



Legislation Details (With Text)

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Title: Resolution calling for a moratorium on the dropping of an estimated one-third to one-half of New York State Medicaid enrollees annually, the implementation of a Medicaid retention program that continues medical care uninterrupted for all low income New Yorkers, and the implementation of an outreach and facilitated enrollment program for the estimated one million additional New Yorkers who are eligible for Medicaid, but are not yet enrolled.

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Res. No. 1264

Resolution calling for a moratorium on the dropping of an estimated one-third to one-half of New York State Medicaid enrollees annually, the implementation of a Medicaid retention program that continues medical care uninterrupted for all low income New Yorkers, and the implementation of an outreach and facilitated enrollment program for the estimated one million additional New Yorkers who are eligible for Medicaid, but are not yet enrolled.

By Council Members Foster, Barron, Comrie, Gonzalez, James, Liu, Sanders Jr. and Seabrook

Whereas, The New York Times reported on October 17, 2005 (the “Times article”) that Medicaid research experts have long estimated that as many as 40% to 50% of New York State’s Medicaid enrollees are dropped from the Medicaid rolls annually, and that several HMOs state that about one-third of their Medicaid members leave the program annually; and

Whereas, The Times article also reported that there are an estimated one million New Yorkers who are eligible for Medicaid, but are not yet enrolled; and

Whereas, According to the Community Service Society of New York’s report entitled *Lost in the Medicaid Maze*, the high Medicaid drop-out rate and under-enrollment is partially a result of enrollees not understanding the “burdensome and overly complicated nature” of the Medicaid system; and

Whereas, The Urban Institute, in a report entitled *The Medicaid Eligibility Maze*, found that though well intentioned, changes to federal legislation and State rules create barriers to program participation by making the eligibility process difficult for Medicaid applicants and beneficiaries, as well as health care staff, to understand; and

Whereas, The United Hospital Fund reported that annual re-enrollment in New York State requires more extensive documentation from applicants than in any other state, requiring the annual submission of documents with respect to identity, address, income, assets, citizenship status and immigration status, as well as four consecutive pay stubs or an employer’s letter, and an original social security card; and

Whereas, The Times article also reported that community health centers such as Morris Heights Health Center try to help enrollees through the complex Medicaid system by providing “facilitated enrollment;” and

Whereas, “Facilitated enrollment” refers to the enrollment infrastructure established by the New York State Department of Health to assist children and adults in applying for the Medicaid, Family Health Plus or Child Health Plus programs or the Special Supplemental Food Program for Women, Infants and Children (WIC), using a joint application; and

Whereas, According to the Children’s Aid Society, a federal waiver for New York State allowing facilitated enrollment is set to expire in April 2006, and the Governor has not committed to request a renewal from the federal government; and

Whereas, According to the Health Care Access Program (HCAP), facilitated enrollment has been extremely successful in New York City, where it is credited for a 30% increase in insured children during the last three years; and

Whereas, It is important to encourage and foster Medicaid enrollment as strongly as possible, in order to

ensure that low income New Yorkers have access to the medical care that they need; now, therefore, be it

Resolved, That the Council of the City New York calls for a moratorium on the dropping of an estimated one-third to one-half of New York State Medicaid enrollees annually, the implementation of a Medicaid retention program that continues medical care uninterrupted for all low income New Yorkers, and the implementation of an outreach and facilitated enrollment program for the estimated one million additional New Yorkers who are eligible for Medicaid, but are not yet enrolled.

JLA
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