
Health Coverage in New York During the COVID-19 Pandemic

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Presenters:

- Amanda Dunker, Senior Health Policy Associate, Community Service Society of NY
- Rebecca Telzak, Health Programs Director, Make the Road NY
- Max Hadler, Health Policy Director, NY Immigration Coalition



Pre-COVID Coverage Snapshot

Type of Insurance	Number of New Yorkers	Percent
Job-Based	9,500,000	49%
Medicaid and Child Health Plus	5,100,000	26%
Medicare	2,500,000	13%
Essential Plan	800,000	4%
Commercial individual market	340,000	2%
Uninsured	1,100,000	6%
Total Population	19,300,000	

Source: Estimates based on 2018 US Census data.



Most NYers insured – but 52% faced affordability burdens

- Over 1 million New Yorkers are uninsured
 - 95% covered is great – but we’re not done!
 - 51% of uninsured New Yorkers say it’s too expensive
- People who have insurance can’t afford care
 - 45% of New Yorkers avoided care due to cost (delayed procedures, skipped recommended tests or treatments, cut pills in half, skipped dosages, did not fill a prescription)
 - 35% experienced serious financial repercussions due to medical bills (used up all or most of savings; unable to pay for food, heat, or housing; in collections; racked up large amounts of credit card debt)

Source: Altarum Healthcare Value Hub and Community Service Society of New York, “New Yorkers Struggle to Afford High Healthcare Costs; Support a Range of Government Solutions Across Party Lines,” Data Brief No. 37, March 2019, <https://www.cssny.org/news/entry/new-statewide-healthcare-affordability-survey>

Impact of COVID-19

- 36% of NYC households reported job loss by March 31

By March 20:
29% OF NYC HOUSEHOLDS REPORT AT LEAST ONE PERSON LOST THEIR JOB

The demographic sectors hit the hardest by job loss:

41%

of the **Latinx/Hispanic** community

34%

of those making <\$50,000 in **annual income**

32%

of those who do not have a **college degree**

Healthcare Ramifications

- Loss of coverage
- Reduced income
 - Harder for people to pay premiums or for services before meeting their deductible
 - People eligible for more help than previously

CUNY Graduate School of Public Health and Health Policy Tracking Survey March 20-22, 2020, MM, n=1000, +/-3%

New York moved quickly to prevent coverage losses.



Source: CUNY Graduate School of Public Health and Health Policy, New York City COVID-19 Survey Week 3, <https://sph.cuny.edu/research/covid-19-tracking-survey/week-3/>

Special open enrollment period through May 15

- NY State of Health is allowing uninsured people to buy qualified health plans (QHPS)
 - Apply and enroll at nystateofhealth.ny.gov/
 - Call the NY State of Health at 855-355-5777 for help
 - You can also get help from the Navigator program at 888-614-5400
- Change of income might mean more subsidies or eligibility for public programs



