OCHIA
Office of Citywide
Health Insurance Access

Human Resources
Administration
Department of
Social Services

CONNECTING NEW YORK CITY'S UNINSURED TO COVERAGE:

A Collaborative Approach to Reaching Residents Eligible for Public Health Insurance but Not Enrolled

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Executive Summary

For the past decade, NYC's first priority in reducing the number of uninsured residents has been to ensure that everyone eligible for public health insurance (PHI) is enrolled. Since 2002, enrollment in PHI programs administered by the City has increased by 65 percent.[1] As of January 2010, nearly 3 million NYC residents were enrolled in PHI.

NYC's increase in PHI enrollment can largely be attributed to a series of policy and programmatic changes implemented by New York State and City to improve access to health insurance for residents. These efforts have included significant eligibility expansions, administrative simplifications, and the creation of the facilitated enrollment program.[2]

Building Successful Outreach - Lessons Learned from the HealthStat Initiative

One critical factor that has contributed to the City's enrollment gains is the HealthStat Initiative (HealthStat), a public-private partnership coordinated by the NYC Human Resources Administration's Office of Citywide Health Insurance Access (OCHIA). HealthStat is a unique outreach and facilitated enrollment effort that mobilizes City agencies, managed care plans, and a broad range of community and faith-based organizations to identify and enroll eligible residents into PHI. Through HealthStat, NYC has been able to shape and continuously evolve outreach strategies while maintaining a highly decentralized system of PHI enrollment that provides countless points of access for residents.

As the nation looks towards covering more people than ever through the new federal health care law, HealthStat's decade of experience sheds light on the successes and challenges of seeking to enroll everyone who is eligible for PHI. Four common principles can be found underpinning HealthStat's diverse outreach and enrollment techniques:

1. Provide local access to PHI through strategic placement of facilitated enrollers in neighborhoods and communities.
2. Integrate PHI outreach into City agencies' and community organizations' work to create seamless and sustainable enrollment strategies throughout the community.
3. Broaden access to consistently reach as many people as possible.
4. Use data to assess, refine and develop new strategies.

Over time, HealthStat's enrollment strategies have evolved from large-scale efforts to more directed and targeted activities, not only to reach the declining number of uninsured more effectively, but also to utilize existing resources more efficiently. With a number of significant program and policy changes approaching, there will be new opportunities for HealthStat to further help reduce the number of uninsured in the City.

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[1] HRA analysis of City and State administrative data. The increase for all PHI programs, including Child Health Plus, was 46 percent during this time period.

[2] Facilitated enrollment is an innovative system of collaborative outreach and enrollment which engages managed care organizations and community-based non-profits as health insurance enrollers.

Snapshot of Success – Enrolling Eligible Residents into Public Health Insurance

An OCHIA analysis of the number of uninsured NYC residents *eligible for public health insurance but not enrolled* (EPHINE) illustrates the high level of success the City has achieved in meeting its longstanding goal to expand access to health insurance for all residents. In 2007, there were approximately 107,000 EPHINE children and 315,000 EPHINE non-elderly adults in NYC. These data indicate the vast majority of children eligible for PHI, about 91% of all eligible children, were insured. Adult coverage lagged behind somewhat, with 78% of eligible non-elderly adults insured.[3] Recently released estimates based on a new question from the 2008 American Community Survey show that NYC has achieved the lowest rate of uninsured children—5.7%—among the nation's ten largest cities, tying San Jose.

Opportunities and Challenges Ahead

This year New York State will phase in several policy changes that will further expand eligibility, remove resource limits for many adults, and alter how PHI enrollment is initiated and renewed. In the near future, federal health reform law will likely result in increased access to public coverage and more affordable private coverage for many of the City's uninsured.

PHI outreach strategies must continue to evolve to address the approaching policy changes and expected advent of web-based enrollment and recertification by individuals. Recognizing the growing role for online resources, the City recently launched *NYC Health Insurance Link (NYC HI Link),* a web-based tool developed by OCHIA to assist individuals and small businesses searching for health insurance.[4] As online PHI opportunities emerge, *NYC HI Link* will help connect the remaining EPHINEs to these new options.

For those who do not have access to the internet or who are less comfortable using web-based technology, however, continued cultivation of both low and high-tech points of access and support will be required. Reaching those who are hard to enroll or retain in PHI has always and will continue to require multi-pronged approaches that examine enrollment barriers and maximize the leverage of committed partnerships and creative outreach strategies.

Though enrolling EPHINEs is critical work, the majority of uninsured adults are not eligible for PHI. The high cost of individual market coverage and the large number of low-wage, part time and independent workers without access to lower-cost group coverage have been the greatest obstacles to reaching universal coverage in NYC. Under federal reform, PHI will become a new coverage option for some low-income adults while others will qualify for a subsidy to lower the cost of private insurance. These changes will offer new opportunities for covering many but not all uninsured adults. Key populations will be excluded from these new coverage options, including undocumented residents.

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[3] OCHIA analysis of 2007 American Community Survey, HRA and NYS Department of Health public health insurance administrative data from 2007, NYC Department of Health and Mental Hygiene's 2007 Community Health Survey, and the Agency for Healthcare Research and Quality's 2002-2006 Medical Expenditure Panel Survey.

[4] *NYC HI Link (www.nyc.gov/hilink),* provides New Yorkers with easily accessible, unbiased information about insurance options, including information on saving money by pairing public and private coverage as well as the availability of lower-cost Healthy NY plans for lower-wage, part time and independent workers.

Concluding Thoughts

NYC's PHI outreach and enrollment has come a long way, helping to successfully insure nearly all eligible children. The future will contain challenges and, hopefully, opportunities for reaching the remaining EPHINEs through emerging online enrollment and renewal options, and expanding access to affordable private coverage for uninsured families not eligible for PHI.

I. Introduction

Expanding access to health insurance has been a longstanding goal for New York City and New York State (NYS). For the past decade, the City's first priority in reducing the number of uninsured residents has been to ensure that everyone eligible for PHI is enrolled. Since 2002, enrollment in PHI programs administered by the City has increased by 65 percent.[5] Public program enrollment has driven a significant reduction in the City's uninsured population, which is currently estimated at 1.2 million residents.[6]

Within the City and State's strong commitments to expanding access to health insurance, one unique component in NYC's enrollment gains is the work of the HealthStat Initiative. For the past ten years HealthStat, an innovative outreach and facilitated enrollment initiative in NYC, has aggressively promoted PHI enrollment through dynamic public-private collaborations. HealthStat is coordinated by the Office of Citywide Health Insurance Access (OCHIA)[7] of the Human Resources Administration (HRA), whose mission is to expand access to public and private health insurance for the City's residents and small businesses.[8]

This report looks back on the evolution of the HealthStat Initiative, examines key lessons on how it has contributed to the increase in PHI enrollment over the past decade, and reflects on emerging opportunities and challenges ahead for reaching the remaining uninsured in NYC.

II. Public Health Insurance Enrollment in New York City

When NYC established the HealthStat Initiative in 2000, it created an outreach resource that made reaching uninsured residents eligible for PHI but not enrolled a citywide priority. HealthStat began at a time when NYC was experiencing a general decline in Medicaid enrollment and both the State and City were embarking on policy and programmatic changes to expand and maintain broad access to PHI.

New York has long demonstrated leadership in establishing comprehensive health insurance coverage initiatives for children and adults, and these efforts have supported a dramatic expansion in PHI enrollment (see Chart 1).

NYS's eligibility standards, which are some of the broadest in the nation, serve as the foundation for this growth in enrollment (see Chart 2). NYS has further aided enrollment by implementing a consistent stream of simplification measures and the facilitated enrollment (FE) program, whereby managed care plans and community-based organizations provide outreach and enrollment assistance in community settings for individuals and families seeking to enroll in PHI.

