites and events, and deepen existing partnerships.

OCHIA Planned Outreach Efforts for Fall 2014:

Highlights

Small Business Outreach

Sept. 30th event in Harlem with SBA, NYC DCA, NYC SBS, and Harlem CDC

October 17th event at Science, Industry & Business Library (SIBL)

Oct. 30th New York Business EXPO and Conference at the Jacob Javits Center

Nov. 14th event at the Bronx Museum of Arts in collaboration with Bronx Borough Pres. and BOEDC

City Agency Partnerships

Sept. 18th & 22nd training for new DOE nurses

Oct. 1st & Nov. 5th outreach at CUNY's York College in Queens

Oct. 22nd presentation for ACS contracted early childcare directors

Community & Immigrant Outreach

Nov. 18th event in Bushwick, BK for Spanish speaking immigrants

Oct. 23rd health insurance workshop for Grameen Prima Care health coaches

Dec. 13th event in East/Central Harlem for Spanish speaking residents

ACA Implementation: DOHMH Role

- New York State Department of Health operates the state-based health insurance marketplace “New York State of Health”
- NYC DOHMH plays a role in ensuring the successful downstate implementation of the marketplace:
 - **Monitoring Implementation and Assessing Impact on NYC**
 - Policy analysis
 - Surveillance activities: data analysis, field surveys
 - **Increasing Education and Awareness**
 - Insurance enrollment campaign
 - Outreach and education via District offices
 - **Insurance Enrollment Assistance**
 - DOHMH Certified Application Counselors at 9 DOHMH Health center sites

NYC 2014 Get Covered! Media Campaign

Objectives

- Increase awareness and outreach among uninsured about health insurance options available through the NYS Marketplace
- Increase enrollments, especially among low-income and vulnerable populations
- Provide an easier way to locate in-person enrollment assistors using 311

Duration

- 3 weeks at end of open enrollment period (March 10th- March 31st)

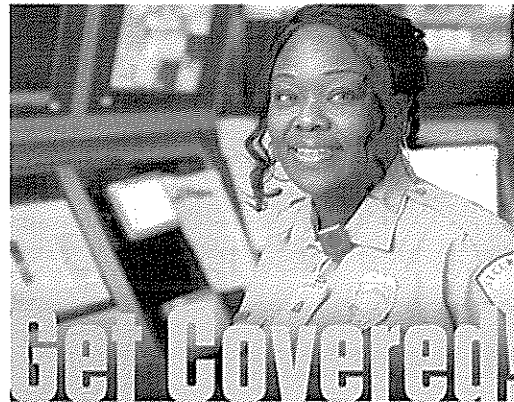
If you're a family of 4 in NYC making \$32,000 a year,
**YOU MAY QUALIFY FOR HIGH QUALITY
HEALTH INSURANCE AT NO COST**



The deadline to sign up is March 31st
Call 311 for help or go to NYStateofHealth.ny.gov



If you're a single New Yorker making \$20,000 a year,
**YOUR COST FOR HIGH QUALITY HEALTH INSURANCE
MAY BE AS LOW AS \$26 A MONTH**



The deadline to sign up is March 31st
Call 311 for help or go to NYStateofHealth.ny.gov

Las familias de 4 miembros en NYC que ganan hasta \$32,000 al año
**PUEDEN RECIBIR AYUDA FINANCIERA PARA COMPRAR
SEGURO MÉDICO DE ALTA CALIDAD**



La fecha límite de inscripción es el 31 de marzo
Para ayuda, llame al 311 o visite NYStateofHealth.ny.gov

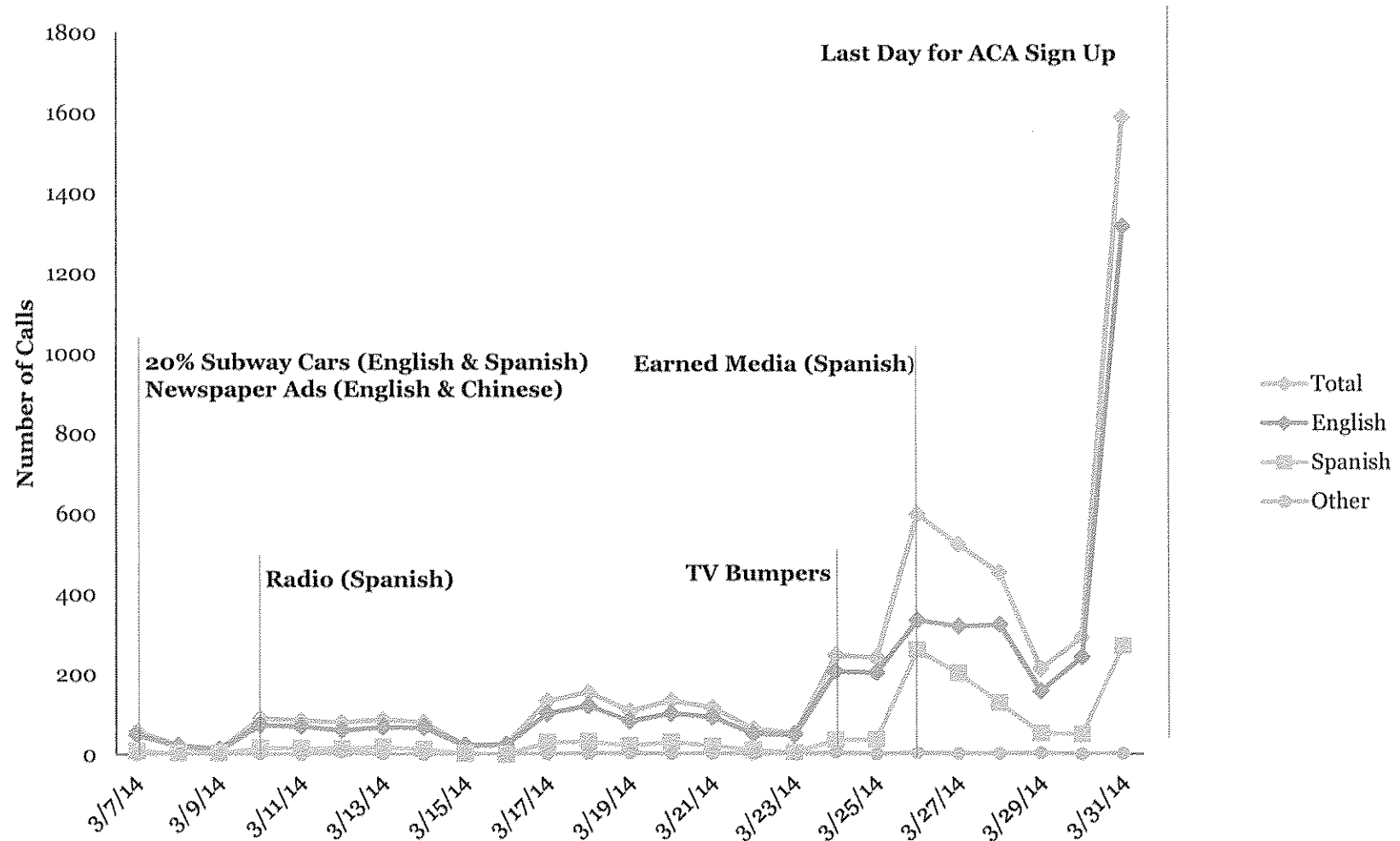


NYC 2014 Get Covered! Media Campaign: Evaluation

- Survey of NYC adults with household income below \$100K
 - Included those who were uninsured
- Recognition of campaign:
 - 44% recalled seeing “Get Covered!” campaign
 - 27% recalled seeing “Today’s the Day” campaign
- Campaign provoked those who saw one or more ads to:
 - Think: 70% of all respondents and 83% of uninsured pre campaign said the ads provoked them to think about their own or their family’s health insurance
 - Act: Seeing the ads motivated the person to:
 - Encouraged others to enroll - 44% of respondents
 - Visit NYStateofHealth.gov - 10% of respondents
- The total cost of reaching the target population was 18 cents per person
 - 44% of target population recognized the campaign= 2,000,000
 - Total cost of the campaign was \$356,000

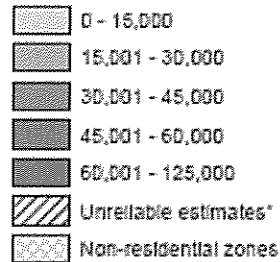
NYC 2014 Enrollment Campaign: Evaluation

Affordable Care Act 311 Call Volume By Date

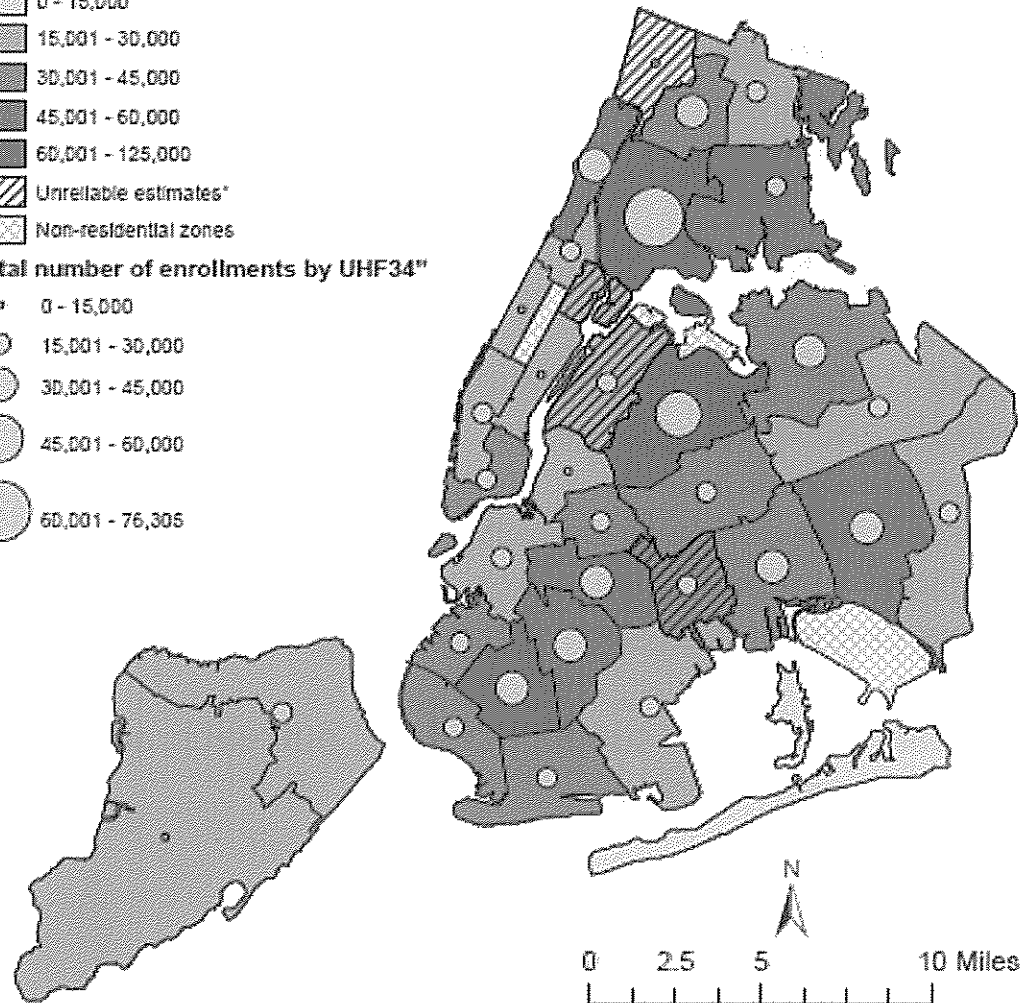
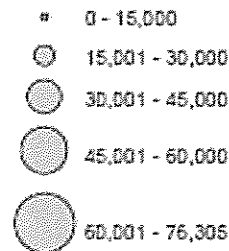


NYC Enrollment Snapshot by Neighborhood

Total number uninsured by UHF34*



Total number of enrollments by UHF34**



*Estimate should be interpreted with caution. Estimate's Relative Standard Error is greater than 30%, or the 95% Confidence Interval half-width is greater than 10 or the same size is too small, making the estimate potentially unreliable.

Source: NYC Community Health Survey, 2013, Bureau of Epidemiology Services, NYC DOHMH.

**Values presented exclude CHP enrollments. Source: New York State Interactive health insurance tool.

Available at: <https://app.box.com/s/28n5zmi137j4h5o1u36>.

NYC 2015 Enrollment Campaign

- **Goals for 2015 Campaign**
 - Increase awareness and enrollments among lower-income New Yorkers
 - Provide enrollment support: 311, in-person assistors, enrollment education
- **Key Activities in 2015**
 - Enhanced media:
 - Increase televised media opportunities
 - Social media and texting strategy
 - Increased Outreach
 - Extend timeframe for outreach and scope of activities
 - Assess optimal placement for CACs during high enrollment periods
 - Create new cadre of outreach volunteers
 - New Partnerships
 - Establish partnerships to support DOHMH outreach and education about the ACA and enrollment efforts

Immigrant Health Access in NYC

- Affordable Care Act specifically excludes approximately 11 million undocumented immigrants from benefiting from any provisions
 - Excluded from Medicaid expansion
 - Cannot purchase insurance on state marketplaces
- Immigrants face barriers to access: language, cultural, and lack of knowledge on existing programs
 - There are lower numbers of signups for coverage and access to care for the immigrant population
- The Administration has convened meetings with city officials and advocates to address the barriers to health care access faced by the immigrant community

Resources

Information for constituents:

NYC based resources

- **311:** can help with finding an in-person assistor in NYC
- www.nyc.gov/health search “health insurance” for information about enrolling
- www.nyc.gov/hilink for more information about coverage options under the ACA in multiple languages

NYS Marketplace

- www.nystateofhealth.ny.gov: enroll online, get information
- NY State Call Center: **1.855.355.5777** – can help with enrolling online, answering questions, and finding an in-person assistor

Ways to help spread the word:

- Post information on your website about open enrollment
- Use your social media channels to transmit enrollment events
- Have flyers and fact sheets available in your office
- Help spread the word about text campaign – (will share more information in the future)
- Invite OCHIA staff to present at community forums, workshops and events

Online zip code data tool: <http://info.nystateofhealth.ny.gov/ZipCodeLevelEnrollmentData>

Preparing HHC for the Exchange

- HHC developed workgroups to outline implementation and new workflow prior to the launch of the exchange in New York State
- Key focus on staff training, workflow, systems and IT, eligibility and preserving HHC Options
 - Existing Medicaid application process (Pre-ACA) to change significantly
 - New application and eligibility process mainly through NY State of Health except for retroactive Medicaid coverage

Preparation

- **Policies and procedures needed to be developed prior to the launch**
 - ✓ Making it more patient friendly
- **Scripts developed to assist staff**
 - ✓ Enrollment in Qualified Health Plans requires new information from patients
- **Close collaboration with MetroPlus**
- **Working with HRA**
 - ✓ Retroactive coverage; applications for Non-MAGI
- **Hundreds of HHC staff needed training**
 - ✓ 570 Certified Application Counselors Trained and able to enroll patient including bilingual counselors

Preparation

- Developed pilot program to enroll patients at bedside and in emergency rooms using tablets
- Conducted on-site visits to provide assistance, share best practices and evaluate readiness
- Contracted with Community Service Society to have on-site Navigators
- Briefings for Community Advisory Board's held at HHC facilities

Enrollment

- State takeover of Medicaid occurring at same time as ACA implementation
 - Resulted in two tier process where applications for retroactive Medicaid coverage go to HRA and new applications go through the portal
- MetroPlus tops 92,000 applicants
 - QHP: 56,000
 - Medicaid & Child Health Plus: 36,000
- HHC applications:
 - More than 24,000 to HRA (Medicaid)
 - More than 21,000 to Portal (Medicaid)
 - 1,390 to Portal (QHP)

HHC Options

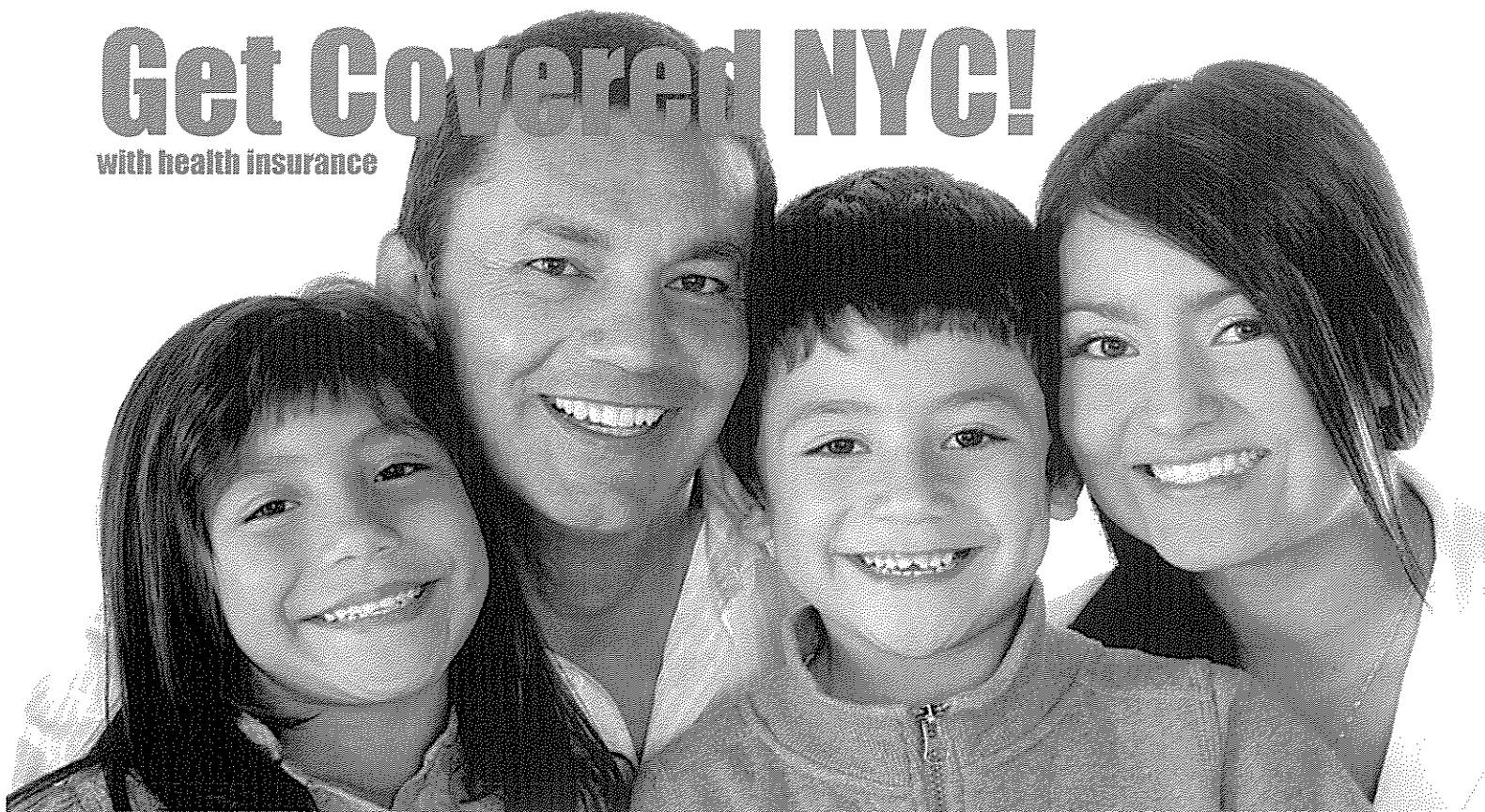
- For those who cannot obtain coverage through the marketplace, HHC Options is available
- HHC Options is a financial assistance program that provides affordable health care on a sliding fee scale system
 - Materials offered in multiple languages
- HHC Options provides an alternative for undocumented immigrants excluded from purchasing coverage through the Exchanges
 - Information is kept confidential

Challenges

- **New processes require time to adapt**
 - Increased turnaround time for retroactive Medicaid
- **Enrollment and coverage are not the same. Applicants must pay their premiums to ensure ongoing coverage**
 - Some applicants never made first payment
 - Others made initial payment, but not subsequent payments
- **Ongoing training and education necessary for staff and for public**
- **Access to timely data**

Get Covered NYC!

with health insurance



APPLY TODAY

Public health insurance -
Medicaid and Child Help Plus -
is available all year.

Private health insurance is
available every year during
open enrollment and if you
experience a qualifying event.

NOT SURE IF YOU QUALIFY?

No problem – you can apply at
any time to find out. It's easier
than ever to find out about
your coverage options!

FOR MORE INFORMATION

Visit the NY State of Health
at nystateofhealth.ny.gov,
call 311 or
1-855-355-5777

MARK YOUR CALENDAR! OPEN ENROLLMENT BEGINS NOV. 15, 2014 THROUGH FEB. 15, 2015

What are my health insurance coverage options?

If you can't find coverage through a job or family
member, you may be able to find a lower-cost
option through the NY State of Health, the
Official Healthplan Marketplace. Here's how:

- Apply online, over the phone, or in-person.
Over the phone and in-person assistance are
available in many languages.
- Fill out one application to find out if you can
get financial help – and to enroll in any health
plan in the marketplace for which you are
eligible.
- Same-sex spouses can receive a tax credit to
help them purchase private health insurance
if they are income eligible and file their taxes
jointly.

