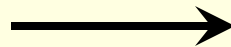

Connecting Children and Families to Health Insurance

Anne Marie Costello
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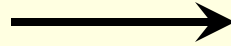
A Changing Paradigm for Public Health Insurance

Yesterday's Practice

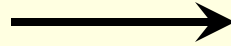
Medicaid is Welfare



Success is Falling Caseloads



Applicants Must Prove They Are Not Ineligible



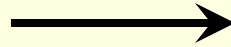
Third-Party Verification Used For Fraud Detection



Inconsistent Application of State Policy



Programs are Uncoordinated



Tomorrow's Vision

Medicaid is Health Insurance

Success is Rising Enrollment

Applicants Must Meet Basic, Standard Eligibility Requirements

Third-Party Verification Used for Eligibility Determination

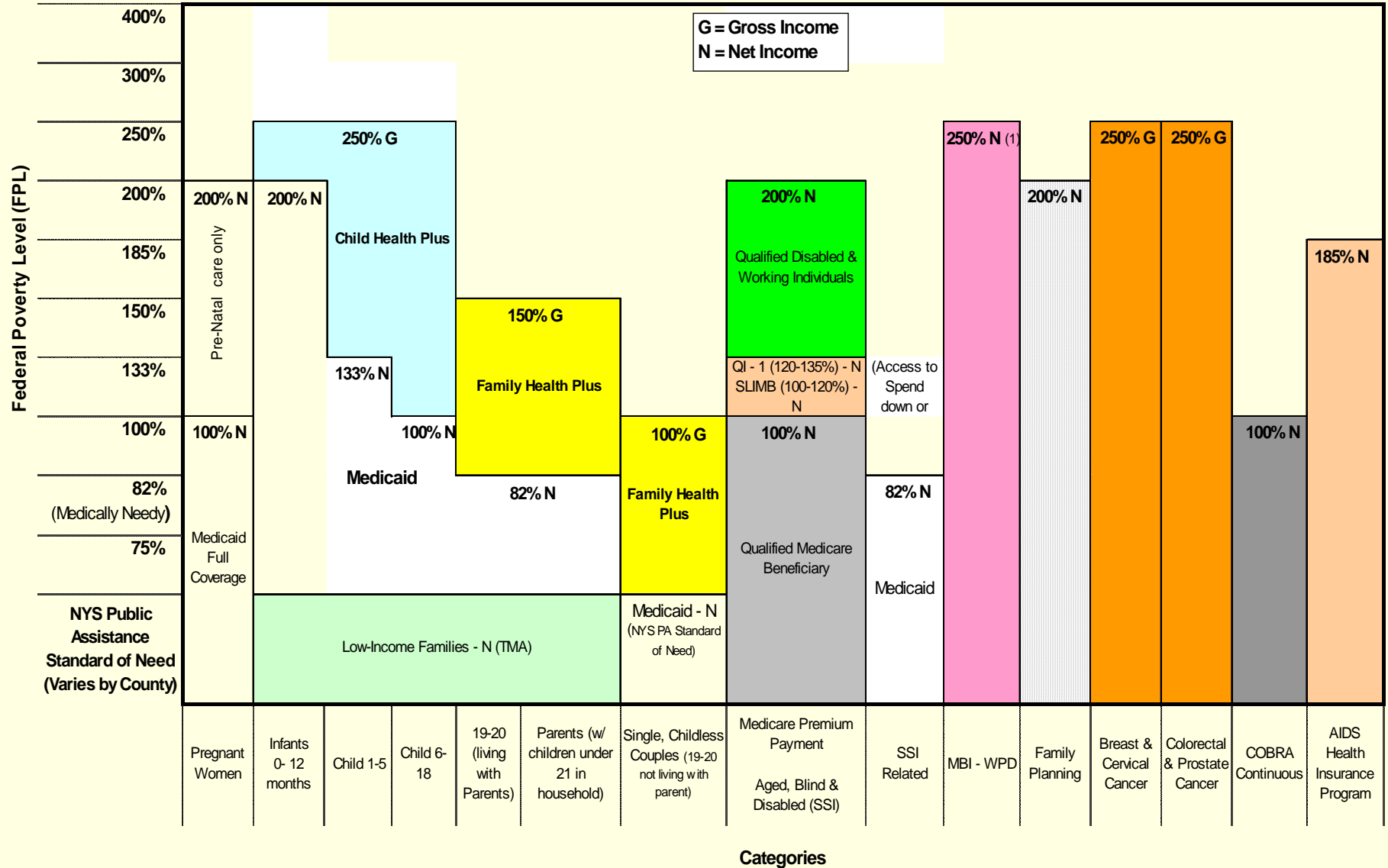
Consistent Application of State Policy

Programs are Unified and Serve as Basis for Universal Coverage

Why is Change Needed in New York State?

