

The New York State Coalition of Prepaid Health Services Plans

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TESTIMONY

of

THE NEW YORK STATE COALITION OF PREPAID HEALTH SERVICES PLANS

at the

Partnership for Coverage New York City Public Hearing

The New Yorker Hotel

October 30, 2007

Affinity Health Plan • CenterCare • Community Choice Health Plan of Westchester • Fidelis Care New York • Healthfirst • Health Plus • Hudson Health Plan • MetroPlus Health Plan • The Monroe Plan for Medical Care • Neighborhood Health Providers, LLC • New York-Presbyterian Community Health Plan • Total Care

Good morning Commissioner Daines and Superintendent Dinallo. My name is Andrea Cohen, and I am testifying today in my capacity as Counsel to the New York State Coalition of Prepaid Health Services Plans, or PHSPs. Prepaid health services plans exclusively serve enrollees in the State's public health insurance programs – Medicaid managed care, Family Health Plus and Child Health Plus. The 12 health plan members of the PHSP Coalition serve over 1.3 million of the state's Medicaid managed care enrollees, roughly 67% of the total enrollees statewide, and over 500,000 enrollees in Family Health Plus and Child Health Plus.¹ Sponsored by public and non-profit hospitals, community health centers, and physicians, these plans have been serving New York's public managed care enrollees for over a decade.

We take pride as a Coalition in the quality of the care provided to our members. A report recently released by the NYS Department of Health reflects that more people enrolled in Medicaid managed care plans are receiving the preventive and chronic-disease services that are essential to good health. Even more significantly, the traditional gap in quality results between public health insurance programs and commercial insurance has been virtually closed, with public program quality exceeding that of commercial plans on several measures.

In addition to the issue of care quality, we are deeply concerned about maximizing access to coverage and care. Our plans, together with our provider partners, have worked for many years to expand access to coverage for New York's uninsured. Through facilitated enrollment we have made huge strides in reaching and enrolling the uninsured in the communities in which they live. Through our policy research and advocacy work, PHSPs have consistently pushed New York State to think about new ways to reach and cover people needing health insurance.

But despite recent progress, there are still major barriers to enrollment in public health insurance in our state. We struggle each and every month to help eligible individuals get and keep health insurance coverage. Many of them don't.

This brings me to the three points I would like to make this morning:

- We need to keep eligible people insured. If New York is serious about reducing the uninsured, then we must get serious about keeping eligible people in the programs by further streamlining renewal processes. We are losing thousands of eligible enrollees every month for bureaucratic reasons, and we spend countless resources trying to “find” and enroll them again.
- We need to find and enroll those who are eligible for existing public health insurance programs but who have not been connected to the system.
- Finally, we can and should look to cover more uninsured individuals, and we should use our successful public health insurance infrastructure – Family Health Plus, and/or Child Health Plus – to do so.

¹ A complete list of health plans is attached.

These three necessary steps to significantly expand health insurance coverage are interrelated. More generous eligibility standards will help keep people on programs despite small shifts in family income or circumstances, while streamlined enrollment procedures and effective outreach will make maximize the potential of coverage expansions.

Today, roughly 900,000 uninsured New Yorkers are eligible for the Medicaid, Child Health Plus and Family Health Plus programs. New York could cover over 40% of the existing 2.8 million uninsured adults and children by just enrolling them and keeping them in the public health insurance programs for which they are eligible.

It is critical to change our renewal process to ensure that those people we already cover can stay covered. The churning of Medicaid managed care, Family Health Plus and Child Health Plus enrollees continues to be a significant reason why many eligible New Yorkers remain without coverage. In a recent study by the PHSP Coalition, the authors found that involuntary disenrollment rates remain high—over 45 percent overall. This means that 45 percent of those Medicaid and Family Health Plus beneficiaries lost coverage at recertification. Some of these beneficiaries lost coverage because they were deemed ineligible due to changes in their income, family size, or other factors used to determine eligibility. But many more lost their health insurance because they did not submit their recertification forms on time or they couldn't get the extensive documentation right. These people lose coverage and rejoin the ranks of the uninsured, only to be reenrolled at some later date and at considerable administrative expense, after unnecessary disruption in coverage and access to health care.

Some of these renewal barriers were lowered last year, but we think there is a long way to go to eliminate bureaucratic barriers to care. It is time for New York State to live up to its promise to provide health insurance coverage to low-income people who need it. For too long, we have lived in a system that begrudgingly provides health insurance to those with the wherewithal to negotiate a long and complicated enrollment process, only to snatch that coverage away mere months later for bureaucratic reasons.

And while the irrationality of churning undermines any health care delivery system, it is particularly detrimental to the managed care delivery system we have built in New York. Churning interferes with plan efforts to improve beneficiaries' care seeking behaviors, disrupts patient-provider relationships, and results in lapses in access to preventive care and treatment for chronic conditions for low-income people. Plans spend millions of dollars to reach out to, enroll, and start treatment programs for patients whose enrollment tenure is too short for clinical interventions to be meaningful or for financial investments to be recouped. As a result of enrollment churning, the system is falling short of its ability to provide quality medical care to our beneficiaries.

On behalf of the PHSP Coalition, our provider partners and the people we serve, we ask the Governor and your respective Departments to support a meaningful plan to streamline enrollment and renewal in our public health insurance programs. We might not be able to implement every component of this plan in a year. But we must develop and embrace a roadmap for fundamentally changing the way we reach people and determine their continuing eligibility for health insurance in our state.

