



TESTIMONY

OF

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**HUMAN RESOURCES ADMINISTRATION/
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF CITYWIDE HEALTH INSURANCE ACCESS**

**BEFORE THE CITY COUNCIL
HEALTH COMMITTEE**

ON

**NEW YORK CITY'S EFFORTS TO ENCOURAGE ENROLLMENT IN
CHILD HEALTH INSURANCE PROGRAMS**

**City Hall
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Good morning. I am Marjorie Cadogan, Executive Deputy Commissioner of the Human Resources Administration's Office of Citywide Health Insurance Access (HRA/OCHIA). Thank you for the opportunity to speak before you today about the City's efforts to ensure that all of its children have access to health insurance.

Let me begin by stating how much we value the Council's interest in health insurance coverage for children. The challenge of enabling all children to have and keep health insurance coverage is a critical issue facing our City, State and nation. Many parents are not aware of the free or low-cost public health insurance programs available for their children. They often cannot afford the cost of health insurance premiums and co-payments given the importance of other monetary demands in their lives. Other parents fear that participation in public health insurance for children will not enable them to gain legal residency in the United States.

During the Bloomberg Administration, the concerted effort of the City and its many partners to overcome these and other barriers has resulted in significant decreases in the number of uninsured children and adults. The main reason for this improvement is that public health insurance enrollment has grown 35% over the past five years.ⁱ This Administration has enrolled nearly 900,000 people in public health insurance. As of November 2006, more than 2.5 million New York City residents are covered by public health insurance programs administered by HRA.ⁱⁱ Over 50% of New York City's children have public health insurance coverage with Medicaid insuring over 1 million and CHP B an additional another 165,000.ⁱⁱⁱ

While the rest of New York State and the nation experienced decreases in health insurance coverage, New York City experienced steady increases. According to the latest report from the United Hospital Fund, the number of uninsured children declined from 289,000 in 2002-03 to 240,000 in 2003-04 in New York City. The decline for adults during this same time period was from 1.4 million to 1.26 million.^{iv}

Additionally, while employer sponsored health insurance has decreased in the rest of the State and across the country, New York City has experienced an increase in the proportion of children insured through employer sponsored coverage from 39% in 2002-03 to 41% in 2003-04.^v

HRA/OCHIA will continue its efforts to increase employer-based coverage by promoting the more affordable options that exist for the City's small businesses and working individuals – namely, HealthPass, Healthy NY, LIA Health Alliance, Brooklyn HealthWorks, Staten Island Wrap and Freelancers Union. I have brought copies of HRA/OCHIA's *Guide to Health Insurance Options for New York City's Small Businesses, Sole Proprietors, and Working Individuals*, which includes information about these options. Enrollment in these options increased by more than 10,000 in 2006. In addition to partnerships with the Department of Small Business Services and a multitude of business organizations, we plan on further promoting these options through a continuing education seminar, co-sponsored with City University's College of Staten Island, for more than 100 insurance brokers on January 24th.

Despite these positive developments, there are still approximately 240,000 children without insurance.^{vi} An estimated 200,000 of these are eligible for public health insurance programs but not enrolled in them.^{vii} The City is committed to enrolling these children.

Under the leadership of Mayor Bloomberg, many City initiatives have furthered our success in expanding coverage for children. Every day, 200 to 350 infants born to Medicaid eligible mothers are automatically provided Medicaid coverage by a match process between the Department of Health and Mental Hygiene's (DOHMH) Vital Statistics and the New York State Welfare Management System. In addition to ensuring that these children receive coverage from the date of their birth, including automatic enrollment in a managed care plan where deemed appropriate, the state has determined that the process satisfies the new Deficit Reduction Act requirements for verification of citizenship, even when the mother's immigration status is not documented. This process is based upon a design developed by The State Department of Health in collaboration with HRA.