- Highly complex public insurance programs comprised of dozens of eligibility categories
- From the consumer perspective it is challenging to enroll and retain coverage
- From local district perspective, complexity causes delay in processing paperwork and ensuring consistent application of rules
- From state perspective, difficult to adapt program rules to new policy and administrative changes; slows ability to make system changes

DRAFT - The New York State Medicaid Program 2007



(1) For the MBI-WPD category, after the first \$20 + \$65 income disregards, SSI-related individuals get a disregard of half of their earned income.

The Goal: Health Insurance for All Children and Eligible Adults

- Ensuring that all children and eligible adults have access to comprehensive affordable health insurance coverage is at the top of Governor Spitzer's health agenda.
 - Enroll all eligible but uninsured New Yorkers
 - 400,000 children, 900,000 adults
- Promote Medicaid as health insurance; debunk perception that Medicaid = welfare
- Simplify rules for consumers, eligibility workers, and the State
- Address system challenges and improve administration of program

Where are we with Children's Coverage?

- Since the passage of SCHIP the number of uninsured children in New York has declined by 40%.
- At the same time enrollment in public coverage has grown.
 - Medicaid enrollment among children increased by 30% and Child Health Plus grew nearly fourfold.
 - Today more than 40% of the State's children are covered by Medicaid and Child Health Plus
 - 1.6 million by Medicaid
 - 400,000 by Child Health Plus
- Despite this progress, there are still slightly more than 400,000 uninsured children and adolescents in New York. ⁶

Does Health Insurance Make a Difference?

Uninsured children are:

- Over five times more likely to have an unmet need for medical care and over three times more likely not to get a needed prescription drug.
- Much less likely to receive preventive services including immunizations, dental and vision care and medical care for conditions such as sore throats, ear infections and asthma.
- Are 30% less likely than insured children to receive medical treatment if they are injured.

Health Insurance can dramatically improve health outcomes for children

New York's Uninsured

- In 2006, approximately 2,662,000 New Yorkers were uninsured.
 - 415,000 uninsured children and teens
 - 2.2 million adults
 - 600,000 are parents
- Slightly more than half of the uninsured live in NYC
 - 1.4 million.

New York's Uninsured Children and Teens

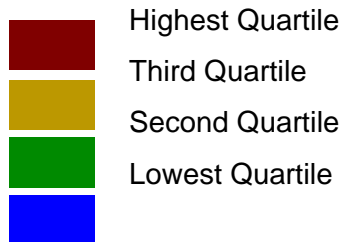
- 415,000 uninsured children under the age of 19 live in New York State.
- That is 8.7% of all children in the state.
- These children are primarily
 - U.S. citizens
 - Living with working parents
 - Living in families with incomes below 250% FPL
 - School-aged

Where do New York's Uninsured Children Live?

