

**TESTIMONY OF HRA COMMISSIONER VERNA EGGLESTON AND EXECUTIVE DEPUTY COMMISSIONER HRA/MEDICAL ASSISTANCE PROGRAM IRIS JIMINEZ-HERNANDEZ BEFORE THE COMMITTEE ON GENERAL WELFARE AND COMMITTEE ON OVERSIGHT AND INVESTIGATIONS ON TRANSITIONING FROM DISASTER RELIEF MEDICAID: PLANS, PROBLEMS AND LESSONS LEARNED**

Good afternoon. My name is Verna Eggleston and I am the Commissioner and Administrator of the Human Resources Administration. I would like to thank Councilmembers Quinn, de Blasio and Gioia, respective Chairs of the City Council Health, General Welfare and Oversight and Investigations Committees, and the other members of those committees for giving me the opportunity to testify today on HRA's management of Disaster Relief Medicaid.

I am appearing at this hearing to emphasize the importance that this Administration places on transitioning people from Disaster Relief Medicaid and on simplifying the process for all eligible New Yorkers to obtain health care. As you know, Disaster Relief Medicaid is the result of a City-State partnership operating under a federal waiver in response to the attacks of September 11, 2001. The program responded in unprecedented ways to an unprecedented need. During its enrollment period, we opened 253,636 cases representing 343,740 individuals.

However, it is a temporary program. Therefore, we at HRA have been charged with assisting Disaster Relief Medicaid recipients to obtain health care for which they may be eligible in their current circumstances. These include Child Health Plus, Family Health Plus and regular Medicaid.

As Iris Hernandez, my Executive Deputy Commissioner for the Medical Assistance Program, will explain to you in more detail later, we are taking actions to create a smooth transition. Knowing that we must meet our consumers where they are, we will look at each person's situation on a case-by-case basis. Let me assure you that we will be making every effort to ensure that DRM consumers are informed about the steps necessary for their simplest transition to applicable programs.

Commissioner Hernandez will also tell you that we continue to work with the State to simplify the application process for Medicaid and Family Health Plus. As you know, the Medicaid program is State controlled, pursuant to federal law and regulations. My administration is committed to working with the State Department of Health to learn from the experience of Disaster Relief Medicaid to find ways to simplify access to health care. When the September 11th tragedy cut off our access to the State Welfare Management System (WMS), we implemented a simpler application process that encouraged more people to access health care. The 9/11 crisis brought about an unexpected opportunity to improve services for New Yorkers in need. Not only did we assist those directly affected by losses in lower Manhattan, but we also attracted many New Yorkers who simply needed health insurance.

This Administration will strive to ensure that all New Yorkers obtain the health care coverage for which they qualify, while fulfilling our responsibility for maintaining integrity in the program.

I would now like to turn the microphone over to Executive Deputy Commissioner Hernandez. Thank you.

Good afternoon, Council Member de Blasio, Council Member Quinn, Council Member Gioia and members of the City Council. I am Iris Jimenez-Hernandez, Executive Deputy Commissioner of the Medical Assistance Programs under the Human Resources Administration. I am here to discuss the Disaster Relief Medicaid Transition plan as well as a variety of initiatives that we believe will support our goal of continuing efforts to increase enrollment in public health insurance programs.

Following the World Trade Center disaster of September 11, 2001, the Medical Assistance Programs' (MAP) ability to enroll applicants in Medicaid was destroyed. This was at a time when the physical and economic injury caused by the disaster was likely to result in increased demand for health care. MAP's computer systems hubs citywide were brought down, leaving MAP without access to the Welfare Management System (WMS) Medicaid eligibility records. Given the magnitude of the destruction and the numbers of businesses affected by it, it was unclear how long it would take to restore the WMS systems to full capacity everywhere. MAP and the New York State Department of Health (SDOH) developed a strategy to stabilize Medicaid eligibility determination processing. The city and state sought waivers of some traditional Medicaid eligibility requirements for the ambulatory Medicaid population.