You can also buy private insurance directly from
an insurance company, but you won't receive
financial assistance if you do so.

Does my immigration status matter if I need health insurance?

It depends. Some programs are limited to persons
with certain types of immigration status.

- If you are a U.S. citizen, legal permanent
resident, or lawfully present resident, you can
use the NY State of Health to get public and
private health insurance.
- Some individuals with a different immigration
status, such as Deferred Action for Childhood
Arrivals, can also get Medicaid.
- All children are eligible for Child Health Plus,
even if they are undocumented.
- All income eligible pregnant women can receive
prenatal services through Medicaid, even if they
are undocumented.
- Income eligible undocumented adults can
pre-certify for Medicaid that covers the
treatment of an emergency condition only.

If your immigration status changes you may be eligible to enroll in insurance options through NY State of Health.

All residents can apply for coverage directly with private insurance companies.

Getting health insurance through the NY State of Health will not prevent you from getting a green card, citizenship, or sponsoring a relative.

Can I keep my doctor?

If you like your doctors, ask them which health plans they accept.

On the NY State of Health website, you can search by physician and hospital to see which health plans they accept.

What if I'm uninsured and need to go to the doctor?

If you don't have health insurance and need care, you can still get it in NYC.

The City's public hospital system (the Health & Hospitals Corporation) and community health centers provide medical care on a reduced-fee basis, depending on your income.

Visit nyc.gov/hilink to learn more about healthcare resources for the uninsured.

What if I need sexual and reproductive health care?

Free and confidential reproductive health care, including preventative screenings and STI testing, are available to eligible men and women through the Family Planning Benefit Program. To learn more, visit nyc.gov/hilink/famplan.

What if I signed up for health insurance during the last open enrollment period?

During open enrollment, you can change your plan or make any other adjustments needed to your coverage.

What if I miss open enrollment?

If you like your doctors, ask them which health plans they accept. On the NY State of Health website, you can search by physician and hospital to see which health plans they accept.

- Immediately sign up for new coverage or change your health plan

Special enrollment periods are time-limited:

- If your coverage is through a job, you may only have 30 days from the time of the qualifying event to make a change.
- If you have or are getting insurance on your own, you must act within 60 days of the qualifying event.

Examples of qualifying events are:

- Getting married, having a baby, or entering into a domestic partnership.
- Losing your health insurance.



For more information: Visit the NY State of Health at nystateofhealth.ny.gov, call 311 or 1-855-355-5777.

APPLY TODAY

Public health insurance—
Medicaid and Child Health
Plus—is available all year.

Private health insurance is
available every year during
open enrollment and if you
experience a
qualifying event.

NOT SURE IF YOU QUALIFY?

No problem—you can apply at
any time to find out.

It's easier than ever before to
find out about your
coverage options!

365 DAYS OF THE YEAR

You can apply for coverage
through NY State of Health at
any time of the year.

Depending on your situation,
you may get financial help to
lower your costs.

NEXT OPEN ENROLLMENT PERIOD

November 15, 2014
thru February 15, 2015

All eligible residents can
enroll during
open enrollment.

FOR MORE INFORMATION

Visit the NY State of Health at
nystateofhealth.ny.gov,
or call 311 or
1-855-355-5777



LGBTQ* Get Covered!

with health insurance

What are my health insurance coverage options?

If you can't find coverage through
a job or family member, you may
be able to find a lower-cost option
through the NY State of Health
Marketplace. Here's how:

- Apply online, over the phone, or in-person. Over the phone and in-person assistance are available in many languages.
- Fill out one application to find out if you can get financial help, and to enroll in any health plan in the Marketplace for which you are eligible.
- Same-sex spouses can receive a tax credit to help

them purchase private health insurance if they are income eligible and file their taxes jointly.

You can also buy private insurance directly from an insurance company, but you won't receive financial assistance if you do so.

What if I am transgender or gender non-conforming and want to access transition related care?

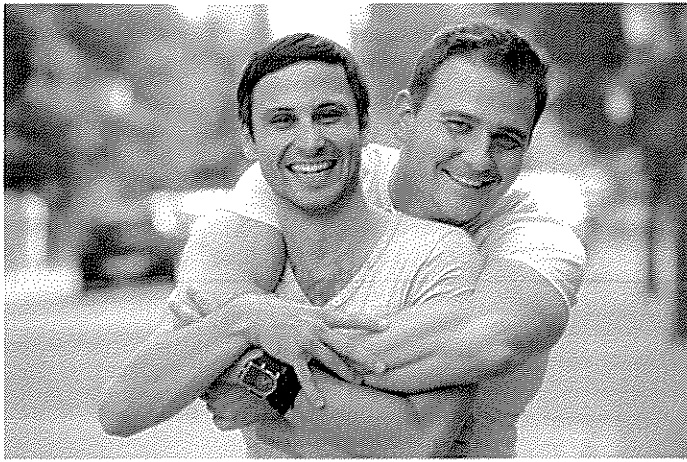
- At this time, New York State Medicaid does not cover transition-related care.
- Before choosing a private health plan, call the health plan to see if it covers these services.

*Lesbian, Gay, Bisexual, Transgender, Questioning

How do I find LGBTQ friendly health care providers?

- If you like your doctors, ask them which health plans they accept.
- Check with healthcare facilities that serve the LGBTQ community to find out which plans they accept.

On the NY State of Health website, you can search by physician and hospital to see which insurers have contracted with them.



What if I am living with HIV?

If you have private health insurance—through the NY State of Health, directly from an insurer, or through your employer—ADAP Plus Insurance Continuation Program (APIC) may be able to help you pay your premiums.

Call 1-800-542-2437 or email adap@health.state.ny.us for more information about their premium assistance program.

If you are eligible for Medicaid, you can choose a HIV Special Needs Plan (SNP) instead of a general Medicaid managed care plan. Call the New York Medicaid CHOICE Helpline at 1-800-505-5678 to enroll in an HIV SNP.

If you are uninsured, the AIDS Drug Assistance Program (ADAP) may be able to help you get the prescription drugs and care you need. Single individuals with annual incomes up to \$50,764 can get help.

- ADAP covers free prescription drugs for HIV and opportunistic infections.
- ADAP Plus provides free primary care services at selected clinics and hospital outpatient departments.

What if I need free & confidential sexual and reproductive health care?

Free and confidential reproductive health care, including preventive screenings and STI testing, are available to eligible men and women through the Family Planning Benefit Program.

To learn more, visit nyc.gov/hilink/famplan.



What if I'm uninsured and need to go to the doctor?

If you don't have health insurance and need care, you can still get it in NYC.

The City's public hospital system (the Health & Hospitals Corporation) and local community health centers provide medical care on a reduced-fee basis, depending on your income.

Visit nyc.gov/hilink to learn more about healthcare resources for the uninsured.

Don't wonder – just apply. It's now easier than ever to find out about your coverage options!

Small Businesses & Health Insurance

The Small Business Health Care Tax Credit Can Help You Purchase Health Insurance for Your Employees

The Affordable Care Act created a new tax credit to help small businesses offer health insurance to their employees.



What is the Small Business Health Care Tax Credit?

It allows some small businesses to claim a tax credit of up to 50% of their employee health insurance costs.

For tax-exempt small businesses, the credit can be as high as 35% and is refundable. This means that your non-profit small business need not have any income tax liability to benefit.

Can I claim this credit?

In general, the credit can be claimed by for-profit and non-profit businesses that:

- Have fewer than 25 employees and average salaries of around \$50,000 or less (excluding the salaries of all owners).
 - > In general, owners are not included when figuring out the number of employees and average salaries for the business. Also, the number of employees is based on “full-time equivalents” (FTEs). That means two half-time employees would equal one full-time employee.
- Pay at least 50% of the cost of health insurance; and
- Offer coverage through the New York State-run NY State of Health’s Small Business Marketplace.
- The credit is available on a sliding scale with the credit eliminated once an employer has 25 employees or the average wage is about \$50,000 or higher.

To learn more about health care reform and the small business health care tax credit, visit the NY State of Health at nystateofhealth.ny.gov or call 1-855-355-5777.

NYC
Human Resources
Administration
Department of
Social Services





By combining the 2 types of tax breaks, eligible small businesses can claim the health care tax credit for up to 50% of costs and, for the remaining costs, claim a deduction. (You cannot claim a deduction for 100% of your health insurance costs if you are also claiming the health care tax credit.)

How can I find out how much of a credit I may be able to claim?

You should talk with your tax advisor or accountant to find out how the tax credit may work for you.

In addition, New York State of Health's Small Business Marketplace has a calculator on its website that provides you with an estimate of the credit before you apply. It is located in the "Employer" section of the website.

How do I claim the credit?

You can claim this tax credit on IRS Form 8941. (Tax-exempt small businesses claim the credit on their Form 990-T).

Your employees are not subject to tax on the contributions you make toward their coverage.

Can I take advantage of the credit even if I don't have any income tax liability?

Yes, the health care tax credit can be carried back and used to offset income tax liability incurred the previous year or carried forward to offset liability incurred over the next 20 years.

Can I get any other tax breaks for offering health insurance?

Yes, all businesses claim an income tax deduction for the cost of employee health insurance. It's an "ordinary and necessary" business expense.

To learn more about the health care tax credit, visit the IRS website:
<http://www.irs.gov/uac/Small-Business-Health-Care-Tax-Credit-Questions-and-Answers>

To learn more about health care reform and the small business health care tax credit, visit the NY State of Health at nystateofhealth.ny.gov or call 1-855-355-5777.

Last modified: September 2014

This fact sheet is provided for informational purposes only by the NYC Human Resources Administration Office of Citywide Health Insurance Access. Please consult an insurer, broker, tax advisor or state regulatory authority to understand your rights and responsibilities. To ensure compliance with requirements imposed by U.S. Treasury Regulations, we inform you that any U.S tax advice deemed to be contained in this communication (including any attachments) was not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing, or recommending to another party any transaction or matter addressed herein.

Small Businesses & Health Insurance

Are You Interested in Offering Health Insurance to Your Employees?

Even though there is no legal requirement for small businesses with 50 or fewer workers to provide health insurance to their employees, there are many reasons why you may want to do so.

TAX BENEFITS FOR YOU:

- Small businesses can **claim a deduction** from their income taxes for the cost of health insurance.
- Some small businesses that offer health insurance coverage to employees can **claim a health care tax credit** that can be as high as 50% of their health insurance costs, depending on the type of business (profit or non-profit), number of employees (under 25), their salaries, and the amount you pay.
 - ✓ Your small business need not have any current tax liability to take advantage of these **tax credits**. The credits can offset last year's income tax liability or liability you incur over the next 20 years.
 - ✓ For small businesses that are **non-profit**, the **health care tax credit** is **refundable**.

TAX BENEFITS FOR YOUR WORKERS:

- Small businesses that offer coverage can **provide employees with tax savings** by letting them pay their share of the cost of coverage with pre-tax salary reductions (Internal Revenue Code Section 125 Premium Only Cafeteria Plans).
- The amount you contribute towards the cost of health insurance coverage for your **workers** is excluded from the employee's gross income and therefore results in additional **employee tax savings**.

WORKFORCE & OPERATIONAL BENEFITS:

- Small businesses that provide employees with health insurance coverage may:
 - **Attract and retain better workers**
 - **Maintain the health of their workers**
 - **Reduce hiring and training costs**
- **Most individuals will have to get coverage or pay a penalty.** Offering your workers coverage is a way to help them get the coverage they need under the federal health care law.
- To learn more about the tax advantages of providing health insurance to your employees, talk with a tax advisor.

To learn more about health care reform or to get started with coverage, visit the New York State of Health at nystateofhealth.ny.gov or call 1-855-355-5777.



FLY-930 (E)

This fact sheet is provided for informational purposes only by the NYC Human Resources Administration Office of Citywide Health Insurance Access. Please consult an insurer, broker, tax advisor or state regulatory authority to understand your rights and responsibilities.

WHAT ARE PREMIUM TAX CREDITS?

Understanding Your Premium Tax Credit: Options for Individuals and Families

Many uninsured individuals and families can get a **premium tax credit**. With a tax credit, you pay less for health insurance.

What Are Premium Tax Credits and How Do They Work? Premium tax credits reduce the cost of health insurance. You can apply for premium tax credits in the NY State of Health marketplace. If you qualify for a tax credit you have two options:

- **Get it "in advance"** – With this option, the credit is applied to your monthly health plan premium. You pay a part of the premium and the IRS pays the rest.
 - **Important!** If you earn more than you expected (for example – you get a raise or bonus), you could have to pay money back to the IRS.
- **Get it "later"** – With this option, you pay the full premium each month and claim the credit when you file your taxes at the end of the year. The credit will lower the amount you owe in taxes or give you money back from the IRS if you don't owe any taxes.

Can I Get a Tax Credit?

You and your family may qualify for a premium tax credit if:

- You do not have or are not eligible for health insurance through a government health plan (Medicaid, Medicare, TriCare);
- Your family earns less than specified dollar amounts each year; and
- Your employer does **not** offer health insurance or the health insurance you are offered is **"unaffordable"** (costs more than 9.5% of your household income) or **"inadequate"** (does not cover at least 60% of medical costs).

How Much of a Tax Credit Can I Get?

The amount will depend on your family size and income. Families with lower incomes will qualify for the most assistance.



Do I Have to File an Income Tax Return to Get the Premium Tax Credit?

Yes. Even if you choose to get the tax credit in advance, you must still file your taxes for the year.

Can Tax Credits Be Used for Any Health Insurance Plan?

No, premium tax credits can only be used for health insurance purchased through the NY State of Health. The marketplace offers qualified health plans with comprehensive benefits like prescription coverage, hospital stays, and doctor visits.

What If My Income Changes, or I Get Married, Divorced, or Have a Child?

You must tell the NY State of Health if your income or family size changes. The Marketplace will then recalculate your credit.

What if I Don't Owe Any Taxes? Can I Still Get a Credit?

Yes, the premium tax credit is **refundable**. That means that if you do not owe taxes, the IRS will deposit into your banking account or mail you a check for the amount of the credit.

To learn more about the health care law and to see if you qualify for a premium tax credit, visit the NY State of Health at nystateofhealth.ny.gov or call 1-855-355-5777.

NYC
Human Resources
Administration
Department of
Social Services



Last modified: September 2014

This fact sheet is provided for informational purposes only by the NYC Human Resources Administration Office of Citywide Health Insurance Access. Please consult an insurer, broker, tax advisor or state regulatory authority to understand your rights and responsibilities. To ensure compliance with requirements imposed by U.S. Treasury Regulations, we inform you that any U.S. tax advice deemed to be contained in this communication (including any attachments) was not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing, or recommending to another party any transaction or matter addressed herein.

FLY-923 (E)



Thursday, October 23th, 2014

Written testimony respectfully submitted to the Committee on Health by Pierre-Andre Devaud, Director, IPA/Navigator Program at the Brooklyn Chamber of Commerce.

Hon. Corey D. Johnson, Chair
Hon. Maria Del Carmen Arroyo
Hon. Rosie Mendez
Hon. Mathieu Eugene
Hon. Peter A. Koo
Hon. James G. Van Bramer
Hon. Inez D. Barron
Hon. Robert E. Cornegy, Jr.
Hon. Rafael L. Espinal, Jr.

Good Morning Chair Johnson, members of Committee on Health, and guests.

My name is Pierre Devaud and I am the Director of the IPA/Navigator Program at the Brooklyn Chamber of Commerce in Brooklyn, New York. Today, I will be delivering testimony on behalf of Brooklyn Chamber President & CEO Carlo A. Scissura, Esq. Carlo personally sends his best to you Councilman Johnson.

The Brooklyn Chamber of Commerce is a membership based business assistance organization, which represents the interests of almost 1,900 member businesses. The Brooklyn Alliance is the not-for-profit economic development organization of the Chamber, which works to address the needs of businesses through direct business assistance programs.

We commend this committee for examining the impact the Affordable Care Act has had on New York City. We appreciate the great importance you've placed on understanding where NYC stands post rollout and how we can boost access to care in the coming open enrollment period and beyond.

We are thankful to our elected officials and the New York State Department of Health for having been awarded a Navigator grant in July of 2013. The Brooklyn Chamber of Commerce, through its not-for-profit organization, the Brooklyn Alliance was awarded the contract to provide in-person health insurance assistance services in Brooklyn to both individuals and small businesses.

Since then, the Chamber has partnered with the Brooklyn Public Library (7 separate branches), the Arab American Association, the Brighton Neighborhood Association, and the North Flatbush BID to facilitate in-person enrollment services in English, Spanish, French, French Creole, Russian, Cantonese, & Mandarin. We also meet business owners on-site to discuss healthcare options for their employees.

Since the launch of the Affordable Care Act on October 1, 2013, the Chamber has seen almost 3,000 customers, with over 2,000 people currently enrolled. You might wonder why 1,000 of our customers



Brooklyn Chamber of Commerce

are not enrolled; there are a number of reasons this could be: unwillingness to sign-up in the first place, non-payment of premiums, or not having submitted appropriate documentation (income, immigration, etc.). We pride ourselves in delivering a phenomenal customer service experience by keeping close tabs on all the lives we are responsible for.

There is a strong need for additional participation of small businesses that could benefit from the Chamber's resources through its IPA/Navigator program. Available tax credits cut the cost of offering insurance by as much as 50%. When NYS made its initial forecast of enrollment through the first 3 years, it speculated that 40% of enrollments would be members of a small group (1-50 employees) receiving insurance through their employer. At this time, less than 5% of paying subscribers are members of a small group state-wide, but the Brooklyn Chamber has effectively promoted the small business options and is successfully persuading business owners to consider the value associated with small group health insurance through the New York State of Health.

When the question of purchasing health insurance through the New York State of Health was posed in the Chamber's 2013 Member Issues Survey, 89% of respondents (Brooklyn Chamber members) said that either they would not be purchasing or were unsure if they would be purchasing insurance for employees through the marketplace. We believe that employers should have access to quality affordable health insurance for their employees if and when it supports their business interests.

While some businesses may not find a match with their insurance needs in the marketplace, it is evident that they could benefit from the Chamber's new role of providing clarity of the small business marketplace since this has been a major concern for business owners in our annual survey for several years running.

Thank you for your time and attention.



**Testimony of the New York Academy of Medicine (NYAM) to the
Council of the City of New York Health Committee: NYC and the Affordable Care Act:
Where Are We Post-Roll-Out and How We Can Boost Access to Care**
Anthony Shih, MD, MPH, Executive Vice President, NYAM¹
October 23, 2014

The New York Academy of Medicine (NYAM) has been advancing the health of people in cities since 1847. An independent, non-profit organization, NYAM addresses the health challenges facing the world's urban populations through research, education, community engagement, and policy leadership. Our current priorities include fostering environments that support healthy aging; strengthening systems that prevent disease and promote the public's health; working to eliminate health disparities; and preserving and promoting the history of medicine and public health.

We thank the Council for the opportunity to testify. We are here today because we are concerned about the health of New Yorkers and want to support you in your efforts to build an effective outreach campaign for the upcoming Open Enrollment period of the New York State Health Plan Marketplace. Our testimony is grounded in our expertise in urban health and work that we recently completed analyzing health-related data and conducting over 60 focus groups and 50 key informant interviews across the city in order to better understand community health needs. Would like the Council to consider the following five key points.

First, within New York City, we find that un-insurance rates vary several fold by small geographic regions. For instance, at the zip-code level, we found un-insurance rates that varied by threefold within a single borough.² This suggests that a very geographically targeted campaign may yield the most impact if you have limited resources.

Secondly, as you are well aware, New York is one of the most diverse cities in the world. Nearly 1.8 million New Yorkers report speaking English less than "very well," and approximately 50% of residents in New York City report speaking a language other than English at home.³ This brings particular challenges to any public outreach campaign. We conducted

many focus groups that targeted diverse immigrant populations. Each group had a unique perspective on health and health care.⁴ This suggests that your outreach campaign may need to be tailored for many different cultures and languages, and partnering with established community-based organizations may be an effective way of doing this.

Thirdly, during our focus groups we heard a consistent theme about cost worries.⁵ We know that New York has one of the most generous income eligibility levels for Medicaid in the nation, and that the Health Plan Marketplace offers substantial premium subsidies for low-income individuals and families. It is unclear whether or not there is a misunderstanding about the levels of support available, that even the subsidized premiums remain prohibitively high, or that co-payments and deductibles are unaffordable. Clarifying this would be helpful for your campaign.

Fourthly, we heard from our focus groups that insurance coverage alone does not equal access to care. Not only is there an uneven distribution of health care resources across the city, but cultural and linguistic barriers to care are significant, especially among immigrant populations.