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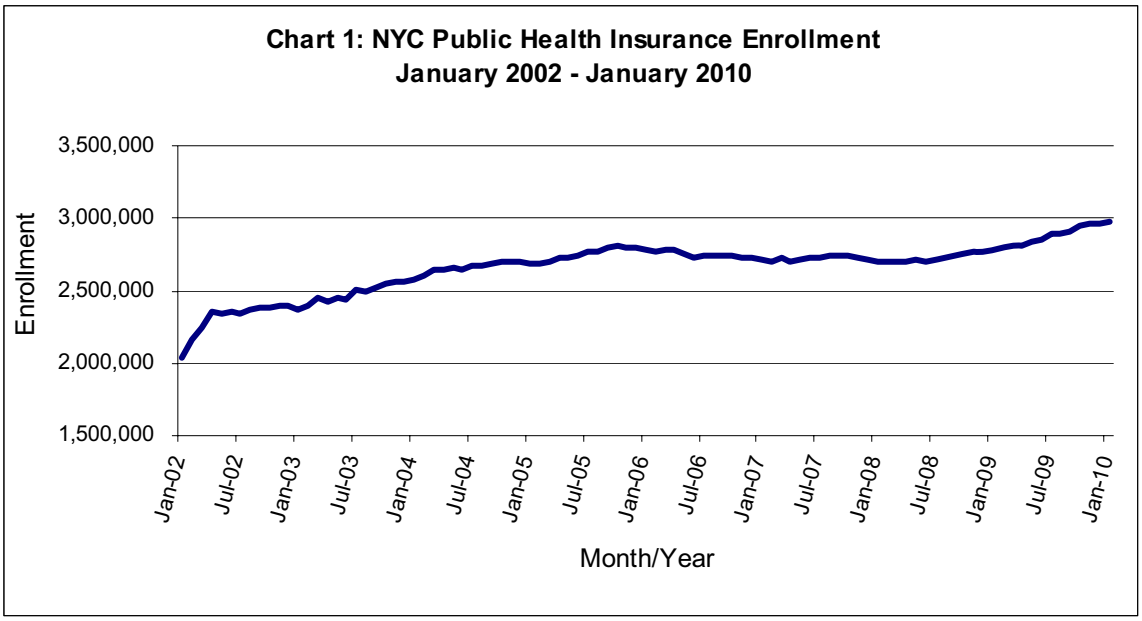
[5] HRA analysis of City and State administrative data. The increase for all public health insurance programs, including CHP, was 46% during this time period.

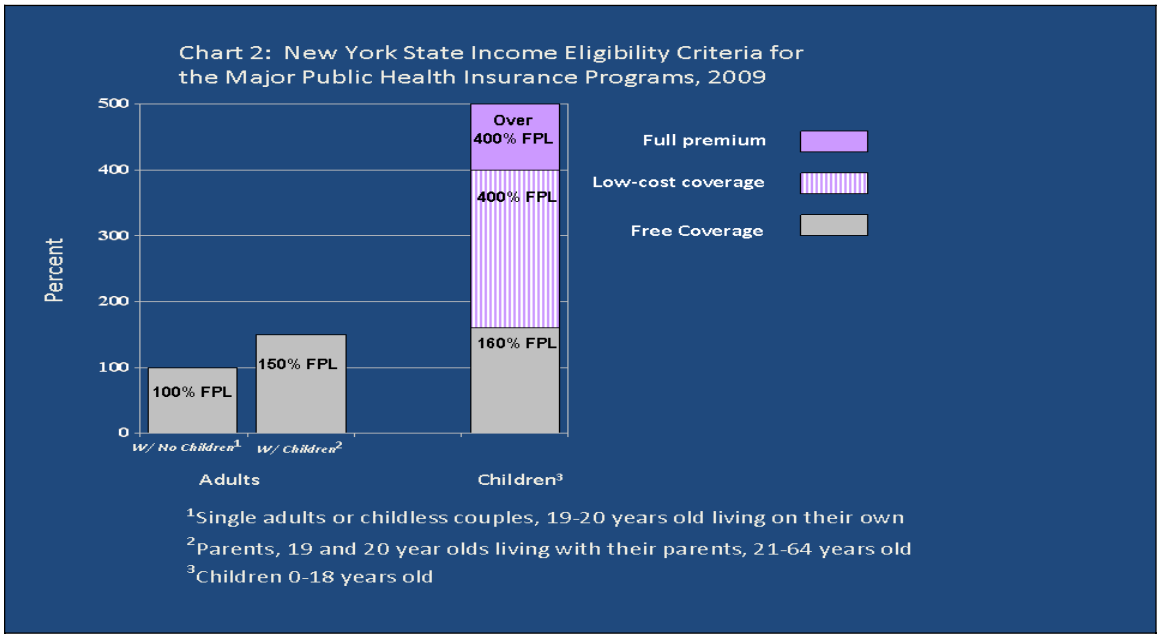
[6] 2008 American Community Survey, U.S. Census Bureau.

[7] Prior to June 2006, the Office was known as the Mayor's Office of Health Insurance Access (MOHIA).

[8] In addition to designing and executing outreach activities through HealthStat and other initiatives, OCHIA also engages in research and policy analysis to generate information necessary to direct enrollment efforts and works to expand access to private health insurance.



HRA Analysis of City and State Administrative Data for Medicaid, Family Health Plus and Child Health Plus



In NYC, HRA is responsible for the local administration of Medicaid and Family Health Plus. Over the years HRA's Medical Insurance and Community Services Administration, through its Medical Assistance Program (MAP), has maximized the State's investments in PHI by advancing innovative initiatives to improve the ease of the application and renewal processes. MAP operates 17 Medicaid offices and determines eligibility for all enrollment applications, including those submitted through FEs and other client representatives. MAP also processes an average of 75,000 renewals each month.

Key policy and programmatic milestones instrumental in the City's efforts to enroll eligible residents into PHI are summarized in Table A. The success achieved by HealthStat in helping to reduce the number of uninsured in NYC rests solidly within the context of this rigorous commitment of the City and State.

Table A: Key Public Health Insurance Policy and Programmatic Milestones, 2000-2010