The federal government granted waivers from the traditional application and documentation of eligibility requirements to allow for four months of fee-for-service Medicaid for NYC residents applying for Medicaid who met Medicaid/Family Health Plus financial and immigration requirements based upon a streamlined one page application. Clients attested to all information, except applicant identity, which was verified. This coverage is known as Disaster Relief Medicaid/Family Health Plus (DRM).

The federal waivers also allowed for an automatic extension of Medicaid coverage for twelve months for households scheduled to re-establish Medicaid between September 11, 2001 and January 31, 2002 (later extended through September 2002). Also approved was up to twelve months of Child Health Plus (CHP B) presumptive eligibility coverage for children who would have been found Medicaid (CHP A) eligible during the period September 11, 2001 through January 31, 2002. These measures allowed NYC to continue to offer access to health insurance even without access to computer systems; they also allowed coverage to be stabilized for those who already had public health insurance.

Disaster Relief Medicaid could not be recorded in WMS. Those who were found eligible were given a "Temporary Medicaid Authorization" form, which could be used to access services at Medicaid providers for four months. Copies of the completed form were sent to SDOH, where necessary data was entered to allow providers to be paid. The applicant also received a copy of the application, which served as the client acceptance notice.

As we all know, DRM was an overwhelming success. MAP staff was pushed to new limits as we began to enroll consumers in DRM. We assisted in one day the volume of applicants usually seen in over a week. From mid-September 2001 through the end of January 2002, Disaster Relief Medicaid/Family Health Plus offered coverage to 253,636 cases representing 343,740 individuals.

Disaster Relief Medicaid provided a response to a crisis of unprecedented proportion we knew, however, that it was time limited. As the number of consumers on DRM grew, we quickly acknowledged the need for a transition plan to ensure DRM consumers could be offered a way to maintain health insurance. With this goal in mind, MAP and SDOH developed such a plan.

The transition plan ensures that DRM consumers will have full health care coverage while they complete the application process for regular Medicaid or Family Health Plus. Coverage for consumers has been temporarily extended long enough to complete this process, at which time they will either be made eligible for regular Medicaid or Family Health Plus, or they will lose their temporary transition coverage.

Our goal in developing the plan was to ensure that we offered enrollees ample notice about the need to take action and that we build on our successful collaboration with partners. On a staggered basis, based on DRM expiration month, DRM consumers are informed through three separate letters of the transition process. They are reminded that they must keep the scheduled application appointment date to determine eligibility and thereby keep coverage and are also informed about how to change the appointment date. Consumers also receive Medicaid cards and are told to use them to access care.

MAP anticipates that each DRM expiration month will require two months of appointments in order to meet with each family or individual. Therefore, the transition process will take several months to complete.

To assist us in this transition plan, MAP has worked with community based organizations and managed care organizations that are Facilitated Enrollers (FEs), and established a formal way for ensuring that DRM consumers know about the FEs. Two of the notices sent to the consumers include a New York City Facilitated Enrollers list, which states that the "enroller may be able to help you with your appointment." Consumers can bring their documentation to a Facilitated Enroller that will assist the client in filling out the application and will submit it to MAP. The FEs will inform these consumers that they may not need to keep their appointment with Medicaid.

The FEs will submit documents to MAP, and MAP will mail a notice to the consumer informing them that MAP is determining their eligibility and they will receive a notice of decision shortly. This program began April 1, 2002.

Through collaborations such as this, MAP hopes to ensure that as many eligible New York City residents as possible will maintain coverage as they transition from Disaster Relief Medicaid to regular Medicaid and Family Health Plus.

In addition to collaborations with outside agencies, MAP is also optimizing the utilization of its own resources. Consumers can gain information through the HRA HealthStat Phonenumber. The phonenumber is on the notices to consumers and provides them with instructions to call with any questions. The phonenumber attendants have been trained to answer questions related to Disaster Relief Medicaid and how to apply for ongoing coverage. In addition, these attendants can change a person's address, send new cards, send copies of any notices a client may not have received, and share appointment dates.

We have experienced an increase in incoming telephone calls following the DRM notices being mailed out. The number of incoming calls on average in January 2002 was 260 per week needing an attendant. By the first week in March (after letters began to go out), attendants received as many as 1,367 calls in a week.