Finally, as a Council that is concerned with the health of New Yorkers, we ask that you recognize that there are other many other factors that impact health other than health insurance.⁶ Although the Affordable Care Act (ACA) is most well-known for its provisions to expand health insurance coverage, there are also important provisions that seek to improve the quality and value of the health care delivery system,⁷ as well as to encourage prevention⁸ and promote population health more broadly.⁹ These latter investments move attention away from the treatment of disease, to disease prevention and health promotion. For instance, the ACA created the new Prevention and Public Health Trust Fund to provide national and sustained investments in prevention and public health.¹⁰ Under the Fund, there exist various grant programs that provide important opportunities for broad, multi-agency collaboration to promote community health and can be leveraged to secure additional resources to improve the health of all New Yorkers. Additionally, under the ACA, the federal government has modelled multi-agency collaboration with the creation of the National Prevention, Health Promotion and Public Health Council to coordinate activities across sectors.¹¹ Involving sectors beyond health – such as housing, education, and transportation – is critical because they are all important determinants of health, particularly in dense, complex urban environments such as New York City. And of

course, it is also important that efforts within New York City be aligned with New York State health system reform efforts, such as the Prevention Agenda, the New York State Health Innovation Plan, and the Medicaid Delivery System Reform Incentive Payment program.

Again, we applaud you in your efforts to expand health insurance coverage in New York City, and hope that equal attention is paid to broader efforts to improve the health our city's population. Thank you for your time and attention.

¹ Co-authored by Ana Garcia, MPA, Director, and Kerry Griffin, Policy Associate, Division of Health Policy, NYAM

² Analysis of U.S. Census Bureau, American Community Survey Data, 2008-2012

³ Ibid.

⁴ NYAM 2014 Community Needs Assessment – Primary Data Findings, September 2014

⁵ Ibid.

⁶ See for example, the final report of the World Health Commission on Social Determinants of Health at http://www.who.int/social_determinants/thecommission/finalreport/en/, accessed October 21, 2014; Braveman, Paula et al, "The Social Determinants of Health: Coming of Age" *Annu Rev Public Health* 2011; 32: 381-98, and Frieden, Thomas R., MD, MPH "A Framework for Public Health Action: The Health Impact Pyramid" *Am J Public Health*. 2010 April; 100(4): 590-595.

⁷ See analysis from: K. Davis, S. Guterman, S. R. Collins, K. Stremikis, S. Rustgi, and R. Nuzum, "Starting On the Path to a High Performance Health System: Analysis of the Payment and System Reform Provisions in the Patient Protection and Affordable Care Act of 2010," *The Commonwealth Fund*. September, 2010. (<http://www.commonwealthfund.org/publications/fund-reports/2010/sep/analysis-of-the-payment-and-system-reform-provisions>).

⁸ Shih A, Berenson J, and Abrams M, "Preventive Health Services Under the Affordable Care Act: Role of Delivery System Reform" *Medscape Public Health*, published online April 12, 2012.

⁹ For a thorough discussion of ACA and population health in New York State, see: Boufford J, Finkelstein R, and Garcia A, "Federal Health Care Reform in NYS: A Population Health Perspective." *The New York Academy of Medicine*, June 2012, available at: http://www.nyam.org/news/docs/pdf/Federal_Health_Care_Reform_FINAL.pdf.

¹⁰ A complete list of Funds distributed can be found here: <http://www.hhs.gov/open/recordsandreports/prevention/>

¹¹ See description of Council at: <http://www.surgeongeneral.gov/initiatives/prevention/about/index.html>.



Manhattan
841 Broadway
Suite 301
New York, NY 10003
212/674-2300 Tel
212/254-5953 Fax
646/350-2681 VP

Queens
80-02 Kew Gardens Rd
Suite 107
Kew Gardens, NY 11415
646/442-1520 Tel
718/886-0428 Fax
866/948-1064 VP

www.CIDNY.org

Center for Independence of the Disabled, NY

NYC and the Affordable Care Act: Where Are We Post-Roll-Out and How We Can Boost Access to Care

Center for Independence of the Disabled, New York (CIDNY) is a non-profit organization founded in 1978. CIDNY's goal is to ensure full integration, independence and equal opportunity for all people with disabilities by removing barriers to full participation in the community. We have offices at Union Square and in Kew Gardens, Queens.

CIDNY helps people with disabilities understand, enroll in and navigate private and public safety net health programs, including commercial and public health insurance and free or low-cost coverage alternatives. We advocate informally; file and represent consumers in grievance processes, appeals, and fair hearings; help consumers obtain exemptions and exclusions; get replacement ID cards; negotiate or contest incorrect or unaffordable bills; research legislative, regulatory, administrative and contractual provisions and resolve complex health coverage cases; and advocate for optimal coverage, (e.g., sufficient home care hours; medically necessary durable medical equipment; personal care; and prescription drugs).

The people we serve use all types of insurance as well as clinics that offer free or sliding-scale care. Sources of coverage include Medicaid (including MBI-WPD and Medically Needy Medicaid not yet available through the New York State of Health marketplace); Medicaid Managed Care; me and community-based long-term care experts); Child Health Plus; EPIC; ADAP; Medicare; commercial insurance; HHC Options; and FQHCs.

We were fortunate during the first enrollment period to get a small Navigator subcontract to help people enroll into the new coverage and financial assistance available through the New York State of Health Marketplace. Six of our benefits counselors were trained as Navigators. We provide services in English, Spanish, Cantonese, and American Sign Language. We have completed 250 enrollments.

While people with disabilities tend to be disproportionately insured, we asked William Erickson of the Employment and Disability Institute at Cornell University to analyze available American Community Survey data to determine the number of uninsured people between the ages of 16 and 64 by disability type and county. We learned that there were more than 44,000 uninsured people with disabilities in New York City including close to 9,000 with visual impairments, 7,000 with hearing impairments, 14,000 with cognitive impairments and more than 21,000 with ambulatory disabilities.

The Robert Wood Johnson Foundation has sponsored national message research studies with individuals newly enrolled in health insurance, as well as those who remain uninsured. The survey found that people who remain uninsured want health insurance, but don't think they can afford it. People with disabilities have a lower median income and have a poverty rate (28.8%) that is twice as high as the poverty rate for people without disabilities. It is critical that we have the resources to do additional outreach to people with disabilities and other disproportionately low income populations who still do not know about available health insurance options or that there is financial help to lower premium costs and in-person assistance to help them complete the enrollment process. As members of the People's Budget Coalition we join

Re:

the in the call for funding an Access Health NYC which will get the word out to people who have not yet gotten these important messages.

The Affordable Care Act recognizes that not all people in America have equal access to care or similar health outcomes. It requires data to be collected and reported based on sex, primary language, and disability status because these populations are recognized as health disparity populations that receive a lower level of care or have poorer health outcomes than the general population. HHS has recommended that disability status be measure by using the American Community Survey questions which ask people to identify themselves as:

- Deaf or serious difficulty hearing
- Blind or serious difficulty seeing even when wearing glasses
- Serious difficulty concentrating, remembering or making decisions because of a physical, mental, or emotional condition
- Serious difficulty walking or climbing stairs
- Difficulty dressing or bathing
- Difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition.

In late 2012 as the New York State Health Department was establishing the New York's Health Benefit Exchange we asked them to include these questions, both for data collection purposes and to accommodate and better serve people who might need materials in alternative formats, American Sign Language, or some other assistance to enroll in coverage.

The New York State of Health has not yet begun ask these questions either to provide accommodations to people disabilities or for data collection purposes, so we do not have the kinds of information that other health disparities populations have for people with disabilities about enrollment. We will have to wait for new ACS data on the uninsured to learn whether people with disabilities are getting enrolled in coverage, but we do believe that a program like Access Health NYC is needed to better reach them both the let them know about coverage available through New York State of Health and through other avenues. People with disabilities are eligible for Medicaid Buy-in for Working People with Disabilities and for Medicaid Spend Down, which are not yet available though the NYSOH MarketPlace, so it is important that outreach works be familiar with all the health coverage and care options and be both culturally competent and disability literate.

One final thing that I would like to mention is that Access to Care means something very specific to the people we serve. Having an insurance card does not mean access to care if providers are not accessible. Unfortunately it is very difficult not find out in advance of seeing a provider if they are going to have physically accessible offices, bathrooms, or equipment, are going to be able to communicate with people with vision, hearing, or cognitive impairments or are going to be able to make other accommodations which may be necessary. This would be another area that a true Access Health Program could help address.

For further information, please contact Heidi Siegfried, CIDNY's Health Policy Director, at 646-442-4147 or hsiegfried@cidny.org.

Metro New York Health Care for All Campaign

The Community-Labor Coalition for Universal Health Care

420 E. 45th St. – DC 1707, New York, NY 10036 * (646) 527-6612 * e-mail: metrohealth@igc.org * www.metrohealthcare.net

Steering Committee:

Maria Alvarez
*New York Statewide Senior
Action Council*

Deborah Bell
*Professional Staff Congress,
CUNY*

Carmelita Blake, RN, EdD
*Public Health Association
of New York City*

Suleika Cabrera Drinane,
*Institute for Puerto Rican
and Hispanic Elderly*

Kevin Collins
*Doctors' Council, SEIU
Healthcare*

Maira Dolan
District Council 37, AFSCME

Timothy Foley
*Committee of Interns and
Residents, SEIU Healthcare*

Jeff Gold
*Institute for Rational Urban
Mobility*

Marcia Hunte
*District Council 1707,
AFSCME*

Terry Mizrahi, PhD
*National Association of Social
Workers, New York City
Chapter*

Steve Oliver
Citizen Action of New York

Carol Pittman
*New York State Nurses
Association*

Lourdes Rodriguez-Dox
*1199 SEIU, Retired Members
Division*

Elizabeth Swain
*Community Health Care
Association of New York State*

Mark Hannay, *Director*

Testimony to New York City Council Health Committee Concerning ACA Implementation and Impacts in New York City

October 23, 2014

Good afternoon, Chairman Johnson, Committee members, and other Councilmembers. My name is Mark Hannay, and I am Director of the Metro New York Health Care for All Campaign. We are a citywide coalition of community groups and labor unions formed in 1993 to advocate for fundamental health care reform leading to a universal health care program, here in New York or for the entire United States.

Thank you for holding today's hearing on this important topic examining the impact of the Affordable Care Act on New York City and its residents. We were intimately involved in the law's development during the Congressional legislative process of 2009-10 when we coordinated the New York City Organizing Committee of Health Care for America Now, the national, omnibus campaign promoting comprehensive health care reform during the initial years of the Obama administration. Since then, through our leadership role in Health Care for All New York, a major statewide consumer advocacy coalition founded in 2008 to focus on state government, we have been very much involved in working with state government officials as they have crafted policies to fulfill the state's role in implementing the ACA, including expansion of our state's Medicaid program and creation of a new health benefits exchange marketplace known as New York State of Health. Since 2012, I have also served on the Greater New York City Advisory Committee for New York State of Health.

Since last year, we have participated in the Planning Committee of Get Covered New York, an all-volunteer-driven public education and outreach project here in the city jointly undertaken by Health Care for All New York and Greater NYC for Change. Most recently, working with the Healthcare Education Project of 1199 SEIU and the Greater New York Hospital Association, we helped to convene two Regional Enrollment Summits here in the city. They brought together advocates, other stakeholders, and a variety of trained in-person enrollment assistants to begin to prepare for the coming open enrollment period that begins on November 15th.

To begin addressing the substance of this hearing, the good news is that New York is, as always, a "leader state" when it comes to health care, building on a long legacy of programs expanding access to coverage and care for those who lack access to employer-sponsored coverage. As of the end of last month, the state has enrolled nearly 1.6 million people in coverage, most of whom were previously uninsured, far exceeding anyone's expectations. Here in New York City, during

the last open enrollment period that ended on April 15th, nearly half a million New York City residents obtained coverage either through Medicaid, Child Health Plus, or the new private Qualified Health Plans. The vast majority of them were uninsured prior to enrollment, including from 75% in Manhattan, 83% on Staten Island, 87% in Brooklyn, 90% in Queens, and 96% in the Bronx.

This success with enrollment is a firm foundation upon which New York City's government can build, and we stand ready to working with the City Council, the DeBlasio administration, the Department of Health and Mental Hygiene, the Human Resources Administration, and the Health and Hospitals Corporation, in doing so. We offer the following recommendations for how New York City government can work with advocates, grassroots community-based organizations, and other stakeholders as we head into the next open enrollment period, as well as undertake activities of your own making.

1. Engage with stakeholders at the community level, particularly local organizations, social service agencies, hospitals, physicians, brokers and agents, and community health centers.
2. Hold public events to highlight the importance of locating the uninsured and directing them to enrollers located at community-based organizations, hospitals, community health centers, health plans, and agents and brokers.
3. Make basic information available about New York State of Health in written materials and online platforms, and where people can get additional information about and assistance with enrolling.
4. Train frontline staff who interact with the public on the basics of health insurance enrollment and where they can get additional information about and assistance with enrolling.
5. Focus your efforts on constituencies that are hard-to-reach and/or are disproportionately uninsured, as well as those in medically-underserved communities. In particular, we call your attention to immigrant communities, all of whom can obtain some kind of coverage through New York State of Health, regardless of immigration status.
6. When communicating with constituents, the uninsured, and the newly-insured, stress the following messages, as recommended by Enroll America according to their research:
 - Stress the importance of having health insurance, for both peace of mind that health care will be there when you need it, and to protect one's finances.
 - Assure people that the enrollment and renewal processes can be easy, especially when using personal assistance.
 - Emphasize that financial assistance is available for most uninsured people.

- Stress the “newness” of health plans, and that they offer comprehensive benefits, that it’s a whole new –and better— world when it comes to insurance coverage.
- Remind people that in-person assistance is available.
- Mobilize people to take action by calling attention to deadlines, such as December 15 for changes to renewals, and February 15 for new enrollments.

7. Broaden the focus of your efforts beyond just enrollment, to include the following:

- Where the newly-insured can get help using their insurance once enrolled, including trouble-shooting problems.
 - Where those who remain uninsured can get access to health care services at safety net providers such as community health centers, the Health and Hospital Corporation, and community hospitals committed to serving the uninsured.
 - What those already insured through New York State of Health need to know and understand about renewing or changing their coverage, and where they can get additional information and assistance.
8. Develop a comprehensive and integrated program to carry out all these various efforts. They will be much more successful if not undertaken on a one-shot or piece-meal basis.
9. Link health insurance outreach and enrollment activities to similar ones for other public benefit programs, such as food stamps, public assistance, Social Security, SCRIE, SSI, etc.
10. Continue to support and strengthen our city’s health care safety net providers, as they will still have an important role to play even as uninsured rates fall, since there still will be some remaining uninsured.
11. Prioritize outreach and enrollment efforts, as getting people enrolled in coverage and using it properly will improve not only individuals’ health and financial stability, but also the health of our city and its communities. The benefits will also extend beyond health per se to include improved civic participation, better student performance in schools, and enhanced workforce productivity.

Finally, we call on your committee and the Council to support and move forward the “Access Health NYC” proposal developed by the People’s Budget Coalition for Public Health. We participated in the crafting and promotion of it during last spring’s budget negotiations cycle. While New York State has provided significant resources to support enrollment, there has been woefully inadequate funding resources for general public education and outreach about new coverage options available in New York under the ACA. As a consequence, enrollers mostly wait for people to voluntarily walk in the door, as opposed to going out to find and enroll them.

The Access Health NYC proposal will provide crucial resources to community-based organizations to help them educate the public, and reach out to the uninsured to direct them to enrollers. In addition, such funding could be used by these organizations to direct people to health care resources in their communities, and assist people with using their insurance properly and most effectively. Overall, Access Health NYC as a whole will go a long way to addressing disparities in access to health care coverage and care for communities of color, immigrant communities, the disabled, LGBT individuals, and low-income families, all of whom have higher than normal rates of uninsurance. Further, once people have coverage in place and/or are accessing health care services in a manner that prioritizes primary and preventive care, overall health indicators across our city will improve.

Thank you again for this opportunity to comment. We stand ready to work with the Council's Health Committee and other city government entities to make sure that all uninsured New Yorkers, whatever their particular demographics, get insurance coverage in place, and are receiving the health care services they need and deserve. That has been our mission since our founding over two decades ago, and the ACA offers us all a historic opportunity to take advantage of and move toward health care for all New Yorkers.

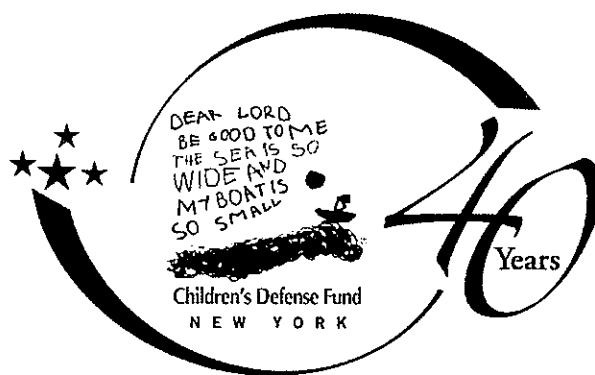
Testimony of the Children's Defense Fund – New York

Oversight – NYC and the Affordable Care Act: Where Are We Post-Roll-Out and How We Can Boost Access to Care?

Before the Committee on Health

New York City Council
October 23, 2014

Lorraine Gonzalez - Camastra
Health Policy Director



Children's Defense Fund – New York
15 Maiden Lane, Suite 1200 New York, NY 10038
(212) 697-2323 www.cdfny.org

Good Afternoon. My name is Lorraine Gonzalez-Camastra. I am the Director of Health Policy at the Children's Defense Fund – New York (CDF-NY). Thank you to Councilmember Johnson, and to the other members of the City Council's Health Committee, for the opportunity to share testimony regarding New York City and implementation of the Affordable Care Act (ACA).

The Children's Defense Fund (CDF) Leave No Child Behind® mission is to ensure every child a *healthy start, a head start, a fair start, a safe start and a moral start* in life, and successful passage to adulthood with the help of caring families and communities. It is with this mission in mind that CDF-NY brings a holistic approach to advocating for children at each stage of their youth. Across New York State, we act as a resource and partner for children, families and organizations, and are recognized as an authority in the endeavor to protect children and strengthen families. Our unique approach to improving conditions for children combines research, public education, policy development, community organizing and advocacy activities, making us an innovative leader for New York's children in the areas of education, juvenile justice, early childhood development and health.

As requested, my testimony today will address where New York City stands post-roll-out of the ACA and how we can enhance access to care for consumers. CDF-NY has been a long-time supporter of community-based health insurance enrollment and has acted in a capacity to monitor enrollment trends, providing technical assistance to community-based organizations who conduct outreach and enrollment throughout New York State.

CDF-NY applauds the state administration for opting for a state-based marketplace in April 2012, which has allowed for New York State to build an infrastructure for health insurance enrollment and retention that is relevant for the culture and diversity of this great city. While we can acknowledge New York State has had tremendous success in enrolling more than 1 million New Yorkers in its health insurance marketplace and in achieving an uninsured rate of less than 6 percent for children, Obamacare's intent of providing all those eligible for access to affordable, quality care has not yet been realized. At this time, in New York City and State, we need to ensure that hard-to-reach families who are becoming acculturated to new, complex systems have the support necessary for successful insurance enrollment, retention, and acquisition of health services.

The following are specific recommendations for ensuring optimal enrollment and access to care in New York City.

- In addition to the capacity secured for enrollment services via state-approved Navigators and Certified Application Counselors (CACs), resources for outreach and education in local communities need to be secured. Specifically, for City communities where a large number of uninsured remain, the allocation of resources for outreach and education should be prioritized.
- In tandem with additional monies allocated for outreach and education, there needs to be allocation of resources for consumer assistance for post-enrollment questions and case management. In a study published this year by the Henry J. Kaiser Family Foundation, since the advent of marketplace enrollment in October 2013, a vast majority of enrollments had a "boomerang" effect, with consumers returning to Navigators who

assisted enrollment with further questions and case management needs.ⁱ Currently, neither State Navigator nor CAC programs receive resources for post-enrollment case management. Given the demonstrated need for case management support, securing resources at the City-level to allow for programs to effectively serve consumers in this capacity can be hugely impactful by serving a currently unmet need

- Outreach and education specialists informing community residents about options for health care coverage and access should, at a minimum, speak the seven most commonly-utilized languages in New York State. Collectively, state residents speak more than 175 languages. More than 2.4 million New Yorkers speak a language other than English at home. Of that 2.4 million, 95 percent comprise state residents who primarily speak Spanish, other Indo-European languages, Chinese, and Russian.ⁱⁱ Provision of enrollment documents in the primary languages (other than English) spoken fluently by city and state residents promotes health literacy for children and families of diverse ethnicities and backgrounds. Furthermore, ensuring that enrollment materials are available in the most commonly utilized languages in New York State is vital in working toward the elimination of health coverage disparities among families whose primary household language is one other than English. We encourage the City Council, in coordination with the State, to invest in providing coverage and access documents in languages most spoken across each Council Person's district.
- In an effort to optimize gateways to health insurance coverage and ensure that uninsured lower-income individuals and families are being linked to a pathway for enrollment, we recommend that New York City agencies that offer enrollment support for the Supplemental Nutrition Assistance Program (SNAP) and cash benefits automatically link any consumer who may be uninsured to a Navigator or CAC for assessment and enrollment in health insurance. In conjunction with this recommendation for system streamlining, we specifically encourage the Council and MOIA to work together in optimizing the gateways to health insurance coverage recently created through their Unaccompanied Minor initiatives.

In closing, we commend the amazing strides made to date in ACA implementation in New York State, enrolling more than 1.5 million New Yorkers. Given this success, we feel next efforts must focus on connecting consumers to access points for primary and specialty care. In order to realize the spirit of the law enacted via the Affordable Care Act, we can't fall short of effectively achieving the desired outcome – to successfully enroll and retain consumers in health insurance plans in order to grant all Americans access to health care and optimize public health outcomes. One of the critical responsibilities of consumer assistance and case management support should be to ensure that every consumer enrolled in care can successfully navigate the health insurance system and have all health needs addressed. We are hopeful for the Council's support in these efforts.

