

Health Care For All New York

2015 Policy Agenda

Affordable, Quality, Health Care For All



Achieving Affordable, Quality Health Care for All

2015 Policy Agenda aims to achieve three goals:

1. **Health Care For All:** Making sure New Yorkers have access to insurance and help to use it.
2. **Affordable Health Insurance:** Ensuring a consumer-friendly and fully funded Basic Health Program.
3. **Quality Health Insurance:** Improve network adequacy and increase access to out-of-network coverage.

The Presenters

Health Care for All

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Affordable Health Insurance

Amy Lowenstein, Senior Staff Attorney, Empire Justice Center

Quality Health Insurance

Heidi Siegfried, Project Director, New Yorkers for Accessible Coverage



HEALTH CARE FOR ALL

Comprehensive Coverage for all immigrants

- Create and offer more comprehensive health coverage options for all immigrants:
 - Undocumented immigrants
 - People receiving Federal administrative relief
- Possible options to expand coverage
 - Expanded preventive benefits for Emergency Medicaid enrollees.
 - Comprehensive coverage for young adults aged 19-30.
 - State-only funded Basic Health Program for undocumented immigrants under 200% of the Federal Poverty Level.

Consumer assistance funding for post-enrollment issues

- Help New Yorkers use and keep their health coverage (billings, service denials, and enrolling in non Marketplace coverage)
- No funding, no program: Seeking **\$2.5-5 million in state funds** to support consumer assistance programs
- Medical debt #1 consumer complaint received by Federal Consumer Financial Protection Bureau

Consumer assistance funding for post-enrollment issues

- Community Health Advocates: housed in NGO, community-based organizations and a central helpline
 - 21 CBOs throughout New York State providing culturally competent trusted services
 - Over 190,000 people helped since 2010
 - Recovered \$14 million for consumers

Pre-qualification for Hospital Financial Assistance

- Advocate for low-income New Yorkers to be pre-qualified for hospital financial assistance (also known as charity care) through the NY State of Health Marketplace
 - Educate consumers about New York State's protections
 - Simplify the process of applying

Marketplace improvements

- Advocate for necessary Marketplace improvements as identified by the Public Programs Groups and other HCFANY Task Forces
 - Examples: no wrong door policy (everyone, including non-MAGI populations, able to enroll through the Marketplace)

Contraceptive care

- Monitor and ensure carrier compliance with contraceptive coverage requirements in the ACA



AFFORDABLE HEALTH INSURANCE

Basic Health Program (BHP)

- BHP is a state option to provide affordable insurance to:
 - Individuals 138 - 200 % of federal poverty level (FPL)
 - Lawfully present immigrants between 0 - 200 % FPL who are not eligible for federal Medicaid
- HCFANY successfully advocated for New York to adopt the BHP

Basic Health Program: Status today

- DOH issued draft Blueprint
 - Timeline:
 - April 1, 2015 - Immigrants eligible for state-only Medicaid move to BHP
 - January 1, 2016 – BHP fully implemented for all eligible individuals
 - Two Cost Sharing Tiers:
 - 0-150% FPL: \$0 premium; Family Health Plus level cost sharing
 - 151-200% FPL: \$20 premium; higher cost sharing (but at or lower than best cost sharing reductions)

Basic Health Program: Ongoing advocacy

- Administrative
 - Parity between BHP for PRUCOL immigrants and Medicaid
 - Access to full reproductive health care
 - Smooth transitions between BHP and other insurance
 - Language access
- Legislative
 - Funding to administer BHP
 - State savings from BHP to fund expanded immigrant health coverage



QUALITY HEALTH INSURANCE

Require plans to offer out-of-network coverage

- Require plans required to offer out out-of-network coverage in at least one silver-level and one platinum level plan
 - Could be offered as a rider

Out-of-network and surprise bill protections

- Ensure the implementation of New York's landmark surprise bills legislation reflects consumer concerns in both regulations and guidance
- Ensure that the surprise bills definition protects all consumers who unintentionally select or receive services from an out-of-network provider

Establish a remediation program

- Create a remediation program administered by the Department of Financial Services so that consumers could switch to an appropriate plan retroactively when they relied on incorrect advice from a Plan, the Marketplace, a Navigator, or Assistor.

Protect consumers from changing networks

- Establish a special enrollment period for consumers to change plans if a provider network or formulary coverage is changed to the detriment of a patient currently in active treatment
- Extend the 60 day transition period to the end of the contract year when networks or formularies change in an adverse way

Expand External Review

- Open the system to more health plans, including self insured and union plans
- Cover more types of health plan decisions, such as disputes over access to in-network specialists and amounts reimbursed for out-of network services
- Create a database of external review decisions (with privacy protections)

Thanks!