At day care resource centers, pre-school programs, elementary, middle and high schools, the Administration for Children's Services (ACS), the Department of Education (DOE), and the Department for Youth and Community Development (DYCD) provide locations throughout the City where parents can apply for health insurance for their children and themselves during the school year. These efforts to reach uninsured children are part of the City's HealthStat Initiative, a collaboration of 14 City agencies, 16 managed care plans and a wide array of community- and faith-based organizations dedicated to enrolling all those eligible in public health insurance programs. In addition to specific enrollment events, DOE and HRA/OCHIA also use the school lunch application to identify parents who need help in obtaining health insurance for their children. During this school year, the parents of 11,000 public school students were identified. A newly designed system will allow for facilitated enrollers to be electronically notified about

requests for help, thereby greatly reducing the time between making a request and receiving help to enroll. In addition, HRA/OCHIA and the Office of School Health (jointly administered by DOE and DOHMH) developed a ready reference, *Hands on Health*, for parent coordinators and other school staff so that they can better assist parents. *Hands on Health* contains summaries of all the available public health insurance programs in the City, options for families who may not be eligible for public programs, and information about other public benefit programs for low-income families.

Complementing the event- and program-based enrollment activities fostered through the HealthStat Initiative are the routine and systematic enrollment efforts by DOHMH, the Health and Hospitals Corporation (HHC), and HRA. The Department of Health's *Take Care New York* campaign calls for having a regular doctor and health insurance as the first of ten steps to a longer and healthier life. DOHMH has 10 health centers with 29 assigned facilitated enrollers, 3 of whom work 4 days a week at Rikers Island. The facilitated enrollers also participate in a range of community health events throughout the year. DOHMH also manages Medicaid managed care contracts, including consumer assistance about health insurance through the Managed Care Consumer Assistance Program (MCCAP). HHC regularly screens children and families and enrolls those eligible for public health insurance at its hospitals and outpatient facilities.

HRA has 19 Community Medicaid Offices in which parents can apply for public health insurance. Beginning in 2002, HRA undertook a major initiative to transform its community Medicaid offices into Model Offices. The core elements included eliminating pre-screening,

upgrading technology, strategic triaging of consumers upon arrival and interviewing and processing efficiencies. Completed in 2004, this process resulted in a 60% reduction in consumer wait times. There are now Medicaid Model Offices in each HHC hospital. Ongoing efforts have ensured that these improvements have been sustained and that Medicaid offices are a welcoming place for consumers to enroll in public health insurance.

Another resource for accessing health insurance and multiple benefit programs, ACCESS NYC, has just been launched by the City. ACCESS NYC is an internet-based system that puts information about health insurance and other benefits in families' hands, in their time, in a place of their choosing and, for a great number, in their language. Parents can print out a public health insurance application that is partially pre-populated using the information he or she entered during the pre-screening process and then apply at HRA Community Medicaid offices or take it to one of many facilitated enroller locations throughout the City.

Equally important to providing enrollment opportunities is ensuring that children have continuous coverage. HRA's Medical Insurance and Community Service Administration (HRA/MICSA) implemented a mail renewal program in October 2002, and through a process of continuous improvements has increased consumer response rates by 40% from the previous face-to-face system. In January 2006, HRA/MICSA undertook a full-scale redesign effort of the Mail Renewal Program and consumers are now assisted with a more user-friendly recertification application. There are ongoing efforts to work with facilitated enrollers and consumers to improve the Mail Renewal Program. HRA/MICSA has also developed the capability to post ongoing, updated information on the renewal status of each managed care plan's members who are in the renewal cycle to the enrollment broker's "Bulletin Board." This initiative allows

health plans to strategically use their sizeable outreach capability to assist families and individuals in completing recertification applications in a timely and accurate manner. Another HRA/MICSA initiative is collaboration with HHC's Elmhurst and Woodhull Hospitals to enlist outpatient clinic personnel in reminding patients to renew their public health insurance coverage and assist them in doing so at their next scheduled appointment. HHC has tied information on Medicaid consumers' recertification dates to their appointment system. When a consumer has a medical appointment near the time of their renewal, HHC staff completes phone outreach to those consumers, urging them to bring in their recertification materials so HHC staff can assist the consumer in its completion. This pilot was recently expanded to include Queens Hospital, Bellevue and Lincoln Hospitals. To test whether facilitated recertification can also be conducted in school settings, HRA/OCHIA is conducting a pilot program with the Children's Aid Society's school-based health centers.