ⁱ <http://kff.org/report-section/taking-stock-and-taking-steps-report/>

ⁱⁱ United States Census 2010.



FEDERATION OF PROTESTANT WELFARE AGENCIES

Testimony prepared for the
New York City Council's Oversight Hearing
Regarding NYC and the Affordable Care Act

Committee on Health
Hon. Corey Johnson, Chair

October 23rd, 2014

Prepared By:

Esther W. Y. Lok
Assistant Director of Policy, Advocacy and Research

Submitted By:

Jennifer Jones Austin
Executive Director/CEO

Federation of Protestant Welfare Agencies, Inc.

281 Park Avenue South
New York, New York 10010
Phone: (212) 777-4800
Fax: (212) 414-1328

Good afternoon Chairman Corey Johnson and members of the New York City Council's Committee on Health. On behalf of the Federation of Protestant Welfare Agencies (FPWA), I would like to thank you for this opportunity to testify on the topic: NYC and the Affordable Care Act - Where Are We Post-Roll-Out and How We Can Boost Access to Care.

Why FPWA is an Important Voice on this Issue?

FPWA is an anti-poverty, policy and advocacy nonprofit with a membership network of nearly 200 human service and faith-based organizations. Each year, through its network of member agencies, FPWA reaches 1.5 million New Yorkers of all ages, ethnicities, and denominations. FPWA strives to build a city of equal opportunity that reduces poverty, promotes upward mobility, and creates shared prosperity for all New Yorkers.

In this spirit, FPWA believes that **New York City must ensure that all New Yorkers have access to health care.** Despite efforts to increase access to health care services in New York City, disparities persist in low-income and immigrants communities, as well as for people with disabilities. Opportunities to access preventive, screening and early treatment of chronic illness will not only increase an individual's ability to maintain family and work responsibilities, it would also reduce high utilization of expensive emergency care facilities.

First Year Open Enrollment – Estimation and Actual Results

In May 2013, the Health Policy Center of the Urban Institute (Washington, D.C.) developed a New York state-specific version of its Health Insurance Reform Simulation Model to assess the implication of the full implementation of the Affordable Care Act (ACA) in the stateⁱ. The estimated number of uninsured in New York City was 1.4 million. Based on results of this simulation modeling, it is estimated that 219,000 people would gain health coverage through public insurance (Medicaid/Children's Health Insurance Program, CHIP) and 289,000 would gain health coverage through private insurance (via the new exchange or outside of it).

In June 2014, the New York State of Health released the 2014 Open Enrollment Reportⁱⁱ, which stated that nearly one million New York State residents (n=960,762) enrolled in health plans from October 1, 2013 to April 15, 2014. Approximately half of all newly enrollees (n=498,943) are New York City residents, of which 333,627 enrolled in Medicaid and Child Health Plus (CHP), while 165,316 enrolled in Qualified Health Plans (QHPs).

The reportⁱⁱⁱ also shows that **neighborhoods where there were highest upticks of Medicaid enrollees are also neighborhoods that had the largest uninsured population before the roll out of the ACA.** These neighborhoods include:

- Brooklyn – North Bushwick (31%), Sunset Park West (25%), Ridgewood (23.4%) and Sunset Park East (22.8%)
- Bronx – West Farms-Bronx River (22.4%) and Soundview-Bruckner (21.3%)
- Queens – North Corona (44.9%), East Elmhurst (29.8%), Elmhurst (29.2%), Corona (27.9%) and Flushing (25.8%)

Second Year Open Enrollment – Where Should We Focus Our Work?

It is encouraging to see that neighborhoods most in need of health care are responding to the offerings of the Affordable Care Act. In particular, some of these neighborhoods (e.g. Bushwick and Williamsburg and Northeast Queens) also overlap with areas where there are high utilization (3+ visits) of emergency departments^{iv} and large numbers of foreign born residents^v. Nevertheless, it is estimated that approximately 927,000 remain uninsured after the first year open enrollment period, indicating that more work needs to be done^{vi}.

Below is the breakdown by borough:

borough	Bronx	Brooklyn	Manhattan	Queens	Staten Island
# people remaining uninsured	177,000	271,000	149,000	300,000	29,000

As we continue to connect New Yorkers to health care, **we must develop strategies that are tailored to the characteristics of the uninsured population.** These characteristics include^{vii}:

- 86% of the uninsured population has income under 138% of federal poverty level
- About 58% of them do not speak English
- About 50% of them only completed high school or have less than high school education
- 25% are between 45 and 64 years of age

Because of the large composition of low-income individuals and families in this pool, it would be reasonable to assume that most of them would be eligible for Medicaid and other free or low-cost health care options *rather than* enrolling into QHPs. **FPWA strongly encourages the City Council to use the second open enrollment period of the ACA as an opportunity to provide education and outreach** to their constituents on topics not only related to New York State's Health Exchange, but also include information on other health coverage such as **HHC Options, federally qualified health centers and pre-certification of emergency Medicaid**, which are open for enrollment and application all year round.

In addition, **FPWA strongly recommends the Mayor and the City Council to allocate funding for Access Health NYC**, a proposal which would provide resources for community-based organizations to become hubs for health information and care options, and to provide culturally competent education and outreach to uninsured New Yorkers. In fact, the use of in-person assistance was much higher among those who enrolled in Medicaid (57 percent, in which 46% of applications were completed through the help of certified application counselors) and CHP (53 percent) than for QHPs (36 percent)^{viii}. This highlights the role, as well as importance of the one-on-one support required for the uninsured population when interacting with the health care system.

Furthermore, based on anecdotes from many of the community-based organizations, a few outstanding challenges have been identified:

- **Pre-enrollment:** lack of education and outreach in immigrant communities about eligibility; lack of trust and understanding of the health care system, or feeling of intimidation (e.g. LGBTQ communities)
- **Post-enrollment:** lack of understanding of the health insurance program (co-pay; deductibles and choosing of primary care physicians)

Unfortunately, current resources such as funding for Navigators are not designed to address these pre- and post-enrollment challenges, which are areas where Access Health NYC is intended to focus on. FPWA believes that **community is the key to reach the uninsured populations**. We urge the Mayor and the City Council to consider making the investment.

Thank you.

ⁱ Urban Institute Health Policy Center. Uninsured New Yorkers After Full Implementation of the ACA: Source of Health Insurance Coverage by Individual Characteristics and Sub-State Geographic Area. May 2013. Available at <http://info.nystateofhealth.ny.gov/resource/uninsured-new-yorkers-after-full-implementation-aca-source-health-insurance-coverage>

ⁱⁱ New York State of Health. 2014 Open Enrollment Report. June 2014. Available at <http://info.nystateofhealth.ny.gov/2014OpenEnrollmentReport>

ⁱⁱⁱ Ibid.

^{iv} United Hospital Fund. Time and Again: Frequent Users of Emergency Department Services in New York City. 2012. Available at <http://www.uhfnyc.org/publications/880847>

^v NYC Health and Human Services Center for Innovation through Data Intelligence. Foreign Born Population without Health Insurance as a Percent of Total Population by Neighborhood Tabulation Area (NTA). 2014.

^{vi} Urban Institute Health Policy Center. Uninsured New Yorkers After Full Implementation of the ACA: Source of Health Insurance Coverage by Individual Characteristics and Sub-State Geographic Area. May 2013. Available at <http://info.nystateofhealth.ny.gov/resource/uninsured-new-yorkers-after-full-implementation-aca-source-health-insurance-coverage>

^{vii} Ibid.

^{viii} New York State of Health. 2014 Open Enrollment Report. June 2014. Available at <http://info.nystateofhealth.ny.gov/2014OpenEnrollmentReport>

**Testimony by Greater NYC for Change, Inc. On Behalf Of Get Covered New York
New York City Council Committee on Health Hearing
Oversight—NYC and the Affordable Care Act
October 23, 2014**

I, Kate Linker, and my colleague Tasha Williams are the President and Vice President of Greater NYC for Change, an all-volunteer social advocacy organization incorporated in New York State. We are pleased to speak this afternoon about Get Covered New York, a project of the Health Care for All New York Coalition (HCfANY) and Greater NYC for Change that was established in 2013 to further the enrollment of members of underserved communities under the ACA.

In 2012, as state and national plans for enrollment were being developed, it became clear to me, as a community organizer, that little attention had been paid to actually locating the uninsured, particularly city residents in underserved communities who historically have not trusted government outreach efforts such as the national census. These individuals might be immune to a standard Public Information campaign; they would likely find the state website, then in construction, both dizzying and impossible to use. They would likely benefit from the reassurance that volunteers, who have no financial interest, could provide in shepherding them toward enrollment.

In early 2013, with fellow organizers including Ms. Williams, I took my concerns to several organizations in the Health Care for All New York Coalition. Together, we developed an enrollment campaign in which HCfANY would provide necessary health-related expertise, with Greater NYC for Change providing volunteer resources and modern campaign techniques. We developed a logo and a tagline, "Volunteers Connecting You to Affordable Health Care"; easy-to-use, branded materials in English and Spanish; and a website. We directed the uninsured to a HCfANY member organization, Community Service Society of New York, with a

large and robust Navigator network in the City, and the information hotline of its affiliate, Community Health Advocates. We also directed those who could to use the website to enroll at New York State of Health, and others to their neighborhood Navigators whenever possible.

Our program involved canvassing and “ID-ing” the uninsured in local contexts from street fairs and Latino music festivals to soup kitchens and church community rooms; a database that could be updated as enrollment progressed; and multiple points of contact, including a postcard mailer, emailing, and phone banks. Regular high-volume phone banking proved important. We called again, and again, and again, until the individuals confirmed they had met with a Navigator, and often after they confirmed they had completed enrollment. And, unlike most political campaigns, we were thanked again and again for following up.

Using 120 trained volunteers, Get Covered New York has moved almost 4,000 City residents, most of them from communities of color, from uninsured status to enrollment. We believe it provides a model that can be scaled up and used by local elected representatives, working with CBOs and other local institutions, to achieve high levels of coverage in their communities and to build stronger local health infrastructures.

Get Covered New York connected with several churches in East and Central Harlem to leaflet at their community events and food banks. For example, we worked closely with lay ministers at First Corinthian Baptist Church to offer the greater Harlem community an information session and enrollment fair. Get Covered also participated in events targeting clergy in Harlem and Brooklyn, such as speaking at an information breakfast for clergy leaders organized by the office of Congressman Hakeem Jeffries. In attendance were ministers of diverse faiths whom we assisted in connecting their parishes to local Navigators.

The Council is undoubtedly aware that faith-based organizations are often established in their communities as trustworthy purveyors of help to those in need. They skillfully perform outreach to the poor and working-class New Yorkers every day with soup kitchens, food banks, and family social service programs. Many FBOs have clergy and lay staff whom the community seeks out for counsel and who are intimately familiar with the needs of their congregations and the surrounding communities. We therefore ask the Council to especially consider supporting future activities that partner with FBOs to amplify enrollment.

105 East 22nd Street
New York, NY 10010
PH 212.254.8900
FAX 212.260.6218
www.cssny.org



David R. Jones
President & Chief Executive Officer

Steven L. Krause
Executive Vice President &
Chief Operating Officer

Community Service Society of New York
Testimony Before
the Committee on Health of the New York City Council
Regarding the Implementation of the Affordable Care Act in New York City and
How to Boost Access to Care

October 23, 2014

The Community Service Society of New York (CSS) respectfully submits this testimony regarding the implementation of the Affordable Care Act in New York City and how to boost access to care. We commend Governor Andrew Cuomo and the NY State of Health Marketplace officials for their extraordinary success in the implementation of the Affordable Care Act in New York State. Under their leadership, as of September 30, 2014 more than 1.5 million New Yorkers have enrolled in health insurance.

CSS is a 170 year-old organization that seeks to address the root causes of economic disparity. Our mission is to promote policies that advance the economic security of low- and moderate-income New Yorkers by bringing their perspectives to the policy conversation. To this end, we work to expand access to affordable, quality health care for all New Yorkers, through advocacy and direct consumer assistance. CSS sponsors the State's largest Navigator program consisting of a network of 33 community-based organizations, Chambers of Commerce, and other business- serving groups. Together, we offer enrollment services in 61 out of 62 counties. In addition, CSS and its partners—the Empire Justice Center, Medicare Rights Center and The Legal Aid Society—administer Community Health Advocates (CHA), an all-payor consumer assistance health program, which provides post-enrollment help to insurance (and uninsured) New Yorkers. My testimony today will: (1) review the successful launch of the NY State of Health Marketplace; (2) describe the need to fund post-enrollment consumer assistance services through community based organizations so that New Yorkers can effectively use their new coverage; and (3) the need for additional outreach in underserved communities.

1. Lessons from the First Year of the Affordable Care Act & Open Enrollment

In a few short weeks, New Yorkers who are currently uninsured or set to renew their Marketplace health coverage will be able to do so when “Open Enrollment” begins under the Affordable Care Act (ACA). Although some people remain skeptical of the ACA, there is no disputing its impact on expanding and improving access to affordable health insurance for 30 million uninsured nationwide through the expansion of Medicaid and the offer of commercial coverage through the new health insurance Marketplaces.

The ACA has worked no place better than in New York, which has implemented arguably the finest health insurance shopping website, or Marketplace, in the country. Uniquely, it offers instant eligibility determinations for both public insurance (Medicaid and Child Health Plus) and financial assistance for commercial Qualified Health Plans to New Yorkers who earn less than 400% of the federal poverty level (or around \$95,000 annual income for a family of four). The establishment of a central Marketplace with financial assistance and the potential of a tax penalty for those who remain uninsured resulted in staggering premium rate cuts. New Yorkers purchasing coverage on their own now pay premiums that average 53% lower than those paid before the ACA was in effect. As a result of these measures and more, an eye-popping 1.5 million New Yorkers enrolled in health insurance through the NY State of Health Marketplace by the end of September 2014. These numbers tripled all prior reputable enrollment estimates.

A major driver of New York’s successful Marketplace launch was the State’s decision to invest robustly in community-based “Navigator” groups. Many Navigators have years of experience helping communities with public health insurance applications as facilitated enrollers, in addition to bringing an understanding of the unique needs of low- and moderate-income communities. As a sponsor of New York’s largest “Navigator” network, the Community Service Society helps consumers enroll in health insurance through a system of 33 community-based organizations in 61 out of 62 counties statewide and all five boroughs. Our Navigators are repeatedly told by the clients we assist that they value the “high touch” assistance through the system. For many of the communities we serve, completing even relatively simple eligibility questions and comparing different health plan prices, networks of doctors, and co-pays can be intimidating. The State has trained Navigators to provide neutral assistance so that consumers both successfully secure the financial aid and select a health plan that meets their needs. Navigators are grant funded. They do not work for insurance companies—nor do they receive any commissions for completing a set number of enrollments.

2. Fund Post-enrollment Consumer Assistance

Health insurance needs to work for consumers. Health coverage must translate into access to timely and appropriate care. The ACA has brought tremendous new right for New York’s health insurance consumers. But from their perspective, the health insurance system

remains complicated. Both the newly covered as well as those who have been covered for years often need help: from understanding insurance concepts like deductibles, co-payments, co-insurance, maximum out of pocket costs; to following complex processes to resolve insurance disputes; and with filing complaints and appealing plans decisions.

A recent Kaiser Family Foundation survey of more than 800 Navigator/Assistor programs found that 90% reported that enrollees returned for additional, post-enrollment, insurance assistance. See, Kaiser Family Foundation, *Survey of Health Insurance Marketplace Assistor Programs*, July 2014.¹ This report is corroborated by our own Navigators' anecdotal reports of high numbers of returning clients who, after successfully enrolling, seek additional help with issues such as finding in-network providers; requesting plan cards; resolving billing issues, or understanding communications from their plans. Consumers with no previous health coverage experience are also likely to need help navigating their coverage upon enrollment.

Indeed, in recognition that consumers often need post-enrollment help with their insurance coverage, Congress built two kinds of consumer assistance programs into the ACA. First, the ACA created the Navigator program specifically to help consumers enroll in coverage through the new Marketplaces.² Second, the ACA established state Consumer Assistance Programs (CAPs) which respond to consumers' questions about myriad of insurance issues, including: how to use Advance Premium Tax Credits; how to navigate health plans; and how to appeal denials of, services as described in their carriers' Explanations of Benefits (EOBs) through a toll-free, live answer helpline.³ Other functions as mandated by the ACA include assisting with complaints and appeals, educating consumers about their rights and responsibilities under their health plans, collecting, tracking, and quantifying problems and inquiries encountered by consumers, and resolving problems with premium tax credits.⁴ The ACA explicitly requires Navigators to refer consumers to CAPs for help with the ongoing challenges of using health insurance coverage.⁵

In 2010, New York State designated Community Health Advocates as our State's CAP. Services provided by CHA are unique and are not redundant of the services provided by Navigator groups. CHA is an all-payor model which provides one-stop shopping for consumers, who could access ombudsprogram services through a central helpline or at one of the 21 community based organizations (CBOs) operating in neighborhoods where consumers live and work. The CHA program has been lauded nationally as the leading model of a consumer assistance program by the Kaiser Family Foundation, the National Governor's Association,

¹ Available at: <http://kff.org/health-reform/report/survey-of-health-insurance-marketplace-assister-programs/>.

² Patient Protection and Affordable Care Act (ACA) of 2010 § 1311(i).

³ Department of Health and Human Services, Office of Consumer Information and Insurance Oversight, Affordable Care Act (ACA) – Consumer Assistance Program Grants Initial Announcement, Invitation to Apply for FY 2010, July 22, 2010.

⁴ ACA § 1002(c)(1), (2), (3), (5).

⁵ ACA § 1002.

Families USA, and HHS. Since October 2010, CHA has handled over 174,582 cases for New Yorkers and 19,866 for small employers, saving them approximately \$13 million.

While consumers routinely call DOH, the Department of Financial Services (DFS) and the Attorney General's office regarding their health plans, CHA is the only entity that offers one-stop assistance for health care consumers—regardless of their source of coverage. CHA is charged under the ACA to act as an independent advocate for consumers and works closely with New York's state and city agencies. Since October 2013, CHA's helpline volume has increased from roughly 140 calls to over 500 calls per week. CHA currently handles a significant volume of cases and stands ready to absorb more.

CHA was originally a New York City-funded program called the Managed Care Consumer Assistance Program (NYC MCCAP) that operated between 1998 and 2010. MCCAP was funded by the City Council, which allocated \$2 million for the program and leveraged these resources with federal Medicaid matching funds for a total program funding of \$4 million. With this funding, CSS and its Specialists partners trained and provided technical support to a network of 26 CBOs to provide direct assistance to health care consumers in over 10 languages across diverse communities in New York City. After more than a decade of building capacity in CBOs, and serving almost 150,000 New York City residents, NYC MCCAP had to be dismantled when the City Council funding was eliminated for Fiscal Year 2011.

The defunding of NYC MCCAP coincided with the availability of ACA funds for CAPs. Consumers throughout the State benefited from NYC MCCAPs infrastructure and expertise by transforming NYC MCCAP into a State-wide program under the name of CHA. In 2010, CHA's initial funding was from through a grant to New York State by the U.S. Department of Health and Human Services through a State Legislature-sanctioned "dry appropriation" in the amount of \$2.3 million. CSS was able to incorporate into CHA's statewide network some of the former NYC MCCAP agencies, but New York City received fewer resources because the funding had to be distributed across the entire state. Whereas 61% of the consumers served by NYC MCCAP were from racial and ethnic minorities, and 70% of the services were provided in languages other than English; 57% of CHA services have been received by Caucasians, and 75% of its services have been provided in English. The transition of CHA from a City network to a Statewide network has brought valuable services to upstate communities that needed them dearly, but New York City lost important resources for its underserved communities.

Congress has not continued to fund CAPs. But, fortuitously, New York State leaders have continued to fund the program with Exchange Establishment grant funding, which is due to expire in 2015. At its height in 2013, CHA administered \$5.7 million in grant funding to a network of 30 community based organizations, and 34 Chambers of Commerce and other small business serving groups and supported a live answer central helpline. Thanks to the incredible success of the NY State of Health Marketplace, the number of insured New Yorkers has grown

exponentially. And, as a result, the need for CHA's post-enrollment services is more critical now than ever. However, Exchange Establishment grant funding is due to end in June 2015, when the program is most needed.

Recommendation: New York City should restore funding for CHA and leverage the infrastructure and expertise that CHA has developed for several years to ensure that consumers who receive services from Navigators have somewhere to go for help with their post-enrollment needs. City funding for CHA is necessary to recover the linguistic diversity that the network once had, and to ensure that these needed services are available to communities of color. Funding for CHA will also support consumer assistance services for people transitioning out of the marketplace—like those who become eligible for Medicare- and to those who are not eligible to obtain coverage through the New York State of Health and need assistance accessing low cost services and hospital financial assistance.