Year	Event
2000	NYS implements **facilitated enrollment**, an innovative system that engages managed care plans and community-based organizations to assist New Yorkers with the public health insurance (PHI) enrollment process. Initially, facilitated enrollers were only authorized to submit applications for children.
	The Office of Citywide Health Insurance Access (OCHIA, formerly known as the Mayor's Office of Health Insurance Access) creates **HealthStat** to coordinate the mobilization of select City agencies to work with partners to identify and enroll uninsured New Yorkers eligible for PHI.
	NYS expands eligibility for **Child Health Plus to 250% federal poverty level.**
2001	New York court ruling in Aliessa et al. v. Novello **lifts five-year ban on eligibility for legal immigrants**, significantly expanding the number of NYC residents eligible for PHI.
	NYS develops the **Access NY Health Care Application** to allow both children and adults to use one application to apply for PHI.
	Disaster Relief Medicaid (DRM) is established by the State and implemented in NYC by the Human Resources Administration's Medical Assistance Program (MAP) in response to infrastructure losses caused by the 9/11 World Trade Center disaster. DRM tests several elements of a streamlined enrollment process for PHI.
	OCHIA in partnership with HRA launches **HealthStat Phone Line** to provide pre-screening for PHI programs, PHI renewal information, Common Benefit Card replacement and other helpful information. Assistance is provided in five languages.
2002	NYS broadens adult eligibility by establishing **Family Health Plus**, a Medicaid expansion program that raises the income eligibility ceiling for adults with children to 150% of the federal poverty level. At the same time, the State expands facilitated enrollment by allowing enrollers to support the completion of adult applications.
	MAP in collaboration with OCHIA establishes the **Medicaid Model Office Project.** Over time the Project redesigns all Medicaid Offices to incorporate a consumer-driven system that further reduces barriers to enrollment while achieving efficiency gains.
	OCHIA in partnership with MAP develops an **on-line pre-screening tool** for PHI programs, further expanded in later years to include special private insurance options available in NYC.
	MAP establishes **mail-in renewal**, making NYC the first locality in the State to implement this streamlined process. Mail-in renewal's initial response rate was 50%; the rate has continuously improved and was 76% in 2009.
2003	NYS allows Medicaid and Family Health Plus applicants and participants renewing coverage to **self-attest to their resources**; **self-attestation of income** for Child Health Plus renewal is also implemented.
	NYS **eliminates the requirement for face-to-face renewal**, allowing for annual recertification without an office visit for each program participant.
	NYC launches **311,** which provides a new means of phone-based access to information on how to enroll in PHI.
2004	OCHIA releases the report *Public Health Insurance Participation in the Community Districts of New York City,* which identifies community districts with high numbers of residents eligible for PHI but not enrolled in order to target **expanded outreach and enrollment** efforts.
2005	MAP introduces the **Eligibility Data and Image Transfer System (EDITS),** an application transfer system that expands the City's capacity to accommodate the increasing number of PHI applications.
2006	NYC launches **ACCESS NYC**, a free internet-based system that allows NYC residents to screen for PHI and other City, State, and Federal programs and begin the application process for many programs.
2008	NYS expands eligibility for subsidized coverage through **Child Health Plus to 400% FPL.**
	NYS allows for **self-attestation of income and residence at renewal** for all Family Health Plus and select Medicaid recipients.
	NYS implements **presumptive eligibility for the children's Medicaid program** when families apply at select federally qualified health centers.
2009	MAP **expands use of EDITS**. Applications are now submitted by broader range of submitters, with an average monthly volume of 15,000 applications.
2010	In partnership with HHS-Connect, MAP provides access to **on-line renewal** through ACCESS NYC for Medicaid beneficiaries who are not aged, blind or disabled and are able to self-attest to income and have no material eligibility changes. HHS Connect, an expansion of ACCESS NYC, is an innovative technology initiative that will allow more than a dozen city agencies, plus community-based organizations, to share client information while still safeguarding confidentiality. It also allows NYC residents to have access to a broad range of City services through a single portal.

III. Building Successful Outreach: The HealthStat Initiative

Since its inception HealthStat has developed to be a critical complement to the State and City's commitment to PHI access. At its core, HealthStat works by expanding the public's awareness of the availability of PHI, establishing relationships with City agencies to develop and evolve innovative outreach strategies, and providing uninsured families with opportunities to apply for PHI at convenient neighborhood venues and events throughout the City. For a graphic illustration of HealthStat, see Appendix A.

HealthStat was established to mobilize select City agencies to identify and enroll uninsured New Yorkers eligible for PHI by working in partnership with managed care plans and a variety of community, faith-based and other organizations. Over time, OCHIA has fostered new collaborative relationships and balanced the dual tasks of developing linkages between enrollment partners and enrollment opportunities, and providing technical assistance to a broad array of community stakeholders.

Today HealthStat serves as a platform through which the City can help shape, continuously evolve and quickly implement outreach strategies with both public and private partners through a highly decentralized system of enrollment that provides countless points of access for residents.

The HealthStat Partnerships

The City's success in reducing the number of residents eligible for PHI but not enrolled (EPHINE) would not have been possible without extensive contributions from the broad range of partners that participate in HealthStat.

***City Agency Partners*:** Over time each City agency has worked to identify, maximize, and institutionalize ongoing enrollment opportunities that exist. This represents a shift from the original City agency focus, which involved intense collaboration with FEs at special events and weekly accountability meetings where high level agency administrators (often commissioners themselves) discussed the successes and challenges of current efforts. As a result, agency engagement has been widened and made less onerous simultaneously.

Table B: HealthStat City Agency Partners, 2010

▪ Administration for Children's Services (ACS) ▪ City University of New York (CUNY) ▪ Department of Education (DoE) ▪ Department of Health & Mental Hygiene (DOHMH) ▪ Department of Parks and Recreation (PARKS) ▪ Department of Probation (DOP) ▪ Department of Small Business Services (DSBS)	▪ Department of Youth and Community Development (DYCD) ▪ Health and Hospitals Corporation (HHC) ▪ Human Resources Administration (HRA) ▪ New York City Fire Department (FDNY) ▪ New York City Housing Authority (NYCHA) ▪ New York City Police Department (NYPD) ▪ Taxi and Limousine Commission (TLC)

Facilitated Enroller Partners – Managed Care Plans and Community-Based Organizations

HealthStat makes the flexible multilingual resources of FEs available to New Yorkers when they interface with City agencies and other partners – maximizing community events and City services to provide enrollment assistance on weekends, in the evenings and during weekdays. The creation and ongoing support of the facilitated enrollment program has been one of the most innovative aspects of NYS's administration of PHI. Other states employ facilitated enrollment, but NYS was the first to establish a comprehensive system whereby both managed care plans and CBO facilitated enrollers could provide enrollment assistance for individuals and families on-site in various community settings. Now ten years after its inception, facilitated enrollment is the dominant way in which individuals apply for PHI in NYC, as only 20 percent of new enrollees apply for coverage in an HRA Medicaid Office.

Table C: HealthStat Facilitated Enroller Partners, 2010

Managed Care Plans	Community-Based Organizations
▪ Affinity Health Plan ▪ AmeriChoice ▪ Amerigroup Community Care ▪ Fidelis Care New York ▪ Group Health Incorporated (GHI) ▪ Health Insurance Plan of New York (HIP) ▪ Health Plus ▪ Healthfirst, PHSP ▪ MetroPlus Health Plan ▪ Neighborhood Health Providers ▪ WellCare of New York, Inc	▪ Alianza Dominicana, Inc. ▪ Brooklyn Perinatal Network ▪ The Children's Aid Society ▪ Hispanic Federation ▪ Jewish Community Center of Staten Island ▪ Make the Road New York ▪ Metropolitan New York Council on Jewish Poverty ▪ Morris Heights Health Center ▪ Public Health Solutions ▪ Ridgewood Bushwick Senior Citizens Council ▪ Safe Space ▪ Structured Employment Economic Development Corporation (SEEDCO) ▪ Yeled v' Yalda

Effective Strategies & Lessons Learned from HealthStat

As HealthStat has matured, PHI enrollment strategies have evolved from large-scale efforts to more directed and targeted activities, not only to reach the declining number of uninsured more effectively but also to utilize existing resources more efficiently. Although a broad range of outreach and enrollment techniques have been promoted through HealthStat, there are four common principles underpinning the Initiative's success in reaching uninsured New Yorkers eligible for PHI:

1. Provide local access to PHI through strategic placement of facilitated enrollers in neighborhoods and communities.
2. Integrate PHI outreach into City agencies' and community organizations' work to create seamless and sustainable enrollment strategies throughout the community.
3. Broaden access to consistently reach as many people as possible.
4. Use data to assess, refine and develop new strategies.

Described below and in greater detail in the case studies in Appendix B, these common principles have enabled HealthStat to maximize the engagement of partners over time.

1. Provide local access to PHI through strategic placement of facilitated enrollers in neighborhoods and communities

By placing FEs in schools, places of worship, or community events, the opportunity to enroll in PHI is brought to residents in a familiar environment. Each HealthStat City agency partner brings to the table its own system for community engagement and a unique target audience such as children, young adults, immigrants, and other low-income adults.

Partnerships with agencies that work primarily with children have been a key factor in the City's success in reducing the number of EPHINE children, and none more so than the partnership with the Department of Education (DoE). Early work with DoE was focused on establishing a highly visible FE presence and coordinating school-wide outreach at critical times throughout the year. Now that individual school relationships with FEs are firmly established, outreach is targeted more towards parents and children specifically identified as being uninsured (see Appendix B). With 1.1 million public school children attending a total of 1,673 schools and programs, DoE is in a unique position to implement strategies promoting wide-reaching local access to PHI enrollment.