HRA's ongoing efforts to provide assistance to immigrants and to the Limited English Speaking population in general have extended to the transition population. Both the HealthStat Phonenumber and the telephone numbers to reschedule an appointment offer assistance in several languages-all of which have been used to date. In addition to bilingual workers currently assigned to all Medicaid sites, HRA has contracted on-site translator services for the three transition locations. MAP will continue to evaluate ways to better serve non-English speaking populations.

On a related issue, we have also amended our internal protocols to ensure that staff is re-trained in immigration matters. In addition, we have instituted a secondary supervisory review and identified a procedural central location for additional review of documentation of immigration status.

MAP continues to make every effort to encourage and support those who are eligible for public health insurance to enroll in the program and to ensure DRM consumers understand what they have to do to transition onto Medicaid or Family Health Plus. We are using many venues to inform DRM consumers about what they need to do to receive on-going health coverage. HRA has initiated a public awareness campaign that will support our efforts. This campaign includes an overview of the DRM transition process published in El Diario in Spanish and in World Journal in Chinese. We will continue to work with the community papers and radio stations to inform communities of the process. We are also collaborating with the FE's on ways to increase awareness through their networks. Through these efforts, we hope that all eligible New Yorkers who took advantage of Disaster Relief Medicaid will return and apply for ongoing Medicaid and Family Health Plus.

We are encouraged that so many New Yorkers came forward and enrolled in DRM. For the past few years and prior to September 11, HRA and SDOH were negotiating a series of initiatives toward simplification of the application and recertification processes. We initiated the Model Office concept in two of our community offices with the goal of using information available through computer systems to reduce the documentation requirements being requested of the consumer who had previously been known to us.

The Model Offices will redesign our business practices identifying better and more expeditious ways to serve our consumers. Our goal is to complete four Model Offices by the end of the calendar year. Expansion to the remaining community offices would evolve soon thereafter.

In 2001, MAP developed a plan to implement programs designed to simplify the recertification process. Our overarching goal was to improve retention outcomes. Those initiatives include the mail recertification program and a telephone recertification pilot. The mail recertification program was offered to Children-Only cases that reside in Queens. The mailing provided consumers with current case information including demographics, income, and resources.

Consumers who reported no change to their income or household were asked to verify that the information on the mailing was correct and return the letter after signing it. This significantly reduced the amount of time and supporting documents necessary to recertify.

In addition to the mail recertification program, MAP designed a telephone recertification pilot program for Children-Only cases and mailed a notice to consumers instructing them to call an automated Interactive Voice Recognition System (IVRS) to verify their household composition and resources. Consumers who need to report a change would be directed to an attendant who would record the changes. The recertification easements granted through the recent Health Care Reform Act of 2000 (HCRA) will now provide greater support for these and other initiatives as we continue to move forward to simplify the recertification process.

We hope our experiences with both the mail recertification program and the developmental work accomplished for the telephone recertification program can serve as a blueprint for planning the new recertification programs statewide. We have provided the SDOH with detailed information to support these efforts.

MAP looks forward to its collaboration with SDOH on this critical and beneficial change to the recertification process for health insurance programs. We are confident that our work on the development and implementation of these changes will produce success.

The Medicaid program has expanded significantly over the past few years. The establishment of Child Health Plus and Family Health Plus created the opportunity to provide public health insurance to many more New York City residents.

The evolution of these programs has produced a time of dynamic change within the Medicaid program at HRA. We have met the challenges by building a strong collaborative relationship with the provider and community based organizations. These relationships have been essential to us both through this time of expansion and particularly through DRM. MAP staff has proven its compassion, commitment and ability to change rapidly in a time of crisis. We, along with the city, have been tested, and as with the city, we were successful in meeting the challenge.

The experience of the past few months will invigorate us as we move forward through this transition process and beyond. Our commitment is clear: we want to meet clients where they are, and we want to enroll as many eligible New Yorkers as possible into public health insurance programs.

Thank you for allowing me to describe the Disaster Relief Medicaid program, the transition plan, and an overview of simplification initiatives. I will now be happy to answer any questions that members of the City Council may have on Disaster Relief Medicaid or the transition plan.

City Hall  
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