3. Resources Are Needed for Outreach Activities

CSS is proud and delighted to be working closely with the NY State of Health Navigator program to implement arguably the finest health insurance Marketplace in the country. Navigator groups are trusted local sources of help. We are a diverse cross-section of New York's service delivery programs. We are Chambers of Commerce, perinatal associations, rural-serving groups, health centers, provider groups, and Departments of Health, immigrant-serving groups, disability groups and many, many more. In short, Navigators are integral members of our respective communities. In immigrant communities, Navigators provide linguistically appropriate assistance and facilitate interacting with the NY State of Health website. We are conveniently located, geographically, culturally and linguistically accessible to most.

The uninsured rate among racial and ethnic minorities continues to be disproportionately higher than their white counterparts and additional effort is needed to reach out to these underserved communities. Navigators and CBOs are natural allies to achieve this goal.

Recommendation: The City should consider funding Navigators and CBOs to conduct outreach and education in hard to reach communities. By doing so, the City could leverage their existing knowledge and connections with these communities where they are recognized as trusted resources.

Thank you for the opportunity to present testimony before this Committee.

Nora Chaves
Director, Community Health Advocates
Community Service Society of New York
nchaves@cssny.org | 212-614-5367

Testimony
of
Sandra Jean-Louis, MPA
Director, Access to Health and Food Benefits
Public Health Programs Division
Public Health Solutions

before the
New York City Council Committee on Health
Regarding

**Oversight – NYC and the Affordable Care Act: Where Are We Post-Roll-Out and How We
Can Boost Access to Care**

October 23, 2014
City Council Chambers, City Hall
New York, NY

Good Afternoon Chairperson Johnson and members of the Committee on Health. My name is Sandra Jean-Louis and I am the Director of the Access to Health and Food Benefits Program at Public Health Solutions (PHS). On behalf of Public Health Solutions, I would like to thank you for the opportunity to provide testimony today regarding Public Health Solutions' experience in the roll out of the Affordable Care Act and how we can boost access to care as we approach the next Open Enrollment period.

I would like to begin my testimony today sharing the story of Juanita Martinez, one of our PHS Navigators, who is here with me today. Ms. Martinez works in our Connecting Kids to Coverage project team funded by the Centers for Medicare and Medicaid (CMS). The goal of the project is to find eligible but un-enrolled Hispanic children and their families in Northern Queens and to help them sign-up for Medicaid and/or Child Health Plus.

Juanita introduces her enrollment sessions by saying: "I would not be alive today if it wasn't for the Affordable Care Act. In 2013, I was rushed to a hospital and all the while I was lying in the stretcher, my concern was not about my life nor my family. My concern was: How am I going to pay for this? I am here because a Navigator helped me enroll on the Marketplace and be a part of a managed care plan. Now, a year later, I am standing here, ready to help you just as I have been helped. At that time, I was very confused as to what the Affordable Care Act was, what plans were available and how it would help me. A Navigator like those at Public Health Solutions is able to help you with any questions that you might have. *Regret can be expensive, but a health plan doesn't have to be.* This year, the Marketplace has many more plans and options available. The Affordable Care Act has a plan that works for you. Once you enroll, you are afforded the peace of mind that, when the time comes, you are able to get the help that you need for yourself and for your family. In 2013, my health seemed helpless. Today, you and I can work together for a healthier future. I am Juanita Martinez, I am a Navigator with Public Health Solutions, come enroll with me."

At PHS, we have a team of more than 20 Health Insurance Navigators and Community Health Workers. For the past 56 years, Public Health Solutions has been working to protect and improve community health for the most vulnerable New Yorkers. Each year, we provide a wide range of direct services to over 80,000 individuals and families in New York City including reproductive health care, WIC services, early intervention service coordination, home visiting to new mothers, and benefits enrollment. The vast majority of those we serve are low-income women, infants, and children, many of whom were born in a country outside of the U.S., residing in some of the highest-need neighborhoods in Queens, Brooklyn and the Bronx.

Over the past 13 years, the Access to Health and Food Benefits Program has been on the frontline of helping New Yorkers obtain health coverage, first as part of New York State's Facilitated Enrollment Program, and since October 2013, as an In Person Assistor/Navigator agency funded by New York State to assist New Yorkers with their insurance education and enrollment needs on the *NY State of Health – the Official Health Plan Marketplace*. Since 2000, we have helped close to 100,000 individuals obtain free or low cost health coverage. As you know, the role of Navigators is to assist New Yorkers with the health insurance sign-up process step-by-step. Our Navigators serve all New York City boroughs and Long Island, with a concentrated effort in Queens.

I shared Juanita's pitch today, both to highlight what has been at the core of PHS's success over the years as well as to illuminate the remaining barriers to enrollment and how they can best be addressed. The key to our health insurance enrollment success is two-pronged: First, our Navigators

are embedded with PHS' community-based WIC centers and other community-based sites, giving them ready access to a large population of hard-to-reach eligible but un-enrolled populations; these sites, where families go for other services and activities, are the bedrock on which our enrollment work is anchored. Second, we deliver quality services to our clients through a multi-lingual and multi-cultural Navigator staff who, just like Juanita, not only speak the language and understand the culture of the communities in which they work, but also have often lived the day-to-day experience of the low-income, uninsured population. Because of their deep roots in the community and their personal connection with the clients they serve, our Navigators enjoy their work and have remained with the program for a long time, ensuring continuity. As a result, our clients trust us and come back to us for more help -- for example, if they did not receive their insurance card, need to report a change in income, add a family member on their insurance, need to renew their insurance, or to introduce us to a family member or a friend who also needs assistance. As a testament to this commitment, when we transitioned to be Navigator agency last year, we had several members of the staff who had already been with the program for multiple years -- two Senior Navigators, Fatima Tobar and Kelly Wong, for over 8 years, Kadrije Burhani, another Senior Navigator who also speaks 5 different languages, for 9 years, and finally, our Program Manager, Wen Wang, for 10 years. Our management team supports the staff's work, ensuring that their Marketplace questions are answered promptly and that they receive ongoing crucial training such as health literacy and public speaking to improve their performance so they provide the highest quality services to clients.

The first year of health insurance enrollment on the Marketplace has been successful, due in large part to the hard work of the many Navigators, Certified Application Counselors, and other community-based organizations represented here today. As the State's numbers indicate, more than one million people have newly obtained health insurance over the past year, but much remains to be done to reach the remaining uninsured New Yorkers. Most of the population that remains to be enrolled this year is likely the hardest to reach -- the population with the most barriers. These individuals and families face many barriers, including: fear, confusion, and misinformation about applying for and receiving public benefits; language barriers; confusion about eligibility rules related to immigration and fear of legal ramifications, including sponsorship, public charge, and deportation; lack of knowledge about the U.S. health insurance system in general; difficulties in understanding subsidies and how they could impact taxes; long work hours limiting access to Navigators; and reluctance to accept government assistance. These members of our community are those who, for example, fear that they will have to reveal their own immigration status on a child's application; who report employers being unwilling to provide verification of income required to complete an application, and who lack a computer or internet service to apply or recertify online.

In addition, starting in October, the State began sending renewal notices via post or e-mail to those who enrolled during the last Open Enrollment period to notify them that they must renew their insurance on the Marketplace. Although the renewal process is supported by an electronic data-matching process to verify enrollees' incomes, the process is not a simple one and many people will need education and assistance to make sure they maintain their coverage for the upcoming year.

This is a very technical program, which is often difficult to understand. For example, anyone who purchased a Qualified Health Plan (QHP) last year should renew their insurance between November 15th and December 15th to have insurance for the next year. Those who enrolled in a QHP whose income data matched successfully with the federal data hub who agree with the information in the State notice and have their plan available will be renewed automatically; those who disagree with the federal income data in their notice and have an unavailable Plan will need to access their account to

make the necessary changes and renew; those lastly, whose data could not be verified through the federal data hub will need to upload the necessary income documents to support their renewal application. For those on Medicaid, with year-round enrollment, enrollees will receive their notices ninety days prior to their renewal due-date and will follow a process similar to those enrolled in QHPs. So two different messages and timelines; all in all, this is a pretty complicated process even for the savviest amongst us.

We look forward to collaborating with City Council members and other partners to continue to address these issues and to support New Yorkers to enroll in, renew, and utilize their insurance coverage. Collectively, we need to do the following:

Address misconceptions related to immigration status: We are working with partners such as Empire Justice, the New York Immigration Coalition and CUNY Law School to hold an educational forum for lawyers in Northern Queens to help address some of our clients' immigration concerns. The forum will focus particularly on our clients' fear of legal ramifications related to immigration including the issues of sponsorship, public charge, and deportation and will provide clarification on rules for participating lawyers. If successful, such a forum could be replicated throughout the City in Council districts with many immigrants, and we would be interested in collaborating on these forums.

Assist clients with the renewal process: Given the complexities of the renewal process and the confusion it may create for many families, we are implementing a systematic text message campaign to reach out to those who may receive renewal notices from the State, inviting them to call their PHS Navigator for assistance with the renewal process.

Educate clients about using their new insurance plans. Despite the fact that many New Yorkers have an insurance card for the first time, this does not mean that families have immediate access to care. Many newly insured individuals face additional barriers to accessing care beyond securing insurance coverage including choosing a primary care provider in their selected health plan, knowledge about when to visit a primary care provider, and navigating insurance utilization including co-pays, premiums, and deductibles. We are planning to pilot a project where we will train Community Health Workers to have a more in depth educational session about post-enrollment use of health insurance once our clients have applied with a Navigator. We hope this pilot will help inform a larger plan to address this issue more systematically in the future.

Address the needs of individuals who are not eligible for insurance coverage. Although the Marketplace has expanded health insurance options for thousands of New Yorkers, there remain 625,000 residents who remain ineligible because they are undocumented. In order to promote true citywide access to care, we must continue to develop solutions to bring coverage and care to these families. In most non-western cultures from which many immigrants have come, people seek health care services when they have an urgent medical issue such as long-lasting fevers, coughs, or gastrointestinal problems. As a result, the immigrant population's first contact with the US healthcare system is often an expensive visit to the local hospital's emergency room for such urgent issues which may best be treated at primary care centers where care can be provided for a fraction of the cost of an emergency room setting. We must look for solutions that help us reduce the cost of urgent care visits for these New Yorkers and see how they can best be connected to primary care after.

Host Open Enrollment kick-off events. The media buzz around Open Enrollment is likely to create confusion for both the uninsured and newly insured, many of whom may not understand what the Open Enrollment period means for them. We are planning a large Open Enrollment event in Northern Queens on November 15th where trained Community Health Workers and Navigators can educate the public. Our Navigators will also be equipped to assist with health insurance applications on site, but our experience is that people do not come to public places with the necessary supporting documents they need to start their application, and we often spend an hour or more with families during the actual enrollment process. Therefore, during the event, we will focus mainly on education and on scheduling future appointments.

Thank you for opportunity to speak today on behalf of Public Health Solutions, our staff, and the individuals and families we serve, to bring to light some of the key challenges as well as most promising opportunities we have to leverage the Affordable Care Act. We are looking forward to collaborating with you and the other organizations present today to make sure that all New Yorkers have health insurance coverage and access to health care.

**The New York State Youth Leadership
Council
Testimony on NYC and the Affordable Care
Act:
Where Are We Post-Roll-Out and How We
Can Boost Access to Care**

October 23, 2014

**Cesar Andrade
andrade@nyshealth.org
646-4062454**



**The New York State Youth Leadership Council
Testimony on NYC and the Affordable Care Act:
Where Are We Post-Roll-Out and How We Can Boost Access to Care**

October 23, 2014

My name is Cesar Andrade, an undocumented immigrant from Ecuador and a member of the New York State Youth Leadership Council. We are an undocumented youth led organization that works to advocate for the rights of undocumented immigrants. A lot of our recent work has focused in advocating for equal access to higher education via the NY Dream Act campaign. We also know the importance of having access to healthcare for our community. That is why I'm here today. To share with you my experience and suggestions on what the city of New York needs to do to help the undocumented population access quality healthcare.

Before I get into the details, however, I do want to congratulate the state, the city and many of you here today who have played a pivotal role in aiding the enrollment of hundreds of thousands of people so that they could gain health insurance. It is a great accomplishment. But, as we all know, the job is not finished. We still have much work to do. As of 2012, 1.2 million people statewide were uninsured and struggled daily to take care of their health as well as navigate the daily ups and downs of life. This number has decreased in the past two years but many still lack insurance. It is estimated that approximately 400,000 undocumented New Yorkers are without insurance. As we all know, undocumented immigrants were excluded from the Affordable Care Act. This is why the city and the state have even more of an imperative to act and finish the job.

The city and state have already done a lot to make health services available to the undocumented population: emergency Medicaid, sliding scale, HHC, and Medicaid for eligible DACA recipients. But, as I can attest from personal experience and from friends and family, many do not know what options are available to them. Many are also overwhelmed by the barriers they must face. This is another issue that the city needs to address and play a leadership role.

Currently, there already exist examples from which we could learn and use as guidance. Just recently, The County of Los Angeles created a program called,

My Health L.A., which will benefit the estimated 400,000 to 700,000 undocumented immigrants in the county without insurance. A big step like this is something the city needs to work towards. But it does not all have to be about big changes. We have in place many services already that can provide healthcare to the undocumented population. I recently gained coverage because I learned through my job at the New York State Health Foundation, that because I was a DACA recipient, I could qualify for state funded Medicaid. Almost all of my peers were not aware of this. Yes, we need to expand the healthcare options for undocumented immigrants, but we also need to inform them about what options they already have.

In the end, sickness does not discriminate; so neither should having health insurance. A city will always be a better city when all of its residents are healthy.

Thank you again for this opportunity to speak to you on this important issue. I'm happy to answer any questions.

**The New York Immigration Coalition
Testimony on NYC and the Affordable Care Act:
Where Are We Post-Roll-Out and How We Can Boost Access to Care**

October 23, 2014

Good Afternoon, my name is Claudia Calhoon, and I am the Health Advocacy Senior Specialist at the New York Immigration Coalition. As we prepare for 2015 Open Enrollment, I'm very happy for the opportunity to discuss how we can improve access to care in New York City. I'd like to start by thanking the Chair of the New York City Council Committee on Health, the Honorable Council Member Corey Johnson for convening this important hearing and for his extraordinary commitment to making sure all New Yorkers can access the health services they need. I'd also like to extend our thanks to Speaker Melissa Mark-Viverito, the Committee on Health and the entire City Council for everything they have done for immigrant communities in New York City.

The NYIC is an advocacy and policy umbrella organization for more than 150 multi-ethnic, multi-racial, and multi-sector groups across the state working with immigrants and refugees. With member organizations serving communities that speak more than 65 languages and dialects, the NYIC has a long history of coordinating collaborative efforts with member groups and key allies to reach target populations and respond to issues. The NYIC Health Collaborative is a nationally recognized project to improve immigrants' access to health care and health insurance through community education, capacity building, leadership development for CBOs, and advocacy. Health collaborative members report on immigrant health outreach, access, and enrollment outcomes and challenges to NYIC staff, providing a crucial source of feedback about immigrant health service utilization and barriers on the ground.

To illustrate some of the challenges that immigrants face in accessing health care, I would like to share two stories from our Health Collaborative members. For example, the Academy of Medical and Public Health Services serves a large Latino and Asian immigrant population in Sunset Park, Brooklyn, providing free health screenings and referrals to the community. They report that the majority of individuals they see do not know what resources are available to them, and that many are afraid to even ask. Very recently they saw a middle-aged Brooklyn resident who spoke only Spanish. He was experiencing severe abdominal pain related to a hernia operation that he had more than ten years ago. He was afraid to go to the doctor because he didn't think he could afford it. Their staff was able to link him to a health care facility that offered a sliding scale fees, but without the Academy of Medical and Public Health Services to let him know about available services, he would not have been able to see a doctor.

Another Health Collaborative member is the South Asian Council for Social Services, an organization that works in Queens to address the social service needs of the underserved South Asian and Indo-Caribbean communities of New York City. They are currently providing services to a woman who only speaks the South Asian language Kannada and is seeking mental health services. Before they reached out to SACSS, the family was unable find a therapist/counselor who spoke the same language or an interpreter who could translate for her, but through their contacts in the community, SACSS was able to connect the family to a

Kannada-speaking counselor. This was a relief for the family, who had been desperate because they did not have other options.

It is an exciting time to be working on health access in New York. To date, more than 1.5 million New Yorkers statewide have enrolled in the New York State of Health (NYSOH) including in Medicaid and Child Health Plus, and racial and ethnic minority groups represent a solid proportions of new enrollees.^{1,2} Additionally, even undocumented immigrants are now able to pre-certify for Emergency Medicaid through the New York State of Health. Unfortunately, we also know that even with this progress, many immigrants remain uninsured, and undocumented immigrants have been explicitly excluded from robust insurance coverage. Although everyone, regardless of immigration status, has options for health care in New York, many immigrants are confused about them— and many don't even know that they *have* options. While state-funded Navigators are available to assist with enrollment, the state did *not* allocate funding for public education and outreach, nor is there a funding stream that supports outreach that steers people to safety net options for care. For these reasons, during the upcoming year, we are urging New York City to fill in the gap left by the state and federal government by including **\$5 million** for the **Access Health NYC**. Better information about comprehensive insurance coverage and timely primary and preventive care will lower health care costs and improve health outcomes for all New Yorkers!

Access Health NYC would serve two functions: it would improve health access by linking individuals who are eligible for ACA coverage to enrollment; and would also link those who cannot participate in ACA coverage to existing safety net health care services such as HHC and Federally-qualified Health Center facilities. These institutions are vital for facilitating access to care for immigrants in New York City, and providing cost-effective preventive services and primary care. Programs like HHC Options provide sliding scale rates that make care truly affordable for low-income immigrants.

Since the purpose of these hearings is to talk about the ACA, I want to also share some issues raised by our Health Collaborative about enrollment and talk about how Access Health would address barriers. We know from our Health Collaborative partners that during the first open enrollment period, several important issues emerged for immigrants. One of these is language access. Over 1.8 million New York City residents are limited English proficient (LEP), meaning they need interpretation or translation services to communicate effectively.³ A little over half of that population in the city speaks Spanish; the other half speak another 150 languages and dialects. Although a Spanish-language version of the New York State of Health website is scheduled to be launched in advance of the 2015 open enrollment period, it will not meet the needs of other immigrant populations that speak languages besides Spanish and English. Access Health NYC will help link low-English proficient immigrants to navigators and to services.

¹ New York State of Health. Public Marketplace Report, September 2014. Unpublished.

² http://www.nyc.gov/html/hia/downloads/pdf/2014_county_data_sheets/Bronx_County.pdf,
http://www.nyc.gov/html/hia/downloads/pdf/2014_county_data_sheets/Brooklyn_Kings_County.pdf,
http://www.nyc.gov/html/hia/downloads/pdf/2014_county_data_sheets/Queens_County.pdf,
http://www.nyc.gov/html/hia/downloads/pdf/2014_county_data_sheets/Manhattan_New_York_County.pdf,
http://www.nyc.gov/html/hia/downloads/pdf/2014_county_data_sheets/Staten%20Island_Richmond_County.pdf

³ U.S. Census Bureau, 2011 American Community Survey <http://factfinder2.census.gov/faces/tableservices/>

Another feature of immigrants' experience with enrollment was the need for tenacity from both Navigators and enrollees with the documentation verification process. Individuals who lack sufficient work history to have their identity automatically verified have been required to submit additional documentation. Although identity verification is a necessity, for immigrants, the process of enrollment has often been characterized by bureaucratic delays and the need to work with a Navigator for many sessions to successfully enroll themselves or their families. Access Health NYC funded CBOs would help immigrants know what to expect when they use the New York State of Health website.

Additionally, unfounded fear of immigration consequences of accessing and using health care services and benefits continue to discourage immigrants. During a time of stalled immigration reform and record deportations, it is not surprising that immigrants may be hesitant to access government services and programs. Immigrants need to hear that they can safely apply for benefits for themselves and for their families. Even immigrants who are lawfully present may need to be reassured that using health care benefits such as Medicaid will not have immigration consequences for them and their families.⁴ Mixed-status families in which children but not parents are eligible for public benefits need targeted outreach to assure them of the safety of seeking benefits for their families. Finally, young people eligible for Deferred Action for Childhood Arrivals (DACA) may also need specific guidance on the particular programs for which they are eligible in New York State. (DACA beneficiaries are eligible for Medicaid, but not to purchase Qualified Health Plans on the Marketplace). Access Health NYC public education and outreach will help immigrants understand what their rights are and what programs for which they qualify.

Because of the complexity of coverage eligibility and finding services, with our Partners in the People's Budget Coalition, the NYIC will advocate for \$5 million for Access Health NYC from the City Council. Access Health NYC will complement and facilitate the work of New York State-funded navigators by linking hard-to-reach, uninsured populations to navigation services, and by letting people know about safety-net services that are available to them.

Access Health NYC will support CBOs to dedicate staff to doing presentations and outreach activities in the community. Unfortunately, immigrant-serving CBOs are often underfunded and cannot do public outreach and education for free. But it is these organizations that are best equipped to get the word out to their communities, and the city should provide them resources to do this crucial work. We look forward to working with the City Council to create mechanisms to improve outreach and education about health access. When budget time comes we will call on the Council to direct resources into their districts and communities across the city by fully funding Access Health NYC with a \$5 million dollar commitment.

Thank you.

