

# Policy Brief

Building Quality Affordable Health Care for ALL New Yorkers



Health Care For All New York

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## HCFANY 2015 Agenda to Address Health Disparities Based on Race and Ethnicity

The Racial and Ethnic Disparities Task Force of Health Care For All New York (HCFANY) guides the policy conversation and organizing around issues of health equity in all aspects of HCFANY's work.

New York has already made notable progress in advancing health equity through its implementation of the Affordable Care Act. For example:

- Investing \$27 million annually in the State's enrollment assistance program, including many community-based organizations that serve people of color and immigrants.
- Launching a Spanish version of the NY State of Health Marketplace (NYSOH).
- Creating a Basic Health Program (set to launch in 2016) to provide comprehensive coverage for families with incomes below 200 percent of the Federal Poverty Level (FPL).
- Releasing county enrollment numbers broken down by race and other demographic groups.
- Adopting pre-authorization and one-year continuous eligibility for Emergency Medicaid and allowing consumers to enroll through NYSOH.

**This policy brief proposes additional steps New York can take to continue advancing health equity in our state.**

### Provide comprehensive coverage for all immigrants

New York has made important strides in providing coverage, but key populations remain uninsured, and immigrants remain especially likely to be left out of coverage. The State should be a national leader in providing comprehensive coverage options for all immigrants, including New Yorkers receiving Federal administrative relief and undocumented people.

### Target outreach and enrollment efforts and meet the needs of diverse communities

The State should focus on enrolling people in "hard to reach" communities where people of color, low-income people and immigrants live and work. This will reduce health disparities, while helping New York expand its enrollments in NYSOH. New York should:

- Partner with community-based organizations to develop a strategic plan to reach communities of color and fund community-based organizations to conduct outreach in their communities;
- Allow Navigator organizations to expand outreach in their communities, including door-to-door outreach;
- Strengthen focus on marketing to ethnic and other targeted media

outlets;

- Use diverse community leaders and relevant images in promotional materials, the NYSOH website and advertising;
- Provide adequate training and other requirements to ensure culturally competent services for in-person assisters, and conduct regular reviews of NYSOH's progress in this area;
- Use culturally and linguistically appropriate outreach strategies;
- Update stakeholders regularly on its marketing plans and coordinate marketing plans with Navigators and other assisters; and
- Set public targets for enrollment of various demographic groups (examples: people of color, immigrants, people with disabilities, and LGBTQ people), with appropriate stakeholder input.

### Support Consumer Assistance Programs

Community Health Advocates (CHA) works through community groups, often based in hard to reach communities, to help people use their coverage once they have it. Since 2010, CHA has handled nearly 200,000 cases. Governor Cuomo's 2015-2016 Executive Budget includes \$2.5 million to support CHA. New York should increase this amount to \$5 million to ensure a robust CHA program.

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## Improve “no wrong door” policy on NY State of Health

NYSOH should continue to improve its “no wrong door” policy, allowing New Yorkers to enroll in public and private plans. The State should rapidly move to ensure that all Medicaid populations can enroll directly through NYSOH. This will help keep more New Yorkers covered.

## Address disparities based on language

Roughly 2.5 million New Yorkers are limited English proficient (LEP). The State should take the following steps to ensure that NYSOH staff, Navigators, consumer assistance programs, health plans and participating providers are able to serve all New Yorkers:

- Assure that the NYSOH, and Navigator and other consumer assistance programs make multilingual staff, interpreters, and telephonic interpretation services available to LEP consumers;
- Translate basic documents such as plan benefit summaries and notices, into the State’s six most spoken languages other than English, in compliance with the Governor’s Executive Order No. 26;
- Translate critical features of the NYSOH website into the remaining five languages other than Spanish;
- Carefully monitor and enforce requirements in plan invitations with regard to language access, such as translation of informational materials spoken by at least five percent of applicants and enrollees in each county; and
- Develop standards governing NYSOH plan coverage of interpretation and translation by health providers, and translation and

interpretation by insurers in the clinical setting.

## Enhance and enforce standards for health plans sold through the Marketplace

NYSOH should enhance its standards to ensure that insurance carriers take positive, documented steps to address health disparities. For example, the NYSOH should ensure that provider networks include a sufficient number of providers who speak languages other than English and can serve LEP patients; have examination rooms and other facilities that meet the needs of people with disabilities; offer a full range of reproductive health services; and are clinically competent to meet the needs of LGBTQ New Yorkers. The NYSOH should require remedies for consumers for changes to provider networks after plan selection.

The NYSOH should also strongly enforce existing requirements mandating that health plans develop quality standards to address disparities. The State should establish a monitoring system to track elements like the provision of language services.

## Collect and disseminate adequate data on health disparities

The State should require insurers and health care institutions to regularly report data on health care usage and outcomes by race/ethnicity, primary language, income, gender, sexual orientation, gender identity, and disability status. This data should be compiled and be publicly disseminated so that the public can make informed health care decisions and policymakers can develop policy solutions and hold plans and providers accountable. As a first step, NYSOH should issue

monthly public reports of applicant and enrollee demographics by these factors, and by county, zip code or region of the state.

## Create ongoing mechanisms to address health disparities

The State should strongly enforce the ACA prohibitions of discrimination based on race, national origin, sex, gender identity, disability and age, and other civil rights laws like the Americans With Disabilities Act (ADA). Non-discrimination should be a guiding principle of NYSOH operations, including outreach, enrollment and eligibility determination processes, the selection of covered benefits, and network adequacy standards. Finally, the Marketplace should establish a stakeholder task force to provide guidance and monitor progress on reducing health disparities.

## Increase overall affordability and quality of health care coverage

Ensuring high quality coverage of all types will help to reduce health disparities. Strengthening public programs, like Medicaid, is particularly important, since people of color are more likely to be enrolled in public plans. New York can advance health equity through broader improvements to the health care system, including:

- Ensuring that the new “Basic Health Program” adequately serves lower-income New Yorkers by steps like keeping cost-sharing low;
- Merging the individual and small group markets to increase affordability of individual coverage.

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