With no one City agency maintaining direct engagement of such a high number of adults, OCHIA has initiated a broad range of approaches. Much of this outreach and enrollment work occurs at locations where eligible adults are most at ease in seeking assistance. One prominent example is HealthStat's engagement with the City University of New York to reach young adults, who comprise one of the largest segments of the uninsured. HealthStat has also worked closely with the NYC Police Department's Community Affairs Bureau to reach immigrant groups, who also have low rates of coverage. Other low income adults have been targeted through partnerships with the Department of Small Business Services (to reach unemployed or underemployed adults) and the NYC Housing Authority.

2. Integrate PHI outreach into City agencies' and community organizations' work to create seamless and sustainable enrollment strategies throughout the community

HealthStat's goal is to have each partner become independent in its outreach efforts. Agencies have taken a number of creative approaches to building a PHI enrollment infrastructure. One of the most effective examples of this principle is how the Department of Youth and Community Development (DYCD) has reached EPHINE children and adults. DYCD establishes ongoing access to PHI enrollment at the neighborhood level by contracting with select community-based organizations (CBOs) to perform HealthStat outreach. As a result, HealthStat enrollment is incorporated into the work of the funded CBOs, providing DYCD with additional outreach resources that the agency can link with its other programs and initiatives.

Some HealthStat strategies are integrated into agency work through several vehicles to provide multiple opportunities for families to request enrollment assistance. For example, uninsured families in need of enrollment assistance can be identified by DoE through their response on a number of forms required of parents and students as a part of school enrollment and attendance. Parents who indicate that their child is

uninsured are asked if they would like more information on how to enroll the child in PHI and FEs receive referrals to contact families that have expressed an interest in receiving assistance.

Finally, HealthStat integrates PHI outreach and enrollment into City agency and CBO efforts to promote access to other public benefits. For example, HealthStat partnerships support a convenient single point of access for eligible adults by instituting multiservice enrollment linkages with the Earned Income Tax Credit and food stamps (through collaboration with the NYC Department of Consumer Affairs, Food Bank for New York City and other partners), both of which have eligibility thresholds comparable to PHI.

3. Broaden access to consistently reach as many people as possible

HealthStat maximizes outreach by ensuring that "all bases are covered". This is achieved by building into the facilitated enroller model a broad diversity of partner agencies and community-based organizations—including a wide array of faith-based organizations—and by diversifying outreach through the use of multiple forums and media.

HealthStat utilizes public education and marketing campaigns to expand awareness of enrollment opportunities among EPHINEs and counter the stigma associated with participation in public programs. OCHIA has specifically targeted immigrants through outreach partnerships with the Mayor's Office of Immigrant Affairs and the Police Department, conferences and seminars with immigrant leaders, outreach to ethnic media outlets, and visibility at naturalization ceremonies.

Another innovative means of outreach that expands awareness of the income eligibility guidelines for PHI is OCHIA's engagement of private insurance brokers. OCHIA includes PHI information in presentations to insurance brokers and in print and on-line materials promoting awareness of various lower-cost private options so that adults can explore the full range of public and private options for which they may qualify.

At times broadening access means establishing geographic targets to address the unmet needs of particular parts of the City. In 2005 HealthStat initiated a Staten Island outreach and enrollment "blitz" after learning of the borough's growing uninsured population. Enrollers were placed at ferry terminals, shopping centers, supermarkets, and other high-traffic venues and locations where people tend to congregate. The blitz and subsequent work by OCHIA and the NYC Health and Hospitals Corporation brought needed health care resources to this distinct part of the City.

As part of its broad-based health insurance education and outreach initiatives, OCHIA ensures that New Yorkers can obtain public and private health insurance information through 311 and the internet. Through 311, New York City residents have ready access to information about health insurance options by phone. With the ever expanding access to the internet, web-based health insurance outreach is also an important element of HealthStat's work. OCHIA works closely with the Department of Information Technology and Telecommunications (DoITT) to develop comprehensive information on eligibility and enrollment for public and private health insurance options on its website. The City's broader ACCESS NYC public benefit portal also screens for PHI, guiding users through the potentially complicated PHI eligibility rules and directing them to the appropriate contacts for enrollment.

4. Use data to assess and refine strategies

Tracking eligibility and enrollment is a major priority for HealthStat. OCHIA uses quantitative and qualitative data on a routine basis to reflect on past and current efforts and make necessary modifications. In recent years the Office has also piloted a system of data matching to identify specific children in need of enrollment support.

Through a special collaboration with DoE known as *The Access to Coverage and Care (ACC) Project*,[9] OCHIA piloted a system of using data matching, in conjunction with parental disclosure of child health insurance status, to identify EPHINE children. Records from student registers of target schools were matched against administrative files for Medicaid and CHP. This approach provided critical data on current enrollment of students that complemented the information on private health insurance secured through parental reporting. Taken together, these two pieces of data are key ingredients to identifying EPHINE students for targeted enrollment support.

Outcome data compiled through the HealthStat Enrollment Analysis and Reporting System (HEARTS) is critical to the refinement of outreach strategies, coordination and accountability for each partner organization, all of which have competing priorities that limit the amount of time and resources that can be set aside for PHI outreach. HEARTS is a citywide intranet system agencies use to report enrollment and related activities on a weekly basis. The system has a number of basic reporting and data collection functions which are used to produce data for more complex analyses such as quarterly, outreach and enrollment activity and geographic reports. These reports help to identify enrollment patterns and modify outreach and enrollment strategies accordingly.

Finally, HealthStat uses data from special analyses and reports to target EPHINE outreach. In 2004, OCHIA's report *Public Health Insurance Participation in the Community Districts of New York City* identified communities with high numbers of EPHINEs. As a result, many HealthStat partners reallocated enrollment resources. For example, DYCD used the data as a guide in its review of funding proposals submitted by potential HealthStat contractors, and specific DoE schools were selected for enhanced school-based enrollment initiatives.

The following section of the report contains OCHIA's estimates of the number of uninsured NYC residents that were EPHINE in 2007. The numbers reflect the significant enrollment gains achieved over the past decade, and indicate the work that remains in reaching the remaining uninsured eligible for PHI.

IV. Snapshot of Success – Enrolling Eligible Residents Into Public Health Insurance

OCHIA conducted a study to estimate the number of uninsured residents income-eligible for PHI. According to this study, approximately 422,000 uninsured New Yorkers were *eligible for public health insurance but not*

[9] ACC was a demonstration project which sought to decrease the number of uninsured children and improve access to continuous coverage and care for those enrolled in health insurance. OCHIA's partner for the project, which operated in 23 public schools, was NYC's Office of School Health. Additional information on the project can be found on OCHIA's website: www.nyc.gov/healthstat

enrolled (EPHINE) in 2007. An estimated one-quarter of EPHINEs (107,000) were children up to 18 years of age, with the remaining three-quarters (315,000) being adults under the age of 65.

These data strongly indicate that NYC has enrolled the vast majority of children eligible for PHI. Based on the estimates, approximately 91% of all children eligible for PHI were insured. Adult enrollment lagged behind somewhat, with 78% of eligible adults insured.

Overall, EPHINEs constituted 16% of the total PHI-eligible population and 6% of the entire non-elderly population in NYC. Approximately 1.6 million non-elderly NYC residents had full-year PHI enrollment in 2007.[10]

Table D: Summary of OCHIA's 2007 EPHINE Analysis

	Children (0-18)	Adults (19-64)	Total
NYC Residents	2,018,553	5,257,681	7,276,234
PHI Income Eligible	1,130,587	1,528,238	2,658,825
Insured	1,023,530	1,123,997	2,147,527
Public Coverage	749,928	848,997	1,598,925
Private Coverage	273,602	275,000	548,602
Not eligible because of Immigration Status	0	89,651	89,651
EPHINE	**107,057**	**314,590**	**421,647**

Notes

NYC Residents estimates are based on analysis of the 2007 American Community Survey (ACS) conducted by the NYC Department of City Planning (DCP).

