

HCFANY 2012-2013 Legislative Agenda

Guarantee Affordable Health Care for All New Yorkers

✓ **Establish a New York Health Insurance Exchange**

New York's consumers and small businesses need a health insurance marketplace that provides real choices, real control, and reasonable rates. Nearly three million New Yorkers lack health insurance, and small businesses are no longer able to keep up with health care costs.

A Health Insurance Exchange created by New York can guarantee fewer uninsured and lower health care costs for consumers, small businesses, and the State by addressing the needs and preferences of its own residents throughout the design process.

Time is running out for New York to get moving on this. The Governor included a provision to establish a New York Health Insurance Exchange as part of the proposed 2012-2013 Executive Budget.

HCFANY urges the legislature to enact establishing legislation for the Exchange as part of the budget process so that we can begin the process of shaping an insurance solution for New York, and to draw down additional federal dollars to support its implementation.

✓ **Improve New York's Hospital Financial Assistance Program.**

Each year, New York's hospitals receive over \$1 billion in funding from New York's Indigent Care Pool (ICP) to help pay for the cost of

providing health care for uninsured and underinsured New Yorkers. As a requirement for these payments, hospitals are required to comply with the Hospital Financial Assistance Law (HFAL).

But, many hospitals who do not comply with the HFAL still receive ICP payments. And, a lack of transparency in reporting procedures has made it impossible to trace ICP funds to actual care received by those who need it.

New York can no longer afford to spend its money unwisely. As recommended by the Governor's Medicaid Redesign Team (MRT), HCFANY urges the State to enforce HFAL compliance to ensure that all patients who qualify for financial assistance receive it, and should take the necessary steps to make ICP payments 100% accountable.

Consumer Protections

✓ **Apply the managed care bill of rights to all products in advance of 2014.**

New York's Managed Care Consumer Bill of Rights contains strong consumer protections that were further enhanced during the 2010-2011 legislative session.

However, several issues remain to be corrected, such as guaranteeing the same network adequacy requirements that managed care plans have for EPO, PPO and similar products, and to require them to cover out-of-network services when in-network services are not adequate or available.

Further, the Department of Financial

Services should ensure that consumers are guaranteed external appeals for denials of access to out-of-network specialists or specialty care, regardless of the type of plan they have.

✓ **Ensure federal funding for New York's Statewide Consumer Assistance Program.**

Community Health Advocates (CHA) is New York's Statewide Consumer Assistance Program established under the Affordable Care Act. CHA provides individual health coverage counseling and education to all New Yorkers who need it, free of charge. Last year, CHA helped 28,589 New Yorkers who needed help finding or using their health insurance.

CHA is funded by the federal government, however these funds must be passed through by the State. This year's proposed 2012-2013 Executive Budget includes a dry appropriation for the CHA program.

HCFANY urges the legislature to support this valuable program and pass this provision in the budget.



People with EPO and PPO plans should be guaranteed the same consumer protections against "surprise" medical bills as those with managed care plans

HCFANY 2012-2013 Legislative Agenda (Continued)

Health Equity

✓ Require uniform data collection and reporting.

New York's proposed 2012-2013 Executive budget has provided funding to improve the state's data collection work for health care measures, as outlined in §4302 of the Affordable Care Act.

We urge the legislature to support this provision and to require uniform collection and public reporting of data stratified by race, ethnicity, disability status, gender, gender identity, and language spoken throughout the state by all public and private health plans, hospitals, and other health care institutions.

✓ Promote language access in health coverage.

Last year, the Governor's MRT recommended that large pharmacy chains be required to provide free translation of medicine labels, Medicaid reimbursement for translation services, communication services for people who are deaf and hard of hearing, and statewide standardization of medicine labels.

However, state policymakers still need to adopt legislation to require that action be taken on these recommendations.

HCFANY urges the adoption of these provisions to protect the health and wellbeing of the millions of New Yorkers. Further, we recommend a statewide policy to require all state agencies to provide language assistance services, including necessary interpreter services and the translation of frequently used forms and documents.

✓ Permit pre-qualification for Emergency Medicaid.

Emergency Medicaid is available to all low-income New Yorkers, regardless of immigration status. To get coverage, an attending physician must certify that the person has a medical condition that meets the definition of an "emergency." If so, the person fills out a full Medicaid application, which, depending on their eligibility, may or may not be approved.

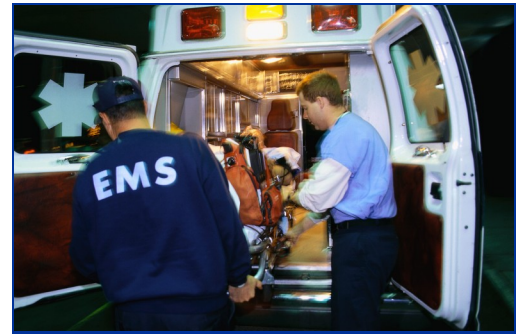
The Governor's MRT recently recommended that New Yorkers be allowed to pre-qualify for Emergency Medicaid in advance of any need for medical care. This would raise awareness of Emergency Medicaid and give providers assurance of payment for services provided. Fourteen other states already do this: California, Michigan, Oregon, Massachusetts, South Carolina, Texas, Maine, Nevada, Arizona, Virginia, Maryland, Louisiana, Delaware and New Hampshire.

HCFANY asks that the State pass legislation to support this important safety-net measure.

Improve our health insurance safety net

✓ Establish biennial renewal (with passive renewal in the odd year)

A two-year continuous enrollment and coverage period would reduce disruptions in health care for public insurance enrollees and roughly halve the costs and administrative burden of re-enrolling those who have been involuntarily disenrolled.



Pre-qualification for Emergency Medicaid will protect low-income uninsured patients from high medical bills and ensure provider payments.

✓ Eliminate resource test for SSI-related people who apply for community Medicaid.

New York recently removed the resource test for most public insurance applicants. Yet, SSI-related Medicaid beneficiaries continue to be subject to the resource test on the grounds that these individuals are more expensive for the State to cover.

The resource test is administratively cumbersome and rarely disqualifies people for coverage. New York should eliminate the resource test for SSI-related applicants and beneficiaries who live in the community.

✓ Establish a facilitated enrollment program for the elderly and people with disabilities.

New York's proposed 2012-2013 Executive budget includes funding to establish a facilitated enrollment (FE) program for elderly New Yorkers and people with disabilities.

HCFANY urges the legislature to support this new program to assist New York's vulnerable populations and to streamline any forthcoming transitions to managed care.

Be part of the solution!
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This fact sheet was prepared for Health Care For All New York by The Community Service Society of New York (CSS) www.cssny.org