⁴ National Immigration Law Center. Sponsored Immigrants and Benefits. Available at <http://www.nilc.org/sponsoredimmigrants&benefits-na-2009-08.html> Accessed on June 10, 2014

Planned Parenthood of New York City

**Planned Parenthood of New York City
Testimony on NYC and the Affordable Care Act:
Where Are We Post-Roll-Out and How We Can Boost Access to Care**

October 23, 2014

Good afternoon. I am Alice Berger, Vice President of Health Care Planning at Planned Parenthood of New York City (PPNYC). I am pleased to be here today to provide testimony on the state of access to care in post-Affordable-Care-Act New York. Planned Parenthood of New York City thanks our strong supporter and Chair of the New York City Council Committee on Health, the Honorable Council Member Corey Johnson for his leadership in convening this hearing. We'd also like to thank Speaker Melissa Mark-Viverito, the Committee on Health and the entire City Council for their dedication to these issues and we welcome the opportunity to discuss ways we can boost access to care for all New Yorkers.

Planned Parenthood of New York City serves more than 50,000 patients annually in our health centers currently located in four boroughs. We are proud to announce that a new health care center is currently under construction and is due to open in the Spring of 2015. Queens has traditionally been an underserved borough and we expect to serve 17,500 patients each year at our new center when fully operational.

As a safety net provider, we know all too well the realities so many New Yorkers face as they struggle with numerous barriers to accessing care. Often it is the social determinants of health — income inequality, language access, immigration status — that prevent many New Yorkers from receiving the care they need. We also understand that in a city as diverse as ours, access to quality health care can vary greatly among different neighborhoods and communities. Planned Parenthood is committed to continuing to serve communities that depend on our services the most and to providing access to health care in culturally competent settings, adhering strictly to the National Standards for Culturally and Linguistically Appropriate Services in all of our clinical, education and public affairs work. As a trusted health care provider in New York City, we pride ourselves on the medically accurate, high quality, confidential care we provide to all people, no matter what.

PPNYC is also proud of the strides New York State has made in implementing the Affordable Care Act (ACA); surpassing its goal with well over a million residents obtaining coverage. Since 2000, PPNYC has provided on-site insurance enrollment assistance to all our clients who are in need. In response to the opportunities that the ACA offers, we have ensured that all of our entitlement staff are Certified Application Counselors and offer one-to-one counseling and enrollment in both the public and private insurance programs on the New York State of Health portal. Over the years, through our robust entitlement program, we have assisted thousands of our clients in obtaining Medicaid coverage and are thrilled to be able to offer the range of Qualified Health Plans to those eligible. Fourteen years of experience has shown that combining health care service delivery with often same-day enrollment assistance is essential to fully provide for our clients' needs.

Despite the terrific step forward with the ACA, barriers to access are still prevalent and a portion of our patient base remains uninsured and cost remains an issue. In the first year of ACA enrollment, our entitlement counselors report that many clients who are not income-eligible for Medicaid, often report that even with tax credits, the cost of premiums keeps coverage out of reach. Moreover, some clients opt to purchase the high deductible, lower premium plans and even with extensive explanation of how these

Planned Parenthood of New York City

plans work, we are concerned that many will be significantly affected by the high out-of-pocket costs once they start to access care. We recommend that the city and state closely monitor the relationship between these plans and utilization of health care services and evaluate ways in which to increase public knowledge of the different types of plans available.

In addition, PPNYC urges New York City to consider the ways it can help break down the economic barriers that prevent New Yorkers from accessing health insurance as well as maintain support of safety net providers so that PPNYC can continue to provide care regardless of a patient's ability to pay. This goes hand in glove with the need for a truly affordable Basic Health Plan that fully incorporates all reproductive health services and presents a true option for those in need.

Other patients remain uninsured due to confidentiality concerns. A concrete example is the still unresolved issue of the Explanation of Benefits (EOBs) that are mailed home and addressed to the policy holder rather than to the individual patient who sought care. The ACA benefit of extending coverage to young adults (up to the age of 26) is to be applauded but for a young adult who is seeking confidential services (reproductive health, mental health and substance abuse, to name a few) sending the EOB to the parent/guardian can discourage the young adult from wanting to use this covered benefit due to a lack of privacy. As a result, young adults continue to turn to PPNYC for services. And as we turn no one away and are committed to protecting our clients' confidentiality, we find ourselves having to use limited family planning grant dollars to subsidize patients' care. We urge the city to work with the state to resolve the EOB issue. We also stress the need to maintain essential grant funds to offset the costs associated with caring for uninsured patients.

Another significant barrier exists for patients enrolled in the Fidelis Care Qualified Health Plan. Due to the Catholic Ethical and Religious Directives that restrict Fidelis from providing comprehensive reproductive health services, Fidelis has contracted with a third party, Unified Life, who in turn contracts with a limited network of providers. The proviso is that Unified Life can only contract with those that are and have been part of the Fidelis network. This automatically precludes any Fidelis QHP patient from using their insurance coverage to access care at any Planned Parenthood affiliate within New York State. On a daily basis, we have potential clients calling our Customer Service Representatives to make an appointment who are then told that we are unable to accept their insurance. As mentioned, we turn no one away for inability to pay but we have to inform a Fidelis QHP member that they will likely have to pay out of pocket for their services as PPNYC would be considered an out-of-network provider. Once again, we are in a position of having to use scarce grant dollars to subsidize a client who is already insured but has no way of obtaining coverage for basic, preventive reproductive health services. We urge the city and state to revisit this contractual arrangement and implement a similar system that exists for Medicaid and Child Health Plus Fidelis members.

And very importantly, many New Yorkers still remain ineligible for coverage under the ACA. Ensuring care for all New Yorkers, regardless of immigration status is imperative from both a human rights and public health stance. We look forward to working together to make New York City a national model for health care access for all people regardless of immigration status.

Similarly, more must be done to reach immigrant communities that are eligible for health insurance but are unaware of their options. At a moment where access to health care coverage is significantly expanding in New York, we appeal to the Council to prioritize the voices and needs of New Yorkers that too frequently have been left out of our health care system. As a leading reproductive health and advocacy

Planned Parenthood of New York City

organization, PPNYC urges the New York City Council to include \$5 million for the Access Health NYC Initiative in the New York City budget. Access Health NYC is a proposal to provide grants to community-based organizations that serve immigrants and other underserved populations in accessing affordable, quality health care. It would be an investment in much needed education and outreach programs that would inform communities across New York City, regardless of immigration status, of their options and rights when it comes to accessing health care and health insurance coverage and would address disparities in health care access across New York City.

Thank you for the opportunity to testify on this important issue and I would be happy to take any questions or provide additional information.

###

Since 1916, Planned Parenthood of New York City (PPNYC) has been an advocate for and provider of reproductive health services and education for New Yorkers. Through a threefold mission of clinical services, education, and advocacy, PPNYC is bringing better health and more fulfilling lives to each new generation of New Yorkers. As a voice for sexual and reproductive health equity, PPNYC supports legislation and policies to ensure that all New Yorkers—and, in fact, people around the world—will have access to the full range of reproductive health care services and information.



Make the Road New York Testimony before the City Council Committee on Health

Oversight – NYC and the Affordable Care Act: Where Are We Post-Roll-Out and How We Can Boost Access to Care

October 23rd, 2014

My name is Becca Telzak and I am the Director of Health Programs at Make the Road New York. Make the Road New York (MRNY) would like to thank the City Council's Committee on Health for the opportunity to provide a testimony on the Affordable Care Act, and where we are Post-Roll-Out, and how we can increase access to care. Make the Road New York ("MRNY") is a not-for-profit organization with neighborhood-based community centers in four immigrant neighborhoods in New York City and Long Island: Bushwick, Brooklyn; Jackson Heights, Queens; Port Richmond, Staten Island and Brentwood, Long Island. With over 15,000 members, MRNY provides legal and support services and engages in litigation, community organizing and policy advocacy in the following areas: access to health care, workplace justice, tenants' rights, public education and immigrants' civil rights. In my testimony, I will discuss the navigator program, consumer assistance program, access to care for undocumented immigrants, and language access, all of which are essential to reaching and assisting immigrant communities.

Navigator Program- Starting October 1st 2013, individuals and small businesses in New York State were able to enroll in public and private health insurance through the New York State of Health (The Marketplace). Many uninsured individuals, especially immigrant communities tend to trust and feel more comfortable seeking assistance from organizations in their own communities. MRNY fully supports the State's navigator program, which awarded funding to community based organizations to provide enrollment assistance into public and private insurance for both individuals and small businesses. Many of the grants were awarded to groups that are located in low income immigrant communities and speak the same languages as the community members in those neighborhoods. This is essential to be able to ensure that immigrants are not left behind and are able to enroll in insurance with the help of someone who speaks his/her language, understands the culture and is located in the community he/she lives in. MRNY is one of these navigator organizations. Since the beginning of last year's open enrollment, we have enrolled around 2,500 individuals into health insurance through the Marketplace, the majority of which are Latino immigrants and Spanish speakers. We have

BROOKLYN
301 GROVE STREET
BROOKLYN, NY 11237
TEL 718 418 7690
FAX 718 418 9635

QUEENS
92-10 ROOSEVELT AVENUE
JACKSON HEIGHTS, NY 11372
TEL 718 565 8500
FAX 718 565 0646

STATEN ISLAND
161 PORT RICHMOND AVENUE
STATEN ISLAND, NY 10302
TEL 718 727 1222
FAX 718 981 8077

LONG ISLAND
1090 SUFFOLK AVENUE
BRENTWOOD, NY 11717
TEL 631 231 2220
FAX 631 231 2229

enrolled these individuals into a combination of Medicaid, Child Health Plus, Qualified Health Plans and Emergency Medicaid.

Consumer Assistance Program (CAP) - MRNY requests that New York City dedicate funding to consumer assistance programs and ensures that this funding includes money for outreach and educational activities.

While the navigators provide an extremely valuable service by helping individuals and small businesses enroll in health insurance, consumers also need a post enrollment consumer assistance program. MRNY is part of the Community Health Advocate program (CHA) which, since 2010, has served 130,000 New Yorkers in 11 languages and worked with vulnerable and underserved communities throughout the state. As more and more individuals enroll into insurance through the New York State of Health, CAP's are needed to ensure that consumers who obtain coverage through the Exchanges have somewhere to turn if they have questions or face issues with their coverage. Navigators will assist consumers with enrollment only and are not funded to assist enrollees with problems with accessing services, dealing with bills or getting the health care they need. Consumer Assistance Programs are important contributors to the success of the ACA by identifying problems informing policy makers about them, and contributing to their resolution. Here is an example of a client we worked with at Make the Road through the CHA program which demonstrates the importance of this work and the need to keep it funded.

Gladys collapsed from a stroke and was rushed unconscious to the hospital and immediately transferred to receive specialty treatment that saved her life. But when she returned home to recover, the bills started piling up. Gladys received medical bills for over \$138,000 because she had been treated by doctors not covered by her insurance plan. Desperate, she turned to CHA advocates at MRNY. Advocates helped Gladys access hospital financial assistance and negotiate her remaining bills to about \$8,000. Gladys finally felt relief, and could go back to work and take care of her three children without worrying about how she was going to afford her medical bills.

NYC had a very successful consumer assistance program (called MCCAP) for many years that consisted of 26 Community based organizations at its height. MCCAP used to receive \$4 million in funding for the entire city. When the program was dismantled in 2010, the city was lucky to receive federal money to continue the program, and it turned into a statewide program called CHA. At its height, the CHA program annually provided education and health coverage assistance services through a network of 30 community based groups, and 34 Chambers of Commerce and other employer-serving groups to approximately 65,000 New Yorkers in all 62 counties of New York State.

As of July 2014, CHA receives \$2.5 million from the federal government to fund 15 organizations, and unfortunately, the funding ends June 2015. Furthermore, the funding no longer covers outreach and educational activities that are essential to ensuring that

marginalized communities are able to access care. It is essential that funding for consumer assistance programs continue, to ensure that individuals who enroll into insurance through the Marketplace, can access post enrollment assistance, and to assist those who are not eligible for insurance access low cost care.

Increasing access to care for undocumented immigrants: MRNY thanks the state for the change to emergency Medicaid. Eligible individuals can now pre-qualify for emergency Medicaid through the Marketplace, and renew every year. This allows individuals eligible for emergency Medicaid to apply for the program before the actual emergency takes place. This helps decrease the burdensome barriers that an immigrant faces in accessing the program, while dealing with the emergency itself. MRNY, as a navigator organization, has pre-qualified almost 400 individuals into emergency Medicaid. However, undocumented adult immigrants are left behind since they are not eligible for insurance through the Marketplace (besides being able to pre-qualify for emergency Medicaid).

MRNY believes that there needs to be other ways to increase access to care for undocumented immigrants. While pre-qualifying for emergency Medicaid is a step in the right direction, we believe that there should be other ways to provide coverage to undocumented immigrant adults.

Language access- In order to ensure that immigrant communities can access information about the New York State of Health, it is important that the information is provided in the languages the communities speak. The website and all notifications should therefore be translated as required by Executive Order 26. This will be essential to ensure that immigrant communities are able to enroll in health insurance. We are looking forward to the website being translated into Spanish by open enrollment this November.

New York City has been a leader in promoting access to healthcare for immigrant communities. We hope that the city continues to honor this commitment and we look forward to working with you on an ongoing basis to ensure that we increase access to care for all communities in the city. Thank you for considering our recommendations.

Sincerely,

Becca Telzak
Director of Health Programs
Make the Road New York

Testimony of Anthony Freeman, Interim Director of Administration of The Lesbian, Gay, Bisexual & Transgender Community Center on Thursday, 10/23/14 regarding NYC and the Affordable Care Act: Where Are We Post-Roll-Out and How We Can Boost Access to Care.

Introduction

Good morning, my name is Anthony Freeman and I am the Interim Director of Administration of The Lesbian, Gay, Bisexual & Transgender Community Center. The Center respectfully submits the following testimony regarding NYC and the Affordable Care Act: Where Are We Post-Roll-Out and How We Can Boost Access to Care. I would like to thank the Committee for giving The Center the opportunity to provide testimony today.

The Center is the heart and home of NYC's LGBT community, providing programs for health, wellness and community connection. Founded in 1983, The Center emerged out of the epicenter of the HIV and AIDS crisis in NYC. Members of the community mobilized in the building that houses The Center today. Thirty years later, The Center has evolved alongside an ever-changing community and seeks to help LGBT individuals be healthier and more productive, equip LGBT youth to make successful transitions to self-sufficient adulthood and the workplace, and strengthen and help stabilize LGBT families. The Center is in a central location that is accessible within 60-minutes of travel via all major subway lines to over 75% of all LGBT New Yorkers – over 430,000 people 13 and older. Each week, 6,000 unique individuals visit The Center and over 400 educational, cultural, professional and recreational groups, including dozens of addiction recovery groups, meet at The Center each year. The Center also provides an array of model educational and social services programs. These services and programs engage more than 7,000 people in over 36,000 individual, group and community services visits annually.

Current situation

We would like to extend a warm thank you to the New York State of Health for all they have done to allow us to collectively insure over 1 million New Yorkers this first year. We at The Center wonder how many of those people identify as lesbian, gay, bisexual or transgender. Unfortunately we cannot currently answer that question.

Our goal is to ensure that the LGBT community continues to have the resources it needs to access health care. The New York State of Health (NYSOH) has committed to adding optional questions regarding sexual orientation and gender identity (SoGi) to the application.

I am part of the task force that is working with the NYSOH on the questions, and for this opportunity to have the most impact, we need the support of the City Council. This support will serve to encourage New Yorkers to answer the questions, provide resources to educate our community and support efforts to measure the impact of the Affordable Care Act on a traditionally underserved community. Collecting this data will allow us to continue to monitor LGBT related health disparities and identify gaps in the system that need to be addressed.

It is also important that we continue to find new providers and push for Out of Network coverage through the NYSOH. LGBT clients, as well as HIV positive clients, often encounter obstacles finding culturally competent service providers and plans covering necessary medications and procedures.

**THE LESBIAN, GAY, BISEXUAL &
TRANSGENDER COMMUNITY CENTER
208 W 13 ST NEW YORK, NY 10011**

T. 212.620.7310
F. 212.924.2657
gaycenter.org

THE CENTER

COMMUNITY

Access NYC (https://a858-ihss.nyc.gov/ihss1/en_US/IHSS_homePage.do) is a resource that connects New Yorkers to different social services; an LGBT specific services section would be just one small way to make it easier for LGBT New Yorkers to find the information they seek when gathering health insurance information. Resources for LGBT people need to be easily assessable on Access NYC, 311, NYSOH and HRA's website.

Boosting access to care means ensuring outreach is targeted towards historically underserved populations. Counting LGBT New Yorkers that enroll in health insurance and providing resources to make the process easier are crucial as we move forward in future years of open enrollment.

Thank you.

Anthony Freeman
Interim Director of Administration
The Lesbian, Gay, Bisexual & Transgender Community Center

**THE LESBIAN, GAY, BISEXUAL &
TRANSGENDER COMMUNITY CENTER**
208 W 13 ST NEW YORK, NY 10011

T. 212.620.7310

F. 212.924.2657

gaycenter.org



BigAppleRx Prescription Discount Card Summary

Overview

- Administered by Catamaran, a national pharmacy benefits manager, and overseen by the NYC Department of Health and Mental Hygiene
- Launched in May 2011 by Former Mayor Bloomberg and Former City Council Speaker Quinn
- Provides discounts on prescriptions to consumers at over 2,300 chain and independent pharmacies in the five boroughs
- Can be used in all 50 states and Puerto Rico
- No personal information or enrollment is required
- The card never expires and has no usage limits

Statistics

- Over \$27 Million in prescription costs saved by consumers to date
- Over 850,000 prescriptions processed with the card to date
- Average of 47% savings (up to 75% on generic drugs, 18% - 20% on brand name drugs)

Eligibility

- Everyone can use the card regardless of age, income, citizenship, or health insurance status
- Those with health insurance can use the card to provide discounts on drugs that their insurance plans do not cover, or they can use the card if the drug price is cheaper than their co-pay, or if they have a high deductible. The card cannot be used to receive discounts on co-pays.
- Medicare Part D participants can use the card to save money in the "donut hole" phase

Covered Medications

- All prescription medications and medical supplies
- Over the counter medications with a prescription
- Smoking cessation aids with a prescription
- Diabetic supplies with a prescription
- Flu shot discounts without a prescription
- Pet medications with a human equivalent that can be filled at a pharmacy

How to Use the Card

- Take a card to your pharmacist along with a prescription
- You will pay the discounted price when you pick up your prescription

How to Obtain a Card

- Pick up a card at many doctors offices and pharmacies around the five boroughs
- Go to www.BigAppleRx.com to print out a card or order one to be mailed to you
- Call 311 or 1-888-454-5602 to have a card mailed to you



BigAppleRx Partnerships

Councilmember Partnerships:

- CM Corey Johnson
- CM Andrew Cohen
- CM Costa Constantinides
- CM Rory Lancman
- CM Mark Levine
- CM Vincent Gentile
- CM Debi Rose

City Agency/Deputy Mayor Partnerships:

- Deputy Mayor Lilliam Barrios-Paoli
- Department for the Aging
- Department of Youth and Community Development
- Office of Immigrant Affairs

Councilmember partnerships include distributing information about BigAppleRx in the following methods:

- Email blasts to constituents
- Information in councilmember newsletters
- Distribution of cards at councilmember-sponsored events, including town halls and healthfairs
- Presentations at senior centers and community organizations with councilmembers
- Distribution of cards to constituents through constituent services office

BigAppleRx Contact:

Paul Casali, Program Manager

917-714-4205, paul.casali@catamaranrx.com



Testimony submitted at the New York City Council Hearing on “Oversight – NYC and the Affordable Care Act: Where Are We Post-Roll-Out and How We Can Boost Access to Care.”

Committee on Health

October 23, 2014

Good afternoon Chairperson Johnson and distinguished members of the committee. Thank you for affording me the opportunity to provide you with testimony on the rollout out of the Affordable Care Act (ACA) and recommended actions to improve access to care. My name is Jason Lippman, and I am the Director of Public Policy and Government Relations at Amida Care. Amida Care is a citywide community-sponsored nonprofit Special Needs health Plan (SNP). Our mission-driven approach is based on working closely with each member and surrounding him or her with a community of committed providers – providers who direct their care, social workers, health navigators, behavioral health specialists and a designated medical home. We specialize in providing comprehensive medical, behavioral and psychosocial support services to people with multiple chronic conditions.

Through our innovative care models and understanding of the individual and their needs, Amida Care has generated a number of successful outcomes from ensuring access and retention in outpatient care, prevention and health promotion programs (over 93% member engagement in care and 97% member retention), including;

- A 63% drop in emergency room/emergency department visits (2008-11).
- A 74% decrease in hospital admissions/readmissions (2008-11); and
- A 35% reduction in overall medical expenses (2008-11);

Amida Care is invested in a successful rollout of the ACA, particularly as it relates to Medicaid expansion and the implementation of the New York State Health Exchange Marketplace. While implementation is complex and multifaceted, I would like to provide you with an overview of pressing concerns, and a set of initiatives that we believe can support ACA effectiveness.