PHI Income Eligible estimates are based HRA analysis of age and family income reported in the ACS.

Public Coverage estimates reflect full-year, continuous coverage and are based on analysis of administrative enrollment data from HRA and the NYS Department of Health for the Medicaid, Child Health Plus, and Family Health Plus programs. Medicaid enrollees in categories of coverage for which income-eligibility could not be adequately assessed in the ACS, such as those in the Medicaid excess income program and those residing in nursing homes, were excluded from these counts.

Private Coverage estimates are based on HRA analysis of data from the Agency for Healthcare Research and Quality's 2002-2006 MEPS Survey and the NYC Department of Health and Mental Hygiene's 2007 Community Health Survey.

Not eligible because of Immigration Status estimates are based on analyses conducted by DCP and HRA.

These estimates are based on analyses of national surveys and City and State administrative data, and the findings in this study are subject to several important limitations;[11] as a result the actual number of EPHINEs may have been higher or lower. A detailed description of the study's methodology is provided in Appendix C.

[10] HRA analysis of administrative data for non-elderly residents. Excludes enrollees in selected Medicaid coverage categories. Average monthly Medicaid enrollment for all ages was 2.6 million in 2007. See Appendix C for details.

[11] Fluctuations in family income over the course of the year are not captured by the ACS, which means that more or fewer people may have been eligible for public coverage at different times during the year. Survey based reports of income and

Uninsured EPHINEs and the Larger Uninsured Population

OCHIA's 2007 EPHINE estimates may be viewed within the context of several other sources of data that assess progress in covering the uninsured. The Census Bureau recently released estimates of the number of New Yorkers that were uninsured in 2008. These estimates are based on a new question about health insurance coverage that appeared in the 2008 American Community Survey (ACS). The ACS surveys more people and therefore allows for more robust estimates than permitted using another data source, the Annual Social and Economic Supplement to the Current Population Survey (CPS).[12] Nonetheless the CPS, which produces somewhat higher uninsured estimates, is an important tool for measuring trends in coverage over time. For the past decade the United Hospital Fund has produced estimates of the uninsured in NYC using the CPS, typically by pooling two years of data to increase the sample size and making adjustments for the known underreporting of public coverage.

Table E: EPHINE and Uninsured Estimates, 2006-2008

NYC Residents	Children (0-18)	Adults (19-64)	Total
EPHINEs in 2007 (OCHIA)	107,057	314,590	421,647
Uninsured in 2008 (ACS)	108,658	1,063,202	1,171,860
Uninsured in 2007-2008 (UHF/CPS)	160,200	1,307,300	1,467,500

Although measuring different aspects of insurance coverage, EPHINE and uninsured estimates all highlight the contrasting situation of uninsured children versus adults. Moreover, since NYS's Child Health Plus program now provides coverage to children with family incomes up to 400% of FPL, nearly all uninsured children are eligible for free or subsidized PHI. In contrast, most uninsured adults do not qualify for public coverage.

V. Opportunities and Evolving Strategies

While NYC has enjoyed success in reducing the number of EPHINEs, critical challenges remain. In the coming years the City's outreach and enrollment strategies will need to further evolve to respond to a number of important City, State and Federal policy changes on the horizon. To help uninsured residents eligible for PHI understand and adapt to these changes, HealthStat will focus on providing targeted assistance and outreach and in-person support within partner agencies and in convenient community settings for those who

[12] United Hospital Fund. *Health Insurance Coverage in New York, 2006-2008: A Snapshot*. February 2010.

still need it. For a City as diverse as NYC, where 54% of the uninsured are immigrants,[13] these opportunities present challenges that HealthStat is uniquely positioned to help address.

OCHIA will also enhance its web-based resources – *HealthStat* (www.nyc.gov/healthstat) and *NYC Health Insurance Link* (www.nyc.gov/hilink) – to reach segments of the EPHINE population that use the internet, such as uninsured young adults, and will look for opportunities to use data sharing to conduct more targeted outreach.

State Policy Changes on the Horizon

In 2010, NYS is implementing a number of changes that will further expand eligibility, remove resource limits for many adults, and alter how PHI enrollment is initiated and renewed (Table F). These changes will help facilitate access for many of the estimated 315,000 EPHINE adults in NYC.

Table F: NYS Policy Changes Expected in 2010	**Expected Implementation**
Elimination of the resource test for adults applying for Family Health Plus (FHP) and most applying for Medicaid	January 1, 2010
Elimination of requirement for a face-to-face interview for Medicaid and FHP applicants	April 1, 2010
Medicaid eligibility determination simplified through a change from net to gross income standard	Pending federal approval
Alignment of eligibility for parents, children (over 1 year of age) and 19 and 20 year olds at 160% of the federal poverty level based on gross income	Pending federal approval
FHP income eligibility expanded to 200% FPL based on gross income for 19 – 64 year olds	Pending federal approval

Through HealthStat, OCHIA is engaging in new and targeted efforts to leverage its relationships with City agencies and private partners to promote awareness of these changes, especially among those who historically may have been hesitant to participate because of general concerns about public program involvement or specific concerns about immigration status or nontraditional and off-the-books employment. There will be an increased focus on promoting partnerships that de-stigmatize PHI by reaching immigrants and other communities through faith-based and other cultural and community service organizations.

New Online Resources and Outreach Opportunities

The growing importance of electronic and automated technology and its potential to reach hidden, mobile, and tech-savvy populations is changing the face of traditional outreach strategies. OCHIA has utilized web-

[13] OCHIA analysis of United Hospital Fund report, *Health Insurance Coverage in New York, 2006-2008: A Snapshot*. February 2010.

based approaches since its inception. Public education via the internet and other means is necessary to maximize the leverage of the State's simplifications and eligibility enhancements.

In the years to come OCHIA will also pursue enhanced web-based outreach strategies and build online content for target populations, by creating a new webpage for young adults and by leveraging web-based social networking tools to reach the large number of uninsured young adults in the City. Through HealthStat and the Office's own outreach activities, OCHIA will work to connect uninsured residents to online programs and resources, primarily through the *NYC Health Insurance Link* (*NYC HI Link*).

NYC HI Link is a web-based tool developed by OCHIA to educate individuals and small businesses about health insurance and assist them in finding cost-effective private options to meet their unique needs. The tool can be used by New Yorkers to examine and re-examine their health insurance options as changes in their life and work occur. Similarly, *NYC HI Link* will adapt to state and federal changes and incorporate new options as they become available. HealthStat agencies and FE partners are also being trained so they can offer the website as a resource for uninsured individuals who do not qualify for PHI. *NYC HI Link* is at the forefront of efforts to better integrate access to insurance benefits at various points along the public-private health insurance continuum.

Electronic Renewal and Enrollment

OCHIA's online education and outreach resources will help support NYC as it drives towards full implementation of electronic renewal and, eventually, electronic enrollment for PHI. Earlier this year MAP began phasing in consumer access to online renewal. For the first time, some Medicaid beneficiaries in NYC[14] will be able to recertify online by accessing a renewal application on ACCESS NYC and submitting it electronically for processing. This online renewal option was developed by MAP in conjunction with HHS-Connect[15] and builds on HRA's Eligibility Data and Image Transfer System. Over the course of implementation OCHIA will be working with its HealthStat partners to support this new renewal option, both by expanding awareness through ongoing education and outreach as well as facilitating the availability of FEs to provide in-person support for individuals who require assistance completing the application online.

The State's elimination of the requirement of a face-to-face interview for PHI applicants will further open the door to allow for online enrollment. Once available electronic access will dramatically broaden PHI enrollment efforts because application completion will not be limited to physical locations where FEs are present. Online enrollment will also present HealthStat with a number of additional challenges and opportunities to expand public awareness and provide support to individuals who require counseling on benefits, assistance in completing the application, and help in choosing a managed care plan.