Streamlining will require changes – big and small – in administrative and bureaucratic requirements. It will also require new enrollee-focused approaches, like telephone renewal options; creative use of existing State databases; fundamental information system improvements; and partnerships among your Departments, plans, providers, and enrollees.

We must begin planning for long-term simplification now. Specifically, New York must integrate and align the information systems, eligibility rules and administration for all of its public health insurance programs. Until we do so, the consequences of fragmentation and poor communication among these programs will continue to hurt beneficiaries and providers. And we will never come close to covering everyone who is eligible for public health insurance.

Finally, improving access to health coverage also should include expanding our existing, successful programs to people who cannot afford to purchase their own coverage. Over the past ten years, New York has made significant progress to covering low-income individuals by implementing the Family Health Plus and Child Health Plus programs. The State should expand eligibility for these programs. Low-income adults have few options for health insurance. If they do not qualify for Medicaid or Family Health Plus and/or have no insurance through their employer, most will remain uninsured. Some have suggested that an expansion of the existing Healthy NY program may be the state's best approach to expanding access to care. However, Healthy NY was not designed to serve low-income individuals. Its high co-pays and deductibles present significant financial barriers to accessing care for low-income individuals. Most of those needing coverage do not have \$500 for a hospital visit or \$100 for a deductible for prescription drugs. Also, its limited benefit package does not provide certain necessary health care services including mental health and substance abuse treatment, vision services, dental, and home health care. For these reasons, we strongly support an expansion of the Family Health Plus and Child Health Plus programs to cover more uninsured adults and children in our state, not Healthy NY.

On behalf of the PHSP Coalition, I thank the Governor and both of you for your leadership over the past year to begin improving access to health insurance for low-income people. Now, there are new opportunities to address the problems I have discussed today. With renewed support in the Legislature, we can tackle these problems together and build on our past success in expanding coverage and access. Thank you for your time. I would be happy to take any questions you may have.

MEMBERS OF THE NEW YORK STATE COALITION OF PHSPs

HEALTH PLAN	AFFILIATED ORGANIZATIONS	SERVICE AREA
Affinity Health Plan	<i>Primary care provider organizations with representation on the Board of Directors:</i> Morris Heights Health Center Charles B. Wang Health Center Urban Health Plan Brownsville Multi-Service Center Community Health Care Network	New York City, Westchester, Suffolk, Rockland, Orange and Nassau Counties
CenterCare	Fidelis Care New York	New York City
The Community Choice Health Plan	Mt. Vernon Neighborhood Health Center Sound Shore Medical Center	Westchester, Bronx and Rockland Counties
Fidelis Care New York (NY State Catholic Health Plan)	Diocesan Bishops of the State and Ecclesiastical Province of New York and Catholic healthcare providers	New York City and 28 upstate counties ¹
HealthFirst PHSP	Hospitals in all seven counties in which the plan operates ²	New York City, Nassau and Suffolk Counties
Health Plus PHSP	Lutheran Medical Center	New York City, Nassau County
Hudson Health Plan	Open Door Family Medical Centers Hudson River HealthCare	Dutchess, Orange, Rockland, Sullivan, Ulster and Westchester, Counties
MetroPlus Health Plan	New York City Health and Hospitals Corporation	Bronx, Kings, New York and Queens Counties
The Monroe Plan for Medical Care ³	Predominantly physicians participating in the Plan.	Broome, Chenango, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Tioga, Wayne, and Yates counties.
Neighborhood Health Providers	Brookdale Hospital and Medical Center Jamaica Hospital Medical Center	New York City
New York-Presbyterian Community Health Plan	New York-Presbyterian Hospital East Harlem Council for Human Services	Bronx, Kings, New York and Queens Counties
Total Care (Syracuse PHSP)	Syracuse Community Health Center	Onondaga, Oswego, and Tompkins Counties

¹ New York City and Albany, Broome, Cattaragus, Chautauqua, Columbia, Cortland, Dutchess, Erie, Fulton, Greene, Hamilton, Herkimer, Montgomery, Nassau, Niagara, Oneida, Onondaga, Orange, Orleans, Oswego, Rensselaer, Rockland, Saratoga, Schenectady, Suffolk, Warren, Washington and Westchester Counties.

² Beth Israel Medical Center, Bronx-Lebanon Hospital Center, The Brooklyn Hospital Center, Brunswick Hospital Center, Elmhurst Hospital Center, Episcopal Health Services, Inc., Interfaith Medical Center, Jamaica Hospital Medical Center, Kingsbrook Jewish Medical Center, Long Island Jewish Medical Center, Maimonides Medical Center, Montefiore Medical Center, Mount Sinai Medical Center, Mount Sinai of Queens, Nassau County Medical Center, New York Eye and Ear Infirmary, North Shore-Manhasset, North Shore-Forest Hills, New York Downtown Hospital, Staten Island University Hospital, University Hospital of Brooklyn, University Medical Center at Stony Brook, St. Luke's-Roosevelt Hospital Center.

³ The Monroe Plan is an independent not-for-profit managed care organization that has an exclusive contract with Blue Cross Blue Shield of the Rochester division of Lifetime Health Care, Inc. to manage Blue Choice Option, Child Health Plus and Family Health Plus.