HIV SNPs Are Not Listed on the NYS Health Exchange

We are troubled that the Health Exchange does not include HIV SNPs as a plan of choice for individuals living with HIV/AIDS who qualify for Medicaid under ACA expansion. This means that they cannot be informed about or enroll in a SNP through the Exchange, and therefore cannot access the full continuum of care and services that would be available to them as a member of an HIV SNP. This includes effective care coordination, comprehensive prevention and innovations that enable them to become undetectable and avert the spread of new HIV infections. In fact, as New York State begins to implement its bold plan to end new HIV infections by 2020 under Governor Cuomo's Task Force to End AIDS, the availability of HIV SNPs as a plan of choice on the health exchange is critical to meeting the End of AIDS plan's basic objectives: linking and retaining persons diagnosed with HIV in care, maintaining people living with HIV/AIDS on antiretroviral therapy, and facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk HIV negative persons/partners. Not having access to appropriate health care leads to poorer health outcomes and increased costs overall, intentions that are certainly not in line with the goals of the ACA.

SNPs are also effective models in providing early treatment of fatal diseases like Hepatitis C. This is significant, as approximately 20% to 30% of people living with HIV are co-infected with Hepatitis C, and nearly 10,000 HIV positive individuals with Medicaid in New York City could require access to life-saving treatments. While effective medications are now available with over 90% cure rates and limited side-effects, State Medicaid reimbursement rates do not reflect the exorbitant and rising costs of these medications (running in the range of \$96,250 to \$174,000 per individual case). We are

deeply concerned that the pricing of the new Hepatitis C drugs creates an additional barrier for people with Medicaid funded health plans, especially with new guidance released that restricts access until the most advanced phases of the disease. We are currently advocating for policies that will make Hepatitis C treatment more widely available and at the earliest stages of infection.

In addition, retention in care and preventing new infections is about more than visiting the doctor and taking medication. Vigorous adherence supports such as stable housing, employment, help with navigating the health care system and peer support are necessary to address the social determinants of health, and will require innovative approaches to expand access to care for some of New York City's most vulnerable individuals. With that in mind, we recommend advancing the following initiatives.

Integrating Care

In developing ways in which the City Council can enhance access to comprehensive care, I would like to emphasize the importance of advancing integrated mental health, substance use and primary care service delivery models in the community. Providing accessible, integrated care would fulfil a critical need for individuals with chronic medical and behavioral conditions, providing them with better care, and driving down preventable hospital and inpatient admissions. The City Council should explore ways to assist community-based providers committed to treating the whole person and addressing all of their complex behavioral and primary care needs, but face systemic and regulatory barriers to creating integrated pathways. Treating behavioral health and primary care services in one place would not only result in better outcomes, but also augment consumer satisfaction and care retention rates.

Developing Consumer Workforce Programs

We believe that an improved and modernized consumer workforce is not only critical to reaching access to care goals, but empowering people living with HIV/AIDS, mental health and substance use disorders to actively manage and improve their own health, and facilitate recovery and long-term

rehabilitation. The development of innovative job training and placement programs that expand the use of certified peer outreach, health coaching, escort and health navigation services, is an important component of achieving the ACA's goals and reaching individuals who are at risk of falling out of care or need to be linked to health and behavioral health care services. People with lived experience are vital resources in building new access points and connections to care and supportive services, as well as designing innovative care and meaningful discharge plans. By infusing additional resources into workforce development programs, we would also be addressing key components of the social determinants of health: poverty, unemployment and prevention of homelessness.

Enhancing Crisis and Transitional Housing Services

Achieving improved health, better care, and lower costs will also require building strategic partnerships with community-based providers to develop more crisis and medical respite beds for hospital diversion. Currently, a significant number of individuals are hospitalized for crisis episodes that could be stabilized with short-term and less costly care than inpatient services. Rather than presenting themselves in emergency rooms for acute conditions that result in hospital admissions, more crisis, respite, and short-term housing services with clinical supports should be created to stabilize and connect people at risk to the services they need. Otherwise, we will be missing out on significant opportunities to engage them in community-based care and improve health and wellness. Upon stabilization, programs should be developed to encourage participation in care and treatment groups and linkages to the support services needed once the crisis or emergency situation has subsided.

Conclusion

On behalf of Amida Care, I thank you for the opportunity to testify on the Affordable Care Act and explore ways to increase access to care for individuals with multiple chronic conditions. I am available to answer any questions that you may have on addressing the multifaceted health, behavioral health and social service needs of people with HIV/AIDS, severe mental illness and substance use

disorders, many of whom face significant health disparities, stigma and housing and employment instability.

Respectfully submitted,

Jason Lippman
Director of Public Policy and Government Relations
Amida Care
248 West 35th Street, 7th Floor
New York, NY 10001
646-678-1367
jlippman@amidacareny.org



*putting the public back in public health



Testimony prepared for the
New York City Council's Oversight Hearing
Regarding NYC and the Affordable Care Act

Committee on Health
Hon. Corey Johnson, Chair

October 23rd, 2014

Prepared By:

Anthony Feliciano
Director, Commission on the Public's Health System

45 Clinton Street
New York, New York 10002
Phone: (212) 246-0803
Cell: 646-325-5317

Good afternoon,

My name is Anthony Feliciano. I am the Director of the Commission on the Public's Health System, a lean and mean citywide health advocacy organization. Stressing access to culturally competent health care, and the public's right to define how that care is planned, funded and provided is the major focus of this organization

We like to thank Chairman Corey Johnson and members of the New York City Council's Committee on Health for planning this important and timely hearing: NYC and the Affordable Care Act - Where Are We Post-Roll-Out and How We Can Boost Access to Care.

CPHS co-coordinates the People's Budget Coalition (PBC) for Public Health with our partner from Federation of Protestant Welfare Agencies. With over 30+ organizations and unions, together we advocate for preserving and expanding our city's public health programs and services. On behalf of PBC, we thank Councilmember Johnson for working with us on how to improve access to coverage and care.

It is true that the Affordable Care Act (ACA) has increased coverage for many New Yorkers. However, we can't lose sight on the many communities who have not benefited from health care reform because of lack of information or confusion regarding eligibilities and options. We also know a large segment of immigrant New Yorkers were specifically left out of accessing the Affordable Care Act on the federal level. Yet, we know that there are other options for accessing services in New York City. CPHS along with PBC has been working on a proposal to reach New Yorkers not yet connected to care. We think there are many solutions and strategies to addressing barriers to coverage and care. Let me talk about one very important solution. The city can create a program that reaches out to underserved communities, including low-income people, immigrants, communities of color, women and children, LGBT individuals, and people living with disabilities and chronic illness. Who can the city partner with to make it successfully? This new mayoral administration and set of new city council members already know and stated it. The key is community-based organizations that are entrusted by those communities. We can emphasize enough the importance of CBO's that can speak to and understand the challenges- socio-economically, culturally, and linguistically of low-income, immigrant, and communities of color. The PBC even has a name for this program, ACCESS HEALTH NYC.

WHY ACCESS HEALTH NYC?

An insurance card does not guarantee access to care. Community based organization are key to helping not only around enrollment, but can assist individuals and families in accessing and navigating public health services. This role is already being played by many CBO's, especially members of PBC.

Over the summer, CPHS had gathered feedback on the opportunities and challenges that community-based navigators faced in the implementation of the Affordable Care Act. We drew on their experiences to draft a set of recommendations for policy-makers to consider for improving efforts to help people get insurance coverage. All the Navigators attributed the major delays to three challenges: They were

1. **Explaining the health insurance options.** People have various needs and it takes time to explain all the options.
2. **Challenges with the NY State of Health system and existing databases.** For example, if someone qualified for Medicaid and has picked an insurer, it would take at least a month before the person would get a card. For undocumented, pregnant women, the NY State of Health computer system used will not let you pass the identify screen preventing any further navigation.
3. **Submission of documents for eligibility determination:** Persons that were being helped many times did not have the necessary documents needed to determine eligibility. Client's income could not be verified was another issue. Income could not be match with what was on the state's portal system. Other times it had to do with delays from the state to verify quickly and provide a timely determination, especially if it related to immigration status. Any problems with associated with processing the application, the Navigator could not proceed till the state provided an answer to what was the problem.

The other major issue was there was no real funds available from the state nor from foundations to support these community-based organization, especially the smaller on the ground CBO's, to actually do the outreach and education around coverage and knowing how to navigate the health care system. Marketing alone from the state and city will not suffice.

We all have different health care needs. Our finances and our families can be positively or negatively impacted by what choice we make on how we get our health care paid for. So enrolling in health insurance can be challenging to choose the plan that's right for us and our family. Communities deserve unbiased and accurate answers to our questions from a knowledgeable source with our best interests in mind.

ACCESS HEALTH NYC can compliment and create an infrastructure to address **Pre-enrollment challenges:** lack of education and outreach in immigrant communities about eligibility; lack of trust and understanding of the health care system, or feeling of intimidation (e.g. LGBTQ communities) and **Post-enrollment challenges:** lack of understanding of the health insurance program (co-pay; deductibles and choosing of primary care physicians).

ACCESS HEALTH NYC can scale up existing and proven community driven and successful efforts around barriers to coverage and care for immigrant families. There are still four very distinct fears that deter immigrant individuals and families from applying for coverage. One is that receiving health care benefits will result in them being considered a "public charge" and prevent them from obtaining permanent residence. A second fear, often present among mixed status families—such as U.S.-born children living with an undocumented parent—is that applying for coverage for eligible family members may expose other family members to risk of deportation. The third is the lack of awareness around other options for the undocumented to get services (e.g. HHC Options, Emergency Medicaid). And the forth is undocumented immigrant fearing to be deported if they access the city's health care services.

ACCESS HEALTH NYC can be that important tool to informing people about Charity care, which is free or low cost care provided by hospitals to uninsured or underinsured patients. All

hospitals in New York must have financial assistance programs, with policies for determining eligibility for discounted care on file with the New York State Department of Health (NYSDOH). Some hospitals have friendly policies and others, but that does not take away from the fact CBO's can play an important role in providing information on this right. In addition there are limits to collection practices for hospitals. For example, HFAL prohibits hospitals from issuing bills or collection notices while an application for financial assistance is pending. CPHS has numerous stories where we have helped people around hospitals not breaking people's right around collection practices. Educational information like this could be done by many CBO's who have a strong connection to low-income communities.

Other major reasons for resources for outreach and education around coverage and care are:

1. There is a pool of federal funds that go to hospitals that treat indigent patients (Charity Care, which is state earlier in my testimony). These funds are called Disproportionate Share Hospital (DSH) programs, under which health facilities are able to receive at least partial payment for providing care to the uninsured and under-insured. DSH and other supplemental Medicaid payments are essential to the financial viability of safety-net hospitals, especially for HHC. Under the ACA, Medicaid DSH payments are scheduled to be cut back starting in 2016. Once the cuts hit in 2016, HHC's projected DSH losses are not so high, but the losses drastically grow in the following years. HHC will be facing \$150 million loss in Fiscal Year 2016, \$515 million in Fiscal Year 17, and \$610 million in Fiscal year 18. HHC provides a large percentage of unreimbursed care. Since base payments received for unreimbursed care do not fully cover the costs of providing it, offering these services results in a significant financial burden.

The planned reductions in the supplemental DSH payments are based, in part, on the assumption that, as health insurance coverage will increase under the ACA, hospitals will experience lower uncompensated care costs. This assumption depends heavily on the sufficiency of payments for the newly insured, including those covered by an expanded Medicaid program, and on the availability of community health services. Neither of these is certain, and it is also important to take again into account the fact that the undocumented are not covered under the ACA.

ACCESS HEALTH NYC is needed because it will be a bridge to connecting those still without health insurance and those with limited resources to pay for care.

2. Participants also emphasized that, when families obtain Medicaid and CHIP coverage, they often receive health education and connect to other social services, which contribute to an overall increased understanding of health and broad improvements in their quality of life.
3. Hispanics, men, younger adults, people with low income, and residents of the South Bronx, South Brooklyn, and West Queens are more likely than others to lack insurance and a regular provider.
4. Having insurance reduces the likelihood of adults not seeking medical care due to cost and receiving regular care in the emergency department. Compared to insured adults, the uninsured are about 4 times more likely to not seek medical care for a health

problem due to cost (41% vs. 11%) and about twice as likely to not fill prescriptions (24% vs. 14%).

5. In each racial/ethnic group, those without insurance are more likely to use the emergency department as a regular source of care; white adults are least likely to use the emergency department for routine care, regardless of insurance status.
6. Having a regular provider is associated with better patient/provider communication.

Source: <http://www.nyc.gov/html/doh/downloads/pdf/epi/databrief43.pdf>



Testimony of:

Ben Thomases
Executive Vice President, Programs

Mauricio Garcia
Program Director, NY Health Access

On behalf of Seedco

Before:

New York City Council Committee on Health

Oversight Hearing:

NYC and the Affordable Care Act: Where Are We Post-Roll-Out
and How We Can Boost Access to Care

October 23, 2014

INTRODUCTION

Good afternoon and thank you, Chairperson Johnson and members of the Committee on Health. My name is Ben Thomases and I am the Executive Vice President of Programs at Seedco. I am joined by my colleague Mauricio Garcia, who oversees our Health Navigator program in New York City and supports our National Health Access initiatives. Seedco appreciates the opportunity to present testimony today to the City Council about the status of the roll-out of the Affordable Care Act in New York City and ways we can improve access to care.

As we approach the start of the second health insurance open-enrollment period on November 15, Seedco would like to thank the City Council and the Committee on Health for its consistent support in promoting access to care for the city's residents. We would also like to thank the HRA Office of Citywide Health Insurance Access for its more than 10 years of leadership and advocacy to expand access to health care for all New Yorkers, and for being an invaluable resource to New York City residents, advocates, practitioners, and non-profits like Seedco.

Seedco is a national nonprofit organization that advances economic opportunity for people, businesses and communities in need. We are based in New York City, with offices in Georgia, Maryland and Tennessee. Our program areas include workforce, work and family supports, which includes our health access initiatives, and technical assistance to small businesses and nonprofits.

Seedco has a rich history and commitment to providing benefits enrollment services. Prior to the implementation of the Affordable Care Act, Seedco operated for many years a New York State Department of Health funded Medicaid Facilitated Enrollment program in New York City. That program enhanced by Seedco's own technology, Earn Benefits Online (EBO), a user friendly benefits screening tool that allows clients to be screened for and apply to 18 different benefits available in New York City including health insurance, food stamps, home energy assistance, and the Earned Income Tax Credit. EBO allows users to track and monitor all participants screened and provides simple and direct steps for clients complete the application process. From 2005 through just before the first open enrollment, Seedco's network of

community partners assisted more than 180,000 households to receive an estimated \$300 million worth of benefits.

In 2013, prior to the start of the first open enrollment period, Seedco was awarded funding to lead Navigator consortia in four states – New York, Maryland, Georgia, and Tennessee. In each of these states, and in New York City, Seedco worked with community partners who have strong affinity group relationships, such as LGBTQ, immigrant, “young invincible”, and non-English speaking populations. Seedco’s partnerships with such a wide array of community-based organizations were critical in helping us reach a diverse population of consumers. Our partners in New York City are, the Food Bank for New York City, the Chinese American Planning Council, Gay Men’s Health Crisis, Urban Upbound, St Nick’s Alliance, Cypress Hills Local Development Corporation, and the Council of People’s Organizations.

As I am sure you know, Navigators are a type of consumer “assister” required by the Affordable Care Act and funded through special federal and state grant programs. In New York, Navigators must complete a state-approved training program and be certified annually to provide free and in-person assistance to help consumers understand the rules of the New York State Marketplace, apply for premium tax credits and subsidies, and enroll in health insurance through the Marketplace. Navigators also play an important role in providing outreach and educational services in the New York City neighborhoods in which they work, and in making referrals to other assistance programs where necessary.

FIRST OPEN ENROLLMENT

New York State was widely recognized as having one of the most effective marketplace websites in the nation during the first open enrollment period. In New York City, roughly 817,000 residents enrolled in Medicaid or private health insurance over the last year. Many of these residents were assisted by Navigators. Seedco was one of 22 organizations in New York City awarded a grant to serve one or more of the 5 boroughs. Seedco and our partners provided services at locations already visited by a large number of uninsured individuals. Together with our partners, Seedco provided over 5,000 consumers with quality outreach, education and enrollment services.

In New York, the State Department of Health produced a broadly appealing and extensive outreach and education campaign in advance of the October 1st open enrollment commencement. The scale and commitment of New York State's efforts to promote the first open enrollment resulted in consumers typically having more awareness of the New York State of Health Marketplace and more positive associations prior to Navigator interaction.

New York City is also fortunate to have the leadership and support of the City's Office of Citywide Insurance Access (OCHIA). For over 10 years, they have served as a leader in advocating for those New Yorkers who do not have or are unable to access affordable health care. Through our experience in multiple states, we understand and appreciate the role they play. In addition to delivering outreach, education and training on public and private health insurance, OCHIA regularly convened partner meetings during the first open enrollment period.

These meetings gave advocates and practitioners the opportunity to discuss challenges, highlight successes, and develop citywide best practices and collaborations.

To support our Navigator programs nationally, Seedco created an online data tracking system compliant with HIPAA and other relevant laws and regulations. We used data on a weekly and monthly basis to manage our four Navigator programs, and for deeper, more long-term analysis. As a result of this data and in light of the diverse environments in which we operated during the first open enrollment period, Seedco commissioned an evaluation study to learn about barriers and facilitators to health insurance navigation. The study was conducted by researchers at the University of Georgia. The primary purpose of the evaluation was to identify factors associated with successful facilitated health insurance enrollment by Navigators in Seedco's four states. The findings can be used by Seedco and other Navigator entities as well as policy makers to inform program design and Navigator training protocols, and to increase successful enrollment of consumers in future enrollment periods. This study was released last week and is available at Seedco.org. I have copies of the report's highlights for you today.

CHALLENGES

The complexity of choosing a health plan was one of the greatest challenges Navigators faced in working with consumers to provide effective enrollment assistance. The University of Georgia Study found that 28% of consumers we served across all four states reported having trouble understanding documents from doctors or pharmacists at least some of the time. Continuous training for our Navigators was helpful and necessary. Seedco incorporated interactive health literacy trainings into its Navigator training in all four states. Navigators practiced with health

literacy experts, translating terms like “premium”, “co-payment”, and “provider network” into easily understandable phrases. Seedco believes that providing this training is a best-practice that should be adopted by Navigators throughout New York.

Financial literacy was also an issue for the consumers we served. Only about one in ten consumers reported having any excess money beyond what they needed for expenses at the end of each month. More than 15% of consumers reported not knowing their typical monthly financial status, and these consumers disproportionately failed to complete the enrollment process. These findings of the UGA study emphasize the importance of the link between helping consumers understand and manage their budgets, and helping them enroll in and maintain health insurance. Seedco has recently assumed responsibility for operating The Asset Platform, an on-line financial empowerment resource for human services professionals developed by the Aspen Institute, and with this powerful tool, we are working to integrate financial empowerment services into many of our programs.

NEXT OPEN ENROLLMENT

As we approach the second open enrollment period, we are faced with some uncertainties and concerns, as well as many opportunities. In particular, the renewal process for private health insurance purchased through the Marketplace will be a new “first” this next open enrollment and therefore is a source of uncertainty in regards to online portal functionality and communication with consumers.

RECOMMENDATIONS

In order to boost access to care for New Yorkers, Seedco makes the following recommendations:

We recommend the development of a more integrated benefits outreach and enrollment strategy. Many New Yorkers are eligible for multiple public benefits such as Medicaid, SNAP, and home energy assistance. When applying for these benefits, New Yorkers are required to submit the same information on multiple forms and expend much time and effort doing so. A more integrated benefits outreach and enrollment strategy is needed to ensure New Yorkers conveniently access and use the public benefits they are eligible. The creation of the marketplace diminished HRA's role in processing Medicaid applications, presenting new challenges to implementing this type of integrated approach. Yet there remain a variety of opportunities for the City to reassert its role and offer New Yorkers more seamless access to a diverse array of benefits. While Access NYC, the City's free web based benefits screening tool, allows New Yorkers to screen themselves for over 30 city benefits, it does not provide application assistance to clients and, as a result, still requires clients to visit multiple offices to apply for benefits. This creates a complex and time-consuming maze of forms, websites, and government offices. An integrated process, using a technology like EBO, would allow hard-working New Yorkers to maximize the limited time they have available to enroll in multiple benefits at the same time.

We also urge the City's leadership to integrate public benefits outreach and enrollment into a variety of city services such as DHS homebase sites, workforce1 career centers, and financial empowerment centers. New Yorkers access these services in an effort to achieve financial stability for their households, so they are logical sites for benefits outreach and enrollment services. These are just a few examples, there are numerous other City programs which would be excellent locations for benefits outreach and enrollment services.

We recommend the creation of public awareness campaigns that build on positive consumer response to the ACA and Navigators.

The University of Georgia Study found that consumers wished they had known about in-person assistance earlier. Most learned about Navigators through word-of-mouth or from agency referrals. There is an opportunity for City agencies, the Council and Navigator providers to work together to make sure that all New York City neighborhoods are exposed to messages about free, high-quality, enrollment assistance. There is also a need to describe in very concrete terms who Navigators are, what services they offer, how they can be reached, and that they will accommodate consumers' schedules. One way to accomplish this may be to create events in which satisfied consumers tell their stories at community forums. Other ways may be to create web or television advertisements or pamphlets with testimonials about positive experiences with Navigators. We look forward to working with the City Council and city agencies to spread this important message.