With the prospect of Albany removing financial and administrative barriers to universal coverage for children, we are currently building a new model for health insurance outreach to better target the uninsured. Our plans call for moving from venue based outreach to targeted enrollment strategies for individuals in specific age groups. These opportunities will only be realized by informed parents who are ready and willing to change the health insurance status of their uninsured children. Specific strategies will be used for children 0 to 5 years old, of school age, and out of school youth. We know from our Commonwealth Fund supported Access to Coverage and Care Project, which we conducted in 23 schools in East Harlem and Bushwick, that the greatest gains in insurance coverage for children come from focusing outreach and enrollment in pre-kindergarten, kindergarten and first grade. We will initiate this new strategy in

collaboration with the Department of Education's Universal Pre-Kindergarten programs in March.

In conjunction with the Department of City Planning, HRA/OCHIA is updating its 2004 *Public Health Insurance Participation in the Community Districts of New York City* study on the number and location of individuals who are eligible for public health insurance but not enrolled. This update will be available later this year to be used for future targeted outreach and enrollment initiatives.

The aforementioned efforts to enroll children and maintain continuous coverage fall within the current health policy context. The City and HRA have developed a federal legislative agenda with a series of proposals to expand the City's capacity to reach and enroll uninsured children and families. The first of these proposals seeks federal reauthorization of the S-CHIP program. HRA also seeks to extend the authorization period for eligibility for public health insurance to two years for children aged 18 and under, thereby reducing the burden for parents and resulting in more seamless and continuous coverage for children. Additionally, HRA is proposing that categorical Medicaid eligibility be extended to food stamp-eligible children. And, we are asking Congress to support S1049, "the Covering Kids Act," that would allow the use of a child's financial eligibility information from other state or federal government programs in order to meet requirements for enrollment in Medicaid or SCHIP. We further urge Congress to extend the Transitional Medical Assistance Program from 12 to 24 months, and to reauthorize the program for 5 years. At the state level, we are calling for expansion of CHP B and the Healthy NY Program. These efforts are congruent with Governor Spitzer's plan to cover all children. We

hope the City Council will support us in advocating these federal and state changes in the current Congressional and State legislative sessions.

The framework that is used by the City and its partners to expand coverage for children enables us to continue our productive efforts, address future challenges, and take advantage of new opportunities. Our strategy has been recognized outside of New York City. Last year, we hosted a delegation from the California League of Cities who wanted to learn more about New York City's health insurance enrollment efforts, in particular its HealthStat Initiative. I am glad to report that the Los Angeles Mayor's Office and the League consider our work worthy of replication and that the WellPoint Foundation has given \$1.6 million to California's Cities for Healthy Kids to assist with this replication. New York City should be proud of its partnerships and collaborations, which are fundamental to the progress we have made. We thank the Council for being one of those partners and we look forward to working with the Council to make sure all the City's children are insured.

Thank you once again for the opportunity to testify today. I welcome any questions you may have at this time.

ⁱ New York State Department of Health: Report on Number of Medicaid Eligibles by Category of Eligibility. New York State Department of Health: CHP-B Monthly Enrollment Reports. Analysis by HRA/OCHIA, using July 2001 – July 2006 date range.

ⁱⁱ Human Resources Administration's Office of Program Reporting, Analysis and Accountability HRA Facts Report. November 2006.

ⁱⁱⁱ OCHIA estimate and New York State Department of Health: CHP-B Monthly Enrollment Reports.

^{iv} *Health Insurance Coverage in New York, 2002-2003*, United Hospital Fund, 2005.

Health Insurance Coverage in New York, 2003-2004, United Hospital Fund, 2006.

^v *Health Insurance Coverage in New York, 2002-2003*, United Hospital Fund, 2005.

Health Insurance Coverage in New York, 2003-2004, United Hospital Fund, 2006.

^{vi} *Health Insurance Coverage in New York, 2003-2004*, United Hospital Fund, 2006.

^{vii} *Public Health Insurance Participation in the Community Districts of New York City*, MOHIA, 2004.