It is important to keep in mind that while online enrollment and renewal offer the promise of greater efficiency, ease and convenience for some individuals, for those who do not have access to the internet or who are uncomfortable with web-based technology, continued cultivation of both low and high-tech points of access and support will be required. Reaching those who are hard to enroll or retain in PHI has always and

[14] Medicaid program participants eligible for online renewal are those who are not aged, blind or disabled; are able to self-attest to income; and have no material eligibility changes.
[15] HHS-Connect is a NYC initiative to allow more than a dozen city agencies, plus community-based organizations, to share client information while still safeguarding confidentiality.

will continue to require multi-pronged approaches that examine enrollment barriers and maximize the leverage of committed partnerships and creative outreach strategies that are the hallmark of HealthStat.

Data Sharing for More Targeted Outreach and Enrollment

Over the long term, there may be additional opportunities to expand the use of data matching, further improving HealthStat's ability to conduct more targeted outreach to the relatively few remaining EPHINE children in the City. Currently, privacy issues limit data matching initiatives to students in school-based health centers, and existing consent requirements limit the ability of providers to conduct outreach. The utilization of data matching and enhanced information sharing may benefit from provisions in the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009.

CHIPRA also extended the possibility of expanding the use of "express lane eligibility" (ELE) options[16] that harness the potential of both data matching and electronic enrollment. NYS is currently considering opportunities to utilize ELE to automatically enroll and renew some individuals in PHI based on eligibility data obtained through other public programs and sources. Should NYS pursue ELE, there may be opportunities to address privacy restrictions and improve the consent process for other data-driven PHI initiatives.

One such initiative, the Access to Coverage and Care Project implemented by OCHIA and NYC's Office of School Health, developed a system of using data matching to identify EPHINE children. If fully implemented, school-wide matches of public insurance data with school records could potentially allow for more efficient identification of uninsured children and deployment of targeted outreach to their families. Establishing a mandate for parental disclosure of child health insurance status could further support data matches by securing better information on private insurance coverage that would complement data on PHI enrollment.

With an estimated 107,000 EPHINE children remaining, NYC's achievements in nearing the goal of universal child coverage have reshaped the challenges to be tackled. Significant opportunities exist to more effectively target the remaining EPHINEs.

Federal Health Care Reform

The recently enacted Patient Protection and Affordable Care Act and its companion legislation, the Reconciliation Act of 2010, will likely bring important new opportunities for many – but not all – of the nearly 750,000 uninsured adults in NYC who are not eligible for PHI.

In the next few years under federal reform, it is likely that PHI will become a new coverage option for some low-wage childless adults. For residents with moderate incomes, there will be subsidies and new coverage options offered through health insurance "Exchanges" to help make lower-cost private insurance available to those individuals who cannot access group coverage. Additionally, while it is still too early to know exactly how federal reform will play out, the increased focus on health insurance coverage it generates may offer new opportunities for reaching uninsured residents. At the same time, immigration documentation requirements for obtaining subsidies for private coverage could create new barriers to coverage, depending on how they are

[16] Express Lane Eligibility establishes connections with programs that have similar eligibility rules to Medicaid and Child Health Plus to find and more quickly enroll uninsured children into public health insurance.

implemented. Ensuring residents have access to accurate information about their coverage options will be important, especially in a City where many residents are immigrants or have both citizen and non-citizen family members.

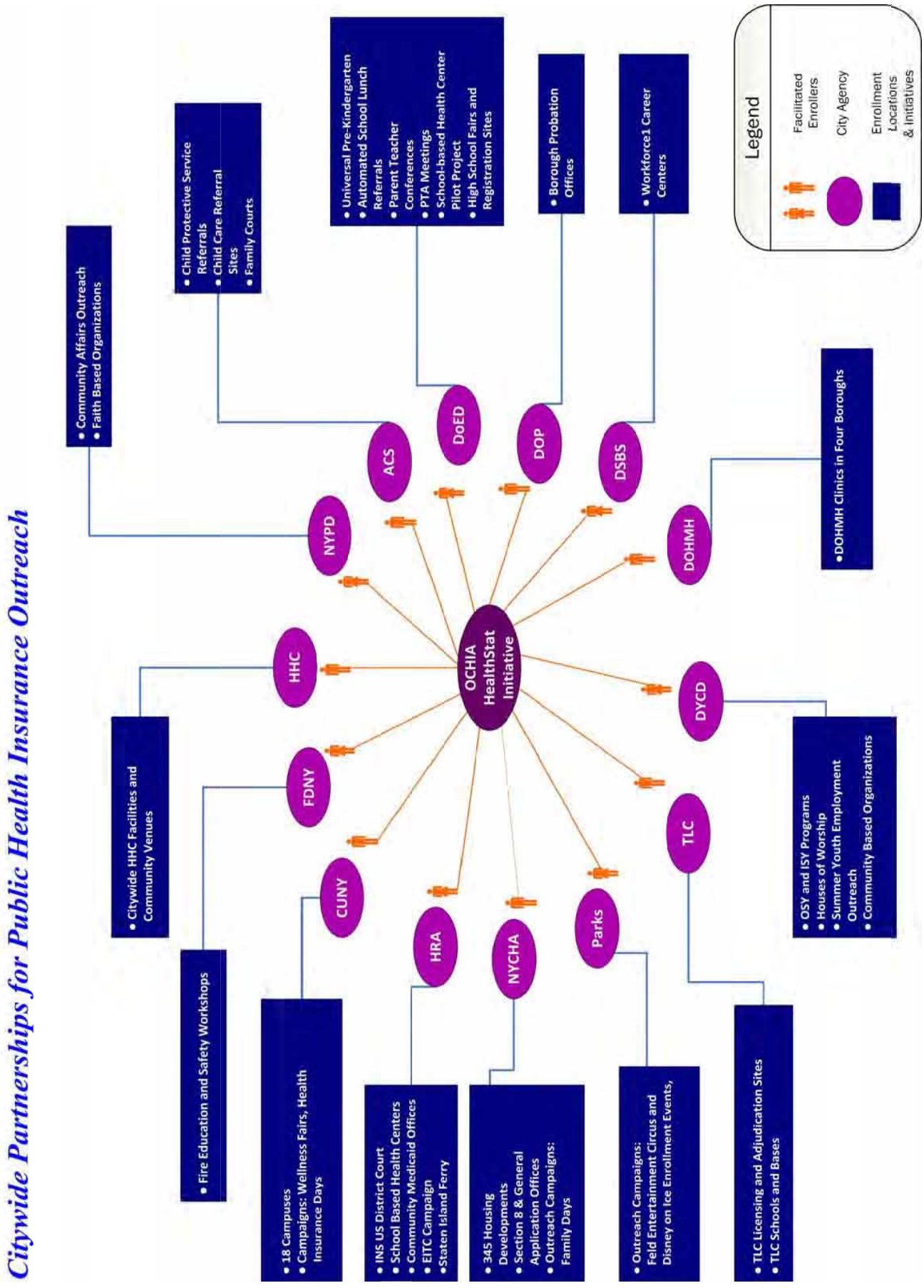
VI. Concluding Thoughts

HealthStat has provided a critical outreach and enrollment component to the broader City and State commitment to improving access to PHI. Over the past decade, OCHIA has refined and evolved the HealthStat model, leveraging partnerships to expand awareness of PHI, provide enrollment opportunities in convenient neighborhood settings, and develop and implement innovative outreach strategies citywide. Yet even as it has evolved, HealthStat has remained a unique, public-private initiative that reaches uninsured families in their communities, enabling them to apply for PHI where they live, work, and worship.

The future contains challenges and new opportunities for reaching the remaining EPHINEs, particularly with the aid of emerging online enrollment and renewal options. As these online options emerge, through *NYC HI Link* and other online resources, OCHIA will help connect the remaining EPHINEs to them. At the same time, to ensure that EPHINEs who do not have access to the internet or who do not use it are reached, HealthStat will continue cultivation of both low and high-tech points of access and support. Reaching those who are hard to enroll or retain in PHI has always and will continue to require multi-pronged approaches that examine enrollment barriers and maximize the leverage of committed partnerships and creative outreach strategies that are the hallmark of HealthStat.