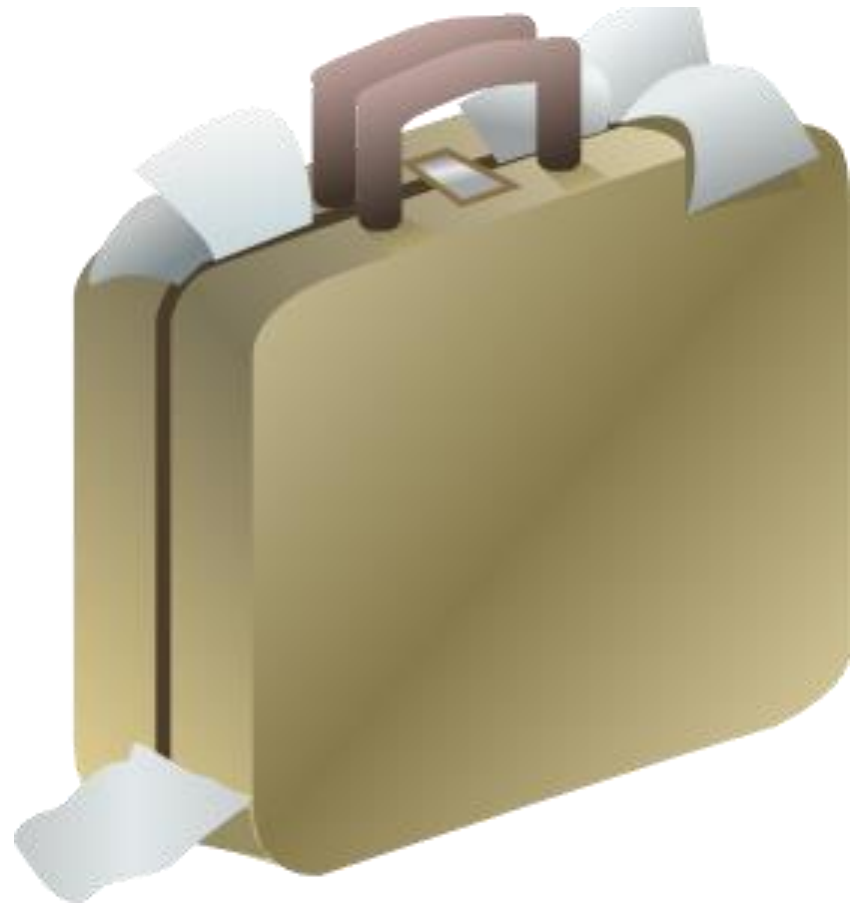
Halting coverage discontinuances

- No Medicaid discontinuances ([link](#))
 - NY already had 12 months of continuous coverage
 - Anyone up for Medicaid renewal between March and June gets a 1-year extension even with no action
- NYSOH asked insurers not to discontinue coverage for Child Health Plus or Essential Plan enrollees for failure to pay premiums on April 2 ([link](#))
- Premium deferment for commercial plans until June 1 ([link](#))

If you were disenrolled ask a Navigator for help getting your coverage reinstated!

Consumer protections

- No cost-sharing for COVID testing in state-regulated plans ([link](#)) or in-network telehealth visits for any type of care ([link](#))
- Some hospital prior authorization requirements are on hold for 90 days ([link](#))



Existing consumer protections are still in place

- Existing consumer protections are still in place ([link](#))
 - Surprise bill law means in-network cost-sharing during emergencies
 - Drug formulary exception process could help consumers dealing with shortages
 - Hospital financial assistance for uninsured, low- or moderate-income NYers
- Community Health Advocates
 - Fully operational: call 888-614-5400 for help with bills, denials, prior authorizations or other problems accessing care



Emergency Medicaid for immigrant New Yorkers

- If someone is not eligible for health insurance due to their immigration status, they may qualify for Emergency Medicaid or hospital financial assistance to cover COVID-19 services.
- Emergency Medicaid only covers care and services that are necessary for treatment of an emergency medical condition for those who do not meet the immigration requirements of full Medicaid.
- In March 2019, the New York Department of Health confirmed that COVID-19 laboratory tests, evaluation and treatment will be covered for people who have Emergency Medicaid in New York State ([link](#))
- Individuals can pre-qualify for Emergency Medicaid with a health insurance navigator before an emergency occurs or they can apply at the hospital at the time of the emergency

What if you are worried about public charge?

- Everyone, regardless of immigration status has the right to access health services
- The use of medical services including testing and treatment for COVID-19 is not considered part of the public charge test
- Emergency Medicaid as well as state funded Medicaid, Child Health Plus, Medicaid for Pregnant Women, the Essential plan and many other programs continue to NOT be considered part of the public charge test when applying for a green card through a family petition.

Other resources for immigrants

- NYS COVID-19 hotline number- 888-364-3065
- NYC Health + Hospitals COVID-19 number (if you do not have access to a primary care doctor)- 844-692-4692
- NYS COVID-19 Emotional Support Hotline- 1-844-863-9314
- NYC emotional support hotline- 1-888-NYC-Well (692-9355)
- SAMHSA's National Helpline – 1-800-662-HELP (4357)

We need Coverage4All!

- Pass S3900/A5974: Expand EP coverage to all immigrants regardless of status
 - Would cover two groups:
 - Immigrants who currently pre-qualify or are using Emergency Medicaid
 - Uninsured, unauthorized adults who earn up to 200% FPL
 - No deductible, highest income people pay \$20 a month premium
 - 14 Senate Co-Sponsors, 21 Assembly



Forgive Medical Debt – and Stop Medical Debt Lawsuits

- Some Texas hospitals voluntarily forgave all medical debt incurred during the crisis
- Over 40,000 New Yorkers have been sued by hospitals in the past five years – this has to stop!
 - Many hospitals in New York never sue their patients. Those that do could chose not to!
 - Keep an eye out for a sign-on letter and HCFANY social media campaign asking those that do to stop!
- The Patient Medical Debt Protection Act (A8639/S6757) would make medical debt collection fairer for consumers and stop unfair bills in the first place

'It's the compassionate thing to do': Texas ER forgives \$3.5M in patient debt amid coronavirus fears



Express Emergency Room announced Friday, April 3, 2020, it is forgiving more than \$3.5 million in patient debts. Pictured here is a stock photo of an emergency room entrance. (ElasticComputeFarm/Pixabay)

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By: Kelli Dugan, Cox Media Group National Content Desk

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What else should happen?

- Expand Basic Health Plan eligibility to higher income levels
 - Senator Cantwell: Basic Health Program Expansion Act of 2018 ([link](#))
- Data on racial and ethnic disparities
- Resources must be distributed to areas with the greatest need
 - Federal and state advocacy needed to ensure fair funding for safety-net hospitals and community providers
 - Need to protect maintenance of effort language in federal relief bills in order to protect Medicaid (see yesterday's Community Catalyst letter, [link](#))