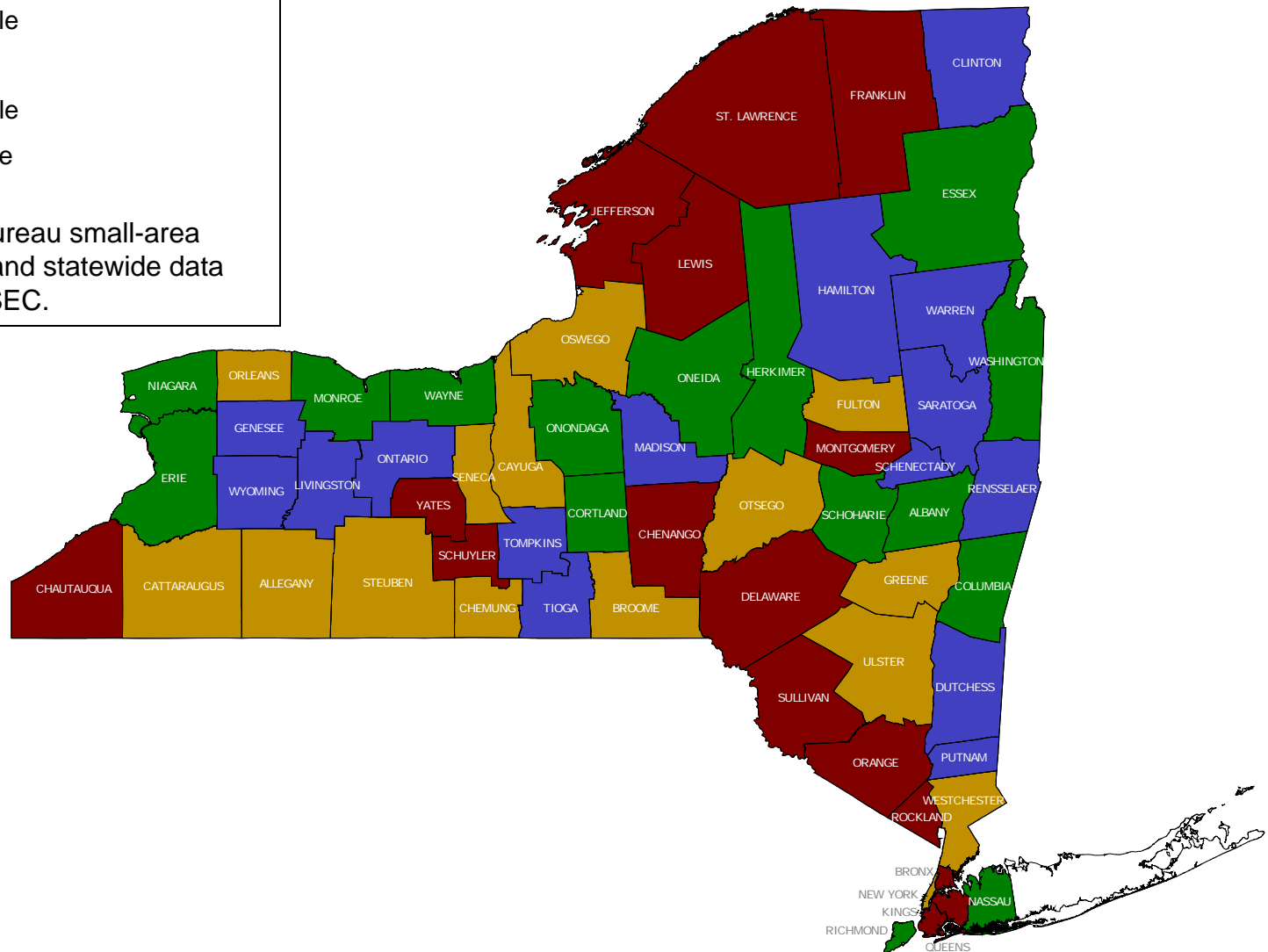
- The rates for uninsured children ranges by county.
 - From a low of 4.3% in Saratoga to a high of 12.2% in Delaware and Bronx counties.
- The actual number of uninsured children also ranges greatly across the state.
 - With just 100 in Hamilton county to nearly 81,100 in Brooklyn.
- About half live outside of New York City.

Estimated Uninsured Rates for Children and Teens

Estimated Uninsured Rates for Children



Sources: Census Bureau small-area estimates for 2000 and statewide data from 2007 CPS / ASEC.



Are These Children Eligible for Coverage?

- YES!
- About 68% of all uninsured children are currently eligible for coverage.
 - That is 283,000 children.
 - Almost two-thirds of these children are eligible for Medicaid.
- When New York is able to expand Child Health Plus, 90% will be eligible for subsidized coverage.
 - The families of the remaining children can buy-in at the full monthly premium.

Many Parents are also Eligible for Coverage

- Two out of five uninsured adults in the state are eligible for Medicaid or Family Health Plus.
 - This is 857,000 adults
 - Two-thirds are eligible for Medicaid and the remaining one-third are eligible for FHP.
- About half of uninsured parents are eligible
- About one-third of single and childless couples are eligible

Advancing the Coverage Agenda for Children and Families

2007-2008 New York State Budget

Child Health Plus Expansion

- To ensure that every child in New York has access to comprehensive affordable health care coverage New York wants to expand eligibility for Child Health Plus from 250% to 400% of the FPL.
- Proposal builds on the program's existing sliding fee scale. Families contribute based on family income.
 - Premiums remain the same for children under 250% FPL
- The expansion includes a six-month waiting period for children in families with incomes above 250% of the FPL that drop employer-sponsored coverage.
 - There are exemptions to the waiting period.
- When implemented expansion will reach 70,000 more children.

Where is New York with the Child Health Plus Expansion?

- Passed by legislature and signed into law by Governor as part of the 2007-2008 budget.
 - Was set to be implemented in September.
- NY submitted SPA to CMS in April
- Based on new rules CMS issued on 8/17 governing expansions the expansion was rejected
 - Rules included a mandatory 1 year waiting period, high cost sharing provisions, 95% participation of low-income children standard, controls around ESI
- New York is working hard to try and have these rules rescinded – working with congressional delegation, leading bi-partisan effort with other Governors and filed a law suit last week.

SCHIP Reauthorization

- Reauthorization offers an opportunity to better meet the continuing needs of Child Health Plus and gain approval for the expansion.
- Senate and House passed a bi-partisan compromise bill, that included \$35 billion in additional funding, the last week in September.
- SCHIP expired on 9/30. Currently a 6 week extender in place.
- The bill was sent to President Bush for signature. He vetoed the bill on 10/3.
- Congress has an override vote set for 10/18.
 - Only two members of the New York delegation – Reynolds and Kuhl - did not vote for the compromise bill.