In recent years the high cost of individual market coverage and the large number of low-wage, part time and independent workers without access to lower-cost group coverage have been the greatest obstacles to reaching universal coverage in NYC. New federal reform will likely bring important new opportunities for many of the nearly 750,000 uninsured adults in NYC not eligible for PHI. *NYC HI Link* will continue to expand to help uninsured adults who are not EPHINE learn about their private health insurance options both now and as they change in the coming years. *NYC HI Link* will also remain a source for information on how to access free and low-cost health care for City residents, including undocumented residents, who remain uninsured despite federal reform.

OCHIA will continue to work with public and private partners to respond to obstacles and opportunities, maximizing the City's ability to expand access to health insurance amid shifts in programs and resources and continuing to seek innovative ways to reach the remaining uninsured in NYC.


Citywide Partnerships for Public Health Insurance Outreach
OCHIA HealthStat Initiative
HHC
FDNY
CUNY
HRA
NYCHA
Parks
TLC
DYCD
DOHMH
DSBS
DOP
DoED
ACS
NYPD
• Citywide HHC Facilities and Community Venues
• Fire Education and Safety Workshops
• 18 Campuses
• Campaigns: Wellness Fairs, Health Insurance Days
• INS US District Court
• School Based Health Centers
• Community Medicaid Offices
• EITC Campaign
• Staten Island Ferry
• 345 Housing Developments
• Section 8 & General Application Offices
• Outreach Campaigns: Family Days
• Outreach Campaigns: Feld Entertainment Circus and Disney on Ice Enrollment Events,
• TLC Licensing and Adjudication Sites
• TLC Schools and Bases
• OSY and ISY Programs
• Houses of Worship
• Summer Youth Employment Outreach
• Community Based Organizations
•DOHMH Clinics in Four Boroughs
• Community Affairs Outreach
• Faith Based Organizations
• Child Protective Service Referrals
• Child Care Referral Sites
• Family Courts
• Universal Pre-Kindergarten
• Automated School Lunch Referrals
• Parent Teacher Conferences
• PTA Meetings
• School-based Health Center Pilot Project
• High School Fairs and Registration Sites
• Borough Probation Offices
• Workforce1 Career Centers
Legend
Facilitated Enrollers
City Agency
Enrollment Locations & Initiatives

HealthStat City Agency Partners: Select Case Studies

Key Examples of City Agency Work to Target Children

Department of Education: Schools as a Critical Venue for Enrolling Children

The NYC Department of Education (DoE) oversees education of the City's 1.1 million public school children who come from an enormous variety of backgrounds. DoE's HealthStat activities began in 2000, with an emphasis on large-scale, venue-based events, such as the Back-to-School Shopping Campaign, which integrated a media campaign, corporate sponsorships/partnerships, and retail outreach in conjunction with the assignment of FEs at schools throughout the City. One of the main benefits of this strategy was its high visibility, which dramatically increased awareness of PHI among parents.

In a response to the declining number of uninsured children and a desire for more efficient strategies, the Back-to-School Campaign has since evolved into a focused effort to reach parents during school registration. During a 2-3 week period at the start of the school year DoE operates 13 "school registration hubs" where parents across the City can enroll their children in school. Placement of FEs at these hubs requires fewer resources, and most parents arrive with some of the documentation required to apply for PHI.

Interested in ways to target outreach even more effectively, OCHIA worked with DoE to place a question about health insurance on a variety of forms required of students and parents including Emergency Contact Information cards, the Student Registration Form, and the on-line School Meals application. This enabled DoE to identify uninsured children and to refer them to FEs who contact families that have indicated an interest in receiving help with health insurance.

OCHIA has also tested the value of using administrative data matches to identify which school children are enrolled in PHI. This information can be entered into DoE's Automate the Schools (ATS) system, an electronic data system that maintains registration and other critical student data. Data matching both acquires more current and accurate information on the health insurance status of school children as well as checks inconsistencies in self-reporting of coverage, conserving resources by ensuring outreach is not wasted on families whose children have coverage.[17]

Most recently, HealthStat has worked with its partners to expand the use of web-based technology to target EPHINE children. Data on families who complete the on-line School Meals application and request help is sent electronically to FEs.

[17] Over the years OCHIA has learned that parents often under-report public health insurance enrollment. This phenomenon is also known to occur frequently in national surveys such as the Current Population Survey.

Department of Youth and Community Development: Funding CBOs to Extend Reach

DYCD engages children outside the formal classroom setting through a range of programs such as those that support homeless youth, promote youth workforce development, and nurture family literacy. The agency has created a particularly innovative enrollment model that establishes ongoing access to PHI enrollment at the neighborhood level. DYCD contracts with select CBOs to perform HealthStat outreach focused on EPHINE children. CBOs apply to DYCD for competitive grant funding by submitting a proposal detailing plans for HealthStat outreach to children in a particular borough. There are currently five contracted CBOs, with a total of nine HealthStat coordinators.

The approach has a number of important benefits. The contracted CBOs are trusted in their communities, a central point to reaching the uninsured. CBOs can access both their own internal networks as well as external relationships fostered by DYCD, increasing their scope of reach. For example, HealthStat coordinators conduct presentations to DYCD contractors that provide other types of services, such as immigrant assistance services. Finally, the system encourages accountability as CBOs must fulfill the enrollment goals in their contracts.

DYCD also runs the City's Summer Youth Employment Program (SYEP), which provides employment opportunities to eligible teenagers and young adults. The agency has placed a health insurance question on the SYEP registration form, which must be filled out by a parent in order for youth to enroll. This provides a valuable opportunity to target outreach to uninsured teenagers, many of whom are at risk of remaining uninsured as they become young adults. DYCD's success as a HealthStat partner is not just reflected in raw enrollment numbers, but also in the extent to which enrollment assistance is integrated as seamlessly as possible into the agency to ensure sustainability.

Key Examples of City Agency Work to Target Adults

City University of New York — CUNY provides higher education to 400,000 students on 18 campuses across the five boroughs of NYC. Along with young adults, a large portion of CUNY's student body is composed of nontraditional students including older students and those employed on a full and part-time basis, all of whom may be at greater risk of being uninsured. OCHIA has worked with CUNY student health advocates and wellness center directors to promote access to PHI. The Office places enrollers in high foot-traffic areas on campus and has developed special print, an on-line health insurance tutorial and other web-based materials to target this population.

Department of Small Business Services — One of the key components of SBS's mission is to link employers to a skilled and qualified workforce. The agency places FEs at its six Workforce One Career Centers, where extensive resources are available to those looking for help with job searches, job training, and skills development. PHI outreach services are integrated into workshops to increase awareness among unemployed or underemployed adults.

NYC Housing Authority — As the manager of 2,611 residential buildings spaced across 338 public housing developments, NYCHA is in an excellent position to reach low-income adults. The Authority has incorporated PHI enrollment into its administration of Section 8 housing vouchers, and PHI outreach is a prominent feature at NYCHA "Family Days," which occur on an annual basis at developments throughout NYC.

NYC Police Department — The NYPD's Community Affairs Bureau maintains close relationships with many local leaders and influential organizations, and has broad access to central community gathering points such as places of worship. Over the past decade the NYPD has incorporated PHI outreach and enrollment into the daily work of Community Affairs, achieving a particularly high level of success developing initiatives specific to immigrant groups such as those from Bangladesh, China, and the Dominican Republic. The agency also utilizes its authority to issue permits for community events as an opportunity to strengthen community outreach. The agency places FEs at events it issues permits for, or encourages public health plan representatives to attend. Community Affairs has brought PHI enrollment and other services to diverse sets of constituencies while promoting the agency as a community resource whose role is not limited to law enforcement.