CONCLUSION

We would like to express our thanks to the Council and the Health Committee for the opportunity to testify. We appreciate the Council's interest in this critically important effort to connect New Yorkers to health insurance coverage, and will help in any way possible to ensure more New Yorkers receive health benefits.

About Seedco

Seedco is a national nonprofit organization that advances economic opportunity for people, businesses, and communities in need.

Seedco designs and implements innovative programs, partnerships, and services to foster vibrant economic development through three primary lines of work: **workforce development initiatives**, which improve long-term employment outcomes for low-income individuals; **family and work support programs**, which help low-income individuals and families retain employment and build assets; and **technical assistance services** for small businesses and nonprofits.



Populations Served:

- Dislocated workers
- Public assistance recipients
- Non-custodial parents
- At-risk youth
- Formerly incarcerated
- Low-wage workers
- Veterans

Statistics:

- Operate programs in 4 states (New York, Maryland, Tennessee, Georgia)
- Helped tens of thousands obtain jobs
- Assisted more than 124,000 households access \$292 million in income-enhancing benefits

Quick Facts:

- Founded in 1987
- 70 Community-based partners
- \$19 million annual budget
- Barbara Dwyer Gunn, President and CEO
- George Pruitt, Board Chairman

How We Work

Seedco's extensive experience and expertise in the field enable us to act as a true innovator.

- We **identify emerging economic issues** affecting workers and families.
- In response to these issues, we move quickly to **forge partnerships** with community-based organizations and **leverage funding** to design and **launch innovative programs**.
- As we implement programs with our community-based partners, we collect data on our work to **measure** and improve our performance.
- We **share what we have learned** with other nonprofits, policy makers, and service providers so the best programs can be **replicated on a larger scale**.

Our Goals

- Help low-wage and unemployed workers build their skills and assets, overcome employment barriers, obtain and retain jobs, and advance in employment.
- Enroll low-income families and low-wage workers in assistance programs that stabilize their household finances and allow them to move towards economic self-sufficiency.
- Build the capacity of community-based partners to deliver high-quality workforce and family support programs in vulnerable communities.
- Contribute to the fields of workforce development and benefits access through the implementation of pioneering programs, policy innovation, and the dissemination of best practices through reports on our work.
- Eight core values drive our direction and shape our work: Integrity, Innovation, Effectiveness, Empowerment, Measurement, Collaboration, Sustainability, Shaping Policy



REPORT HIGHLIGHTS

The Seedco Health Insurance Navigator Enrollment Process in Georgia, Maryland, New York, and Tennessee

Policy Implications and Opportunities for Quality Improvement

October 2014

Project Co-investigators:

Neale R. Chumbler, PhD
Principal Investigator

Donald Rubin, PhD
Co-Principal Investigator

Amber R. Huff, PhD

Mauricio Garcia, MPA

The Patient Protection and Affordable Care Act (ACA) put in place reforms that improve access to quality, affordable health coverage. One of the provisions of the ACA was the creation of new Health Insurance Exchanges, or Marketplaces, to provide a one-stop-shop for Consumers to compare plans, apply for subsidies or public insurance, and enroll in health coverage. The ACA also required each Marketplace to fund a Navigator function to provide in-person outreach, education and enrollment assistance. In 2013, Seedco was awarded funding to lead Navigator consortia in 4 states, Georgia, Maryland, New York, and Tennessee, overseeing Navigator training and program implementation.

Seedco is a national nonprofit organization, founded in 1987, with a mission to advance economic opportunity for people, communities and businesses in need. Seedco operates programs in workforce development and benefits outreach and enrollment; and provides technical assistance services for small businesses and nonprofits. Seedco Navigators operate in two states that opted to create their own insurance Marketplaces and that expanded Medicaid eligibility: New York and Maryland. Seedco Navigators also operate in two states that utilize the federally facilitated Marketplace and that opted out of Medicaid eligibility expansion: Georgia and Tennessee.



Seedco | improving lives
growing communities

In light of the diverse environments in which it operated during the first ACA open enrollment period in 2013-2014, Seedco leadership commissioned an evaluation study to learn about barriers and facilitators to health insurance navigation. The study was conducted by researchers in the Department of Health Policy and Management in the College of Public Health at the University of Georgia. The full report, including executive summary and recommendations, is available from Seedco. Below we present highlights from the evaluation report and its recommendations.

Data Sources. Three sources supplied data for this study. All data were gathered and transferred in a manner complying with relevant laws and regulations protecting participants' informed consent and privacy. (1) Seedco Navigators collected demographic information about the Consumers they assisted, as well as certain information about those Consumers' health insurance choices. A brief survey administered by Navigators asked questions about Consumers' financial status, experiences delaying healthcare due to cost, utilization of healthcare services, and health literacy. Across the four states, 14,584 Consumers consented to allow their responses to be analyzed. However, many responses had missing data or were unusable for certain analyses. (2) Ten Consumers in each state were randomly selected (among those who consented) for in-depth telephone interviews. These interviews asked them to discuss factors that motivated them to seek in-person assistance and about factors that contributed to the quality of the navigation experience. (3) Five Navigators in each state were randomly selected for in-depth telephone interviews. They were asked to discuss dimensions of the Navigator role, barriers and facilitators to navigation, and training, useful resources, and other support.

SELECTED FINDINGS

Seedco Navigators succeeded in assisting Consumers from diverse communities.

More than three of five Consumers who received in-person assistance from Seedco Navigators were persons of color, and one in 10 preferred to speak a language other than English. One in four consumers assisted were from the 18-34 year old age group, whose purchase of private insurance is necessary for ACA health insurance reforms to remain financially viable.

Seedco Navigators succeeded in reaching Consumers in need of affordable health services.

Over half the Consumers with whom Seedco worked had deferred at least one healthcare visit in the preceding year because they couldn't afford it; one-third had deferred three or more medical visits. Only about one in 10 Consumers reported having any excess money beyond what they needed for expenses at the end of each month.

Rates of achieving enrollment or application success with navigators differed by region, by demographics, and by consumer financial status. Not all in-person assistance sessions culminated in successful enrollment. Completed enrollments were most likely in states with state-run Marketplaces rather than in those that used the federally facilitated Marketplace. Because many Asian Consumers were served by three particular Seedco partner agencies, the broader representativeness of Asian Consumers in this study is unknown. Given that caveat, Asian Consumers touched by Seedco Navigators were less likely to achieve enrollment success than were members of other racial/ethnic groups who likewise interacted with Navigators. Consumers who reported that they did not know their monthly financial status were likewise unlikely to experience successful enrollment.

Many Consumers enrolled in Medicaid (public health insurance coverage), even in states that did not expand Medicaid. Among Consumers whom Seedco Navigators succeeded in enrolling, those in New York (70%) and Maryland (56%) enrolled in Medicaid rather than in private insurance. Both states expanded Medicaid eligibility under the ACA, thereby enabling large numbers of Consumers previously ineligible for Medicaid to enroll. Georgia and Tennessee did not expand Medicaid eligibility. Nonetheless, nearly a quarter of Georgia Consumers and more than a third of Tennessee Consumers in the Seedco dataset did qualify for Medicaid.

This finding reveals a large reservoir of Medicaid-eligible Consumers who had not been receiving Medicaid benefits prior to Navigator assistance.

Only about one in 10 Consumers reported having any excess money beyond what they needed for expenses at the end of each month.

Rates of “success” in progressing through the enrollment process were highest for minority Consumers, for Consumers with a history of unmet medical need, and in Maryland. African American and Hispanic Consumers and non-English speakers were up to 50% more likely to have attained enrollment, compared with White Consumers and English speakers respectively. Consumers who reported that they had deferred medical treatment due to cost were more likely to ultimately enroll in coverage. These findings suggest, among other factors driving enrollment success, that Navigators were responsive to special needs and motivations of Consumers. Analyses indicate that Consumers from Maryland were more likely to have attained enrollment through their Navigator interaction (in any type of plan) when compared with those in all the other Seedco states. Note that, unlike in the other three states, Navigators in Maryland had access to applications after submission as they progressed toward approval within the State’s IT system, and served as an informal troubleshooting team to address technical problems that otherwise may have prevented enrollment.

Technical problems with online Marketplaces were not the only drivers for seeking Navigator assistance.

Fewer than half of the Consumers who participated in interviews had experienced frustrations with online enrollment before seeking in-person assistance. Some never even tried to self-enroll. Most sought out Navigators because the challenge of applying for subsidies and selecting a policy seemed too daunting.

Nearly three-quarters of the interviewees expressed enthusiastic satisfaction or used positive language to describe the Navigator interaction.

Consumer experience with Navigators was generally very positive. Consumers especially appreciated post-assistance follow-up from Navigators. Evaluation of the navigation experience was carried out by means of Consumer interviews. Nearly three-quarters of the interviewees

expressed enthusiastic satisfaction or used positive language to describe the Navigator interaction.

Many Consumers did not initially know how to locate a Navigator or what a Navigator does. According to interviews, Consumers who were unsuccessful with self-enrollment wished they had known about in-person assistance earlier. Most learned about Navigators through word-of-mouth or from agency referrals. They were confused about types of assisters, for example the distinction between Navigators, Marketplace call center assisters, and insurance brokers.

Navigator interpersonal communication, and especially follow-up, was the biggest factor in consumer satisfaction.

Consumers appreciated Navigators who explained complex ideas with clarity, who listened to them with patience, and who displayed professionalism. They especially appreciated follow-up contact from Navigators to help complete enrollment.

SELECTED RECOMMENDATIONS

Continue partnering with community agencies that serve diverse populations.

Work especially to improve enrollment success for Asian Americans and for people who do not prefer to speak English. The first step will be to gather more data about barriers that have resulted in lower rates than for other populations.

Publicize the Navigator role and concrete ways to access free in-person assistance.

Outreach activities that raise awareness of health insurance Marketplaces can be more explicit about Navigator access. Use community networks and media to spread positive stories about enrollment with Navigators.

For Consumers who do not qualify for health insurance marketplace subsidies, continue to facilitate access to Medicaid and to provide counseling for consumers who fall into the Medicaid gap. In states without Medicaid expansion, Consumers who fall into the Medicaid gap need counseling about low-cost medical services and other affordable healthcare resources.

Follow up with Consumers after they receive in-person assistance—Consumers need additional support in resolving enrollment issues and guidance about how to make the most of their new benefits. While privacy concerns may mitigate against retaining Consumer information, a mechanism for follow-up should be established.

Enrich Navigator capacity through peer networking and additional face-to-face training.

To read the full report, please visit www.seedco.org/UGANavigatorReport

Headquarters

22 Cortlandt Street, 33rd Floor
New York, NY 10007

Tel: 212-473-0255

Email: info@seedco.org

©2014 Seedco



This highlights document condenses a full report prepared by the University of Georgia's Department of Health Policy and Management, Neale Chumbler (PI) and Donald Rubin (co-PI) and dated July 31, 2014. Any views expressed are solely those of the authors and do not represent positions or policies of the University of Georgia or its Board of Regents.



EarnBenefits Online®

EarnBenefits Online® is a comprehensive benefits access system used to connect individuals and families to critical work and family supports.

Convenient

EBO is a web-based, multiple benefit screening tool enabling trained staff to assess client eligibility for several benefits at once, populate complex application forms, and receive checklists and instructions on application submission in one sitting.

Increasing Access To Economic Stability

For more information,
please contact:

Jean E. Henningsen,
MSW

Deputy Director,
EarnBenefits

jhenningsen@seedco.org

(410) 234-0279

Client-centered

Low-income families often lack access to transportation and child care, making it difficult to go to several government offices to find out if they are eligible for benefits and how to apply. EBO can cut across these silos, help people identify several resources in one appointment, and provide step by step instructions to make complex application procedures easier to understand.

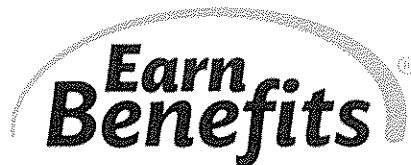
Clients are screened in locations familiar and comfortable to them, often while receiving other needed services. For example, a mother going to a local Women, Infants and Children site in East Baltimore can also see the EarnBenefits Specialist for a screening to see what other assistance her family is eligible for.

Streamlined

EBO generates fillable PDF application forms for most benefits and imports the information the client has already provided during the screening into the forms, helping to cut down on time clients would otherwise spend filling out applications.

Educational

Working individuals may assume they are not eligible for benefits and miss out on the opportunity to apply for programs like food stamps and energy assistance which can help supplement their income. Others may come in for one particular benefit and in the process learn they are eligible for several others they were not previously aware of. EBO is an educational tool for case managers seeking to assist clients with greater awareness of the resources available to them.



Comprehensive

EBO is customized by state, with 15+ federal and state benefits, tax credits and health care programs in each location. Currently, EBO is operational in New York, Maryland, Georgia and Tennessee and programmed for several other states including Illinois, Louisiana, Massachusetts and Oklahoma. Seedco can adapt the tool for additional states.

Beginning in May 2014, EBO will also screen clients for Affordable Care Act *Advanced Premium Tax Credit* eligibility and identify the locations of certified Navigators and Application Counselors who can assist clients with enrollment into health care plans during special enrollment periods and future open enrollment periods.

Some of the benefits EBO screens for across sites include:

- EITC
- Free Tax Prep
- Free cell phone
- Medicaid
- SNAP (Food Stamps)
- WIC

Impactful

Nationally more than 124,000 households have accessed \$292 million in income-enhancing benefits via EBO sites. Seedco provides data to subscribers in monthly reports that help EBO sites track their outcomes consistently and effectively in order to monitor impact on clients, staff performance and return on investment to funders. Subscribers know regularly how many households have been screened, found eligible for benefits, referred and enrolled in benefits at their site.

Current EBO Sites Include:

- Social service organizations
- Health providers
- Workforce development programs
- Housing authorities and community development corporations
- Food banks
- Schools
- VITA providers

Backed by Experience

Seedco's *EarnBenefits*® program is unique in that it combines cutting edge technology with Seedco's deep programmatic experience assisting more than 100 organizations to successfully integrate benefit access into their agencies. Seedco has been operating EBO since 2005 in New York and has successfully expanded its use into multiple states. We have partnered with a diverse set of states and health and human services providers on food stamp outreach projects, children's health insurance outreach and are currently an Affordable Care Act Navigator entity in four states. With this array of experience Seedco has developed an expertise in how to implement benefits access strategies in varied settings, from community centers, housing agencies, churches, food banks and many others.

Affordable

An annual EBO subscription is priced on a per user basis. The monthly per user fee is discounted as the number of users on the subscription grows, making it accessible for organizations of varying sizes.



Seedco EarnBenefits™

Find out if you're eligible. Receive application assistance for many federal, state, and local benefits/programs at once with EarnBenefits™ our easy-to-use screening tool.

BENEFITS:

- **SNAP (Food Assistance)**
- **Free and low-cost healthcare**
- **Free income tax preparation**
- **The Earned Income Tax Credit (EITC)**
- **Home-energy assistance**
- **Safelink™ wireless: Free cell phone and minutes. Discounted Verizon life line landline phone service**

EarnBenefits Online Screening for over 20 NYS and NYC benefits and Tax Preparation.

www.mybenefits.ny.gov



LOCATIONS:

Council of Peoples Organization (COPCO)
718-434-3266
1081 Coney Island Avenue
Brooklyn, New York 11230

Cypress Hills Local Development Corporation
718-235-8837
2836 Fulton Street
Brooklyn, NY 11207

Food Bank for New York City
212-566-7855 Ext. 1598
39 Broadway, 10th Floor
New York, NY 10006

Hope Community Inc.
212-860-8821 Ext. 121
174 East 104th Street
New York, NY 10029

Ocean Bay Community Development Corporation
718-945-8642x 215 or Ext. 716
443 Beach 64th Street
Avenue, NY 11692

St. Nick's Alliance
718-302-2057 Ext. 203
790 Broadway
Brooklyn, NY 11206

SEEDCO
646-680-7275
22 Cortlandt Street, 33rd Floor
New York, NY 10007

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/23/14

(PLEASE PRINT)

Name: Sonia Angell

Address: 42-09 28th Street

I represent: DOHMH

Address: same as above

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/23/14

(PLEASE PRINT)

Name: Caroline Heindrichs

Address: 42-09 28th Street

I represent: DOHMH

Address: same as above

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/23/14

(PLEASE PRINT)

Name: Tanya Shah

Address: 42-09 28th Street

I represent: DOHMH

Address: same as above

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/23/14

(PLEASE PRINT)

Name: Marlene Zurack, Senior Vice President

Address: _____

I represent: NYC Health & Hospitals Corporation

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: HEIDI SIEGFRIED

Address: 841 BROADWAY, SUITE 301

I represent: CENTER INDEPENDENCE OF THE

Address: DISABLED

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/23/14

(PLEASE PRINT)

Name: Alice Berger

Address: 26 Bleacher St

I represent: Planned Parenthood NYC

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Kate Linker

Address: 227 W. 17 St.

I represent: Get covered new York

Address: 227 W. 17 St

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/23/14

(PLEASE PRINT)

Name: Tasha Williams

Address: 529 W 147th St #3B

I represent: Get Covered NY and Greater NYC for change

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/23/2014

(PLEASE PRINT)

Name: ANTHONY SHIH, MD

Address: 1216 5th AVENUE, NY, NY

I represent: NEW YORK ACADEMY OF MEDICINE

Address: 1216 5th AVENUE, NY, NY

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/24/14

(PLEASE PRINT)

Name: Anthony Freeman

Address: 208 W. 13th St. , 10011

I represent: LGBT Center

Address: same

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: Oct 23, 2014

(PLEASE PRINT)

Name: Esther W.Y. LOK

Address: 281 Park Ave South People Budget Action

I represent: Federation of Protestant Welfare Agencies

Address: 281 Park Ave South

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. Access Health NYC Res. No. Access Health NYC

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: NOILYN MENDOZA

Address: 50 Broad Street, Manhattan

I represent: Coalition for Asian American Children

Address: More Families New York

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/23/14

(PLEASE PRINT)

Name: Cesar Andrade

Address: 587 Ford Washington ave apt 11c

I represent: New York State Youth Leadership Council

Address: _____

Peoples Budget Coalition Access **THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Claudia Calhoun

Address: _____

I represent: New York Immigration Coalition

Address: 127 West 25th St NYC

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: 10/23/2014

(PLEASE PRINT)

Name: RAJI MANJARI POKHREL

Address: 71-07 Woodside Avenue, woodside

I represent: Adhikar

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/23/14

(PLEASE PRINT)

Name: Elizabeth M. Howday POKHREL

Address: 60 Madison Ave, Woodside

I represent: Community Healthcare Network

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: Oct 23/14

(PLEASE PRINT)

Name: Chris Howard

Address: People's Budget

I represent: Heaven People

Address: 552 Southern Blvd Bronx

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/23/14

(PLEASE PRINT)

Name: MAURICIO GARCIA

Address: 22 Cortlandt St 33rd FL

I represent: SEEDCO

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Ben Thomases

Address: 22 Cortland Street

I represent: Seedco

Address: 22 Cortland Street

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Anthony Feliciano

Address: _____

I represent: Peoples Budget Coalition / CPHS

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Paul Casabianca

Address: 232 Morningstar Rd., SI, NY 10303

I represent: Big Apple Rx Prescription Discount Card

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/23/14

(PLEASE PRINT)

Name: SANDRA JEAN-LOUIS

Address: 40 Worth Street

I represent: PUBLIC HEALTH SOLUTIONS

Address: 40 Worth Street

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Alice Berger

Address: 216 Bleecker St.

I represent: Planned Parenthood of NYC

Address: 216 Bleecker St. NYC

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/23/14

(PLEASE PRINT)

Name: Lorraine Gonzalez Camastro

Address: _____

I represent: People's Budget Coalition / CDF-NY

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: 10/23/14

(PLEASE PRINT)

Name: Beccat. Telak

Address: 1383 Park Pl. Apt. 1 Brooklyn NY 11238

I represent: Make the Road New York

Address: 92-10 Roosevelt Ave Jackson Heights, NY 11372

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Margaret Carrogan

Address: 100 Ave C Corona NY 11368

I represent: NYC Human Resources Administration

Address: 100 Ave C Corona NY 11368

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Jason Lippman

Address: _____

I represent: Amida Care

Address: 248 W. 35th St, 7th Floor New York NY 10001

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/22/14

(PLEASE PRINT)

Name: Jason Lippman

Address: _____

I represent: Amida Care

Address: 248 W. 35th St, 7th Floor New York, NY 10001

◆ Please complete this card and return to the Sergeant-at-Arms ◆

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/23/14

(PLEASE PRINT)

Name: Nora Chaves

Address: 105 E 22 St 8 Fl.

I represent: Community Service Society

Address: _____

◆ Please complete this card and return to the Sergeant-at-Arms ◆

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

Name: Pierre (PLEASE PRINT) DEVAUD

Address: _____

I represent: Brooklyn Chamber of Commerce

Address: _____

◆ Please complete this card and return to the Sergeant-at-Arms ◆

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

Name: Mark Hannay (PLEASE PRINT)

Address: 420 W. 45th St. - DC 1707, NY NY 10036

I represent: Metro New York Health Care for All

Address: same as above Campaign

◆ Please complete this card and return to the Sergeant-at-Arms ◆