Presumptive Eligibility

- The budget created presumptive eligibility for Medicaid for children and teens 18 years of age and younger.
- PE will provide temporary Medicaid coverage for up to 60 days for children and teens who appear eligible while their application is completed.
- Community Health Centers will be critical to the implementation of PE.

Simplifying Recertification

- The budget allows self-attestation of residency and income at renewal for children and adults enrolled in Medicaid and Family Health Plus.
 - This currently exists for Child Health Plus.
- It requires verification through the use of existing data systems.

Continuous Eligibility for Adults in Medicaid and Family Health Plus

- The budget creates 12 months continuous eligibility for adults.
 - This currently exists for children in both Medicaid and Child Health Plus.
- This will help ensure the entire family has coverage for the same length of time.

Temporary Enrollment

- The budget abolishes temporary enrollment for children at application.
 - At application children will no longer be temporarily enrolled in Child Health Plus while their eligibility for Medicaid is determined.
 - This will ensure children get into the correct program from the start.
- Temporary enrollment continues at renewal.
- Effective September 2007

Leveraging Employer-Sponsored Coverage

- These new programs will provide families premium assistance to purchase employer-sponsored coverage.
- Child Health Plus
 - When New York is able to expand eligibility it will create a premium assistance program.
- Family Health Plus
 - Employer Sponsored Initiative – recipient premium assistance
 - Employer Participation – Purchase Opportunity

Beyond the Budget

- Children's Cabinet / Connections to Coverage
 - Increase enrollment by promoting Medicaid, Family Health Plus and Child Health Plus as health insurance.
 - Will increase enrollment through statewide collaboration with programs that interact with families.
 - Agencies involved include OMH, OMRDD, SED, OTDA, OASAS, DHRC, OCFS, ODI, DOL, OCA, NYS Child Care Coordinating Council.

-
- Activities may range from:
 - information dissemination
 - creating referral systems to link with facilitated enrollers
 - modifying state contracts to include connections to health insurance
 - enrollment assistance
 - data matches to identify eligible children
 - And much more.....
 - OHIP will lead this effort.

- Public Awareness Campaign

- Developing a multi-faceted, multi-year public awareness strategy that educates families and other eligible New Yorkers about the availability of Medicaid, Family Health Plus and Child Health Plus.

Developing Other Strategies

- Systems Approaches

- Working through means-tested programs with similar income levels that potentially serve large numbers of uninsured children.

- Grassroots Outreach

- Working with community partners that touch families to have them educate clients, members, constituents about availability of public health insurance and link them to enrollment resources in their community.

Systems Approaches

Potential Strategies:

- Targeted outreach
 - Provide information on health insurance to children in “income similar” programs.
 - Can simply give out information or have a check off box for sharing family contact information.

- Master list matching
 - Compare program rolls to identify children enrolled in one program but not Medicaid or Child Health Plus.
 - Helps narrow outreach and follow-up efforts.

■ Auto-enrollment

- Uses participation in a program with lower income eligibility and other similar eligibility requirements to make child automatically eligible.
- May require a simple form be sent to family to gather other necessary information.
- Should include an opt out option.
- Issues around consent and data sharing need to be explored. Federal legislation would help.

Potential Programs

■ Food Stamps

- Income eligibility: 130% gross / 100% net FPL
 - There may be as many as 75,000 children in food stamps and not Medicaid.

■ WIC

- Income eligibility: 185% FPL
 - May be 7,000 children (not counted above) in WIC and not Medicaid.

■ Free/Reduced Price School Meals

- Income eligibility: free 130% FPL / reduced-price 185% FPL.
 - May be 43,000 children (not counted above) in school meals and not Medicaid.

- Other Programs to Consider:

- State EITC

- Income eligibility: \$36,384 for a parent with two qualifying children.

- Health Care Providers

- Sliding fee scale initiatives – who are the pediatric self-pay patients?

Grassroots Outreach

Potential Strategies:

■ Geographic targeting

- Deploy FE resources to high need areas.
- Looking at Census data statewide and also in NYC EPHINE data at neighborhood level.

■ Western New York Pilot

- Potentially 12,000 uninsured children in each of Erie and Monroe counties.
- Conducting pilot initiative in Buffalo and Rochester.
- Bringing together FEs and other community groups under contract to NYSDOH to develop new opportunities to identify and enroll uninsured children and their families.
- Launched in September.

- Reaching the community through gatekeepers

- Work with key community organizations and service providers such as faith-based organizations, immigrant service providers, schools, youth programs, human service providers and others.
- These groups have trusted relationships with the community and can build information on health insurance and where to enroll into their routine interactions with families.