OCHIA Analysis of NYC EPHINEs in 2007: Methodology

This report estimates the number of uninsured NYC children and adults who were eligible for public health insurance but not enrolled (EPHINE) in 2007. The following is a detailed, step-by-step description of the study's estimates of the eligible, privately-covered, adult undocumented and publicly-covered populations. Study limitations are discussed at the end.

Step 1: Estimate the number of children and adults in NYC potentially eligible for public health insurance (PHI), based on income or receipt of SSI.

We estimated adults and children "potentially income eligible" for PHI using an analysis of the Census Bureau's 2007 American Community Survey (ACS) conducted by HRA. The analysis also estimated adults and children with Social Security Income (SSI), since SSI recipients are automatically eligible for Medicaid.

Income standards are based on NYS eligibility rules, by age, for 2007. These standards were applied to individuals within 'PHI family units'. For each individual, a PHI family unit was constructed to reflect who is considered a part of the family for counting income and determining eligibility. Adults and children within these family units were then identified as potentially eligible for PHI based on the following income standards:

- Adults without children with incomes at or below 100% of the federal poverty level (FPL);
- Adults with children whose incomes were at or below 150% of the FPL; and
- Children in families whose incomes were at or below 250% of the FPL.

Step 2: Estimate number of uninsured, undocumented adults in NYC and subtract from the "potentially eligible" adult population identified in the prior step.

In addition to income requirements, adults must demonstrate that they have legal residence status to be eligible for PHI. Similar to other national surveys, the ACS includes adults who do not reside in the country legally (e.g., undocumented residents) and therefore are ineligible for PHI.

We used methodology developed with Peter Lobo at NYC Department of City Planning (based on Federal reports, surveys and other studies on the undocumented population) to estimate the undocumented population in NYC. Literature was used to estimate what portion of undocumented residents are low-income and uninsured. A three step process was used to estimate the number of undocumented uninsured adults ineligible for public coverage in NYC.

- First, an estimate of the total number of undocumented individuals residing in NYC was determined using federal agency reports and private organizations' studies on the undocumented population. According to a Department of Homeland Security report, there were an estimated 640,000 undocumented immigrants residing in NYS as of January 2007.[18] Based on the 2007 ACS, approximately 72.2%[19] of New York State's foreign-born population resides in NYC, and 84%[20] of undocumented

[18] M Hoefer, N Rytina, C Campbell. "Estimates of the Unauthorized Immigrant Population Residing in the United States: January 2006." US Department of Homeland Security – Office of Immigration Statistics, August 2007.
[19] U.S. Census Bureau. State & County QuickFacts for New York City (New York County, Queens County, Kings County, Richmond County, and the Bronx County). http://quickfacts.census.gov/qfd/states/36000.html
[20] J. Passel. "The Size and Characteristics of the Unauthorized Migrant Population in the U.S.: Estimates Based on the March 2005 Current Population Survey." Pew Hispanic Center, March 2006.

individuals nationwide were adults. Using these proxies, we estimated that there are roughly 388,147 undocumented adults in NYC in 2007, all of whom would be ineligible for PHI.

? Second, only a portion of undocumented adults would meet the income eligibility criteria for Medicaid or Family Health Plus (FHP) and be uninsured. An estimated 40-50% (this report uses a midpoint of 45%)[21] of undocumented adults would meet FHP income criteria (i.e., income at or below 150% FPL). Twenty percent of this number is estimated to already have private insurance coverage.[22] This yields a population of 139,733.

? Third, certain immigrant populations are considered eligible for Medicaid or FHP irrespective of their documented residency status in NY.[23] The number of these individuals (Permanently Residing under the Color of Law or PRUCOLs) who were enrolled in Medicaid or FHP in 2007 (50,082) was subtracted from the estimated number of undocumented adults in NYC.

Based on the steps outlined above, an estimated 89,651 adults were subtracted from the ACS estimate of potentially eligible adults at the city-level to account for adults ineligible for Medicaid or FHP due to their documentation status. No adjustment was made for children because children in NY are eligible for Child Health Plus (CHP) regardless of immigration status.

Step 3: Calculate the number of children and adults who had PHI coverage in 2007 and subtract this number from the remaining "potentially eligible" population.

We used administrative data obtained from HRA's Office of Data Reporting and Analysis (ODRA) to identify the number of children and adults in Medicaid or FHP for all of 2007. For CHP, we used NYS Department of Health data to identify the number of children in CHP for one month in 2007.

Medicaid numbers were adjusted to mirror criteria used to capture "potentially income eligible" in ACS. Specifically, Medicaid enrollment was reduced by number of enrollees in:

- Programs for individuals with higher incomes (the Medicaid Excess Income Program),
- Limited-benefits programs (Treatment of Emergency Medical Conditions; Family Planning Benefit Program), and
- Institutional and nursing home settings.

According to these data, 2007 adult PHI year-long enrollment in NYC was 848,997, which includes Medicaid and FHP recipients. Total children's enrollment was 749,928, including 163,078 in CHP for at least one month and the remainder in Medicaid for the entire year.

Step 4: Estimate the percent of NYC children and low-income adults with private health insurance coverage and subtract from remaining "potentially eligible" population.

Private coverage estimates for adults with less than 150% FPL were based on an analysis of the 2007 Community Health Survey by NYC DOHMH. According to these data, approximately 275,000 low-income non-elderly adults in NYC had private insurance in 2007.

[21] Expert interviews.
[22] D. Goldman, J. Smith, and N. Sood. "Immigrants and The Cost of Medical Care." *Health Affairs*, 2006 25 (6): 1700-1711.
[23] PRUCOL refers to a New York State category for conferring Medicaid eligibility on certain immigrant populations and is not a Federal or United States Citizenship and Immigration Services (USCIS) immigration status.

Private coverage estimates for children in families with income less than 250% FPL was based on analysis of 2002-2006 Medical Expenditure Panel Survey (MEPS) by the U.S. Agency for Healthcare Research and Quality for the NYC Division.[24] According to these data, approximately 24%, or 273,602 children under 250% FPL had private coverage.

Study Limitations

The findings in this study are subject to a number of limitations. Estimates of the number of individuals potentially eligible for PHI are subject to measurement error due to inaccuracies in the reporting of income and health insurance on national surveys. National surveys also do not collect certain information that could affect eligibility, such as immigration status. Although adjustments were made to account for undocumented immigration status, these adjustments are subject to error due to limitations in the information known about the undocumented population.

The ACS, which was used to estimate the number of those potentially eligible for PHI, does not necessarily estimate the number of those who were potentially eligible for a continuous 12 months – unlike the Medicaid and FHP enrollment data used in this report, which estimates the number of recipients continuously covered throughout the calendar year of 2007. The ACS collects information only on total income for the entire year, so individuals who were potentially eligible for public coverage for only part of the year (because of fluctuations in family income during the year) were not captured in this analysis. As a result, the actual number people eligible for public coverage at different times throughout the year could have been higher or lower than the estimates reported here. Additionally, some adults meeting the income requirements may have had assets or other resources that would have made them ineligible for PHI in 2007.

It is also important to note that although this 2007 study is similar to a prior, 2004 study of PHI participation in NYC, the methodology and data sources used in the two studies differ in several aspects. First, this study used 2007 ACS data to estimate the potentially eligible population based on income. The prior study used 2000 Census data. Second, this study made adjustments to the survey and administrative data that were not made in the previous report. This study subtracted out private insurance estimates and made adjustments to account for Medicaid enrollees with higher incomes, limited benefits and not residing in the community. These adjustments were not made in the prior study. Third, enrollment data reflecting 12 months of continuous coverage were used in this study to mirror the income information available in the ACS. The prior study used point-in-time data for PHI enrollment. As a result of these differences, the findings from the two studies cannot be compared.

[24] The New York City Division as used in MEPS is geographically smaller than the Metropolitan Statistical Area (MSA). The latter includes northern New Jersey and parts of Pennsylvania.

Notes

Notes