

**SENATE STANDING COMMITTEE ON HEALTH  
SENATE STANDING COMMITTEE ON INSURANCE**

**NEW YORK STATE OF HEALTH: A DISCUSSION ON IMPLEMENTATION**

**TESTIMONY OF**

**THE COALITION OF NEW YORK STATE  
PUBLIC HEALTH PLANS**

**SUBMITTED BY:**

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## **Introduction**

Thank you for the opportunity to provide testimony on behalf of the Coalition of New York State Public Health Plans (PHP Coalition). My name is Jim Lytle, and I am testifying in my role as legislative counsel to the Coalition.

Established in 1995, the Coalition of New York State Public Health Plans provides a voice for New York's non-profit, publicly-focused health plans and the low-income people they serve. The Coalition currently represents eight plans serving 2.7 million individuals, about two-thirds of all of the children and adults enrolled in New York's Medicaid managed care, Family Health Plus, and Child Health Plus programs. Coalition plans offer decades of experience in delivering high quality services to members who would otherwise experience significant barriers to accessing health care. Four of these historically public program-focused plans are now offering individual and small group coverage on the New York State of Health and strongly support the State's efforts to ensure that all New Yorkers, through both public and private insurance options, have healthcare coverage through a seamless and coordinated health benefit exchange.

## **Implementing New Structures to Expand Access to and Continuity of Care**

The hearing announcement generally solicited comment regarding "experiences with the exchange and any areas of concern." Over the past four years, we have been supportive of the State's efforts to design, establish, and implement a Health Insurance Marketplace that improves access to and the cost of coverage in the individual and small group insurance markets. The PHP Coalition is committed to maximizing health reform's potential to improve the continuity and quality of healthcare coverage for New Yorkers. We commend the Governor and New York State of Health leadership for engaging many diverse stakeholders and balancing multiple important points of view in the development, implementation and operation of New York State of Health. With all of the challenges faced by the federal exchange and the difficulties encountered in many of the other states' exchanges, New York State of Health is widely regarded as one of the most successful exchanges in the country, assisting nearly half a million New Yorkers who have completed their applications and enrolling a quarter of a million in health coverage.

Public health plans bring unique perspective and experience from a longstanding operational focus and mission orientation on government subsidized programs that serve individual beneficiaries. Coalition plans are pleased to offer affordable Qualified Health Plan coverage options for New Yorkers who were unable to obtain Medicaid managed care coverage because they are over income for Medicaid/Family Health Plus (even though their children may be enrolled in Child Health Plus) and they lack sufficient funds to purchase coverage in the individual market. Serving the vast majority of Medicaid, Family Health Plus and Child Health Plus beneficiaries in the state, Coalition plans are also committed to providing continuity of coverage and access to "mixed families" and those transitioning in and out of Medicaid and subsidized Qualified Health Plan coverage.

The Coalition remains interested in the further exploration of whether the Basic Health Plan, authorized by the ACA, might provide another means to facilitate transition of New Yorkers from Medicaid to subsidized health insurance coverage—while potentially providing considerable fiscal relief to the State by providing federally supported coverage for legal immigrants in New York State. We would urge the workgroup established to consider these issues to continue its analysis regarding the potential viability and structure of a Basic Health Plan in New York and would recommend that the Legislature take steps to authorize its implementation, subject to the State’s final analysis of its fiscal impact and the issuance of the still outstanding federal guidance on its details.

To meet the challenge of providing coverage options on the Marketplace, the Coalition has engaged regularly and extensively with state and federal partners, invested significant resources in developing new operational infrastructure, and reacted nimbly to accommodate and address late-breaking federal and state policy and operational changes and technical patches that have come with an implementation of this scale. The Coalition will continue to work with the State and Legislature to ensure successful continued operation of the Marketplace.

### **The Availability, Training, and Use of Navigators and Application Counselors**

One of the issues highlighted in the hearing notice relates to the level of assistance provided to prospective enrollees seeking coverage from the New York State of Health Marketplace. The ACA envisions a first class experience for consumers accessing a new continuum of health care coverage through the health insurance exchanges and existing Medicaid and CHP programs, which would not be able to be realized without significant consumer assistance capacity. With the unprecedented demand for health coverage since Day 1 of the New York State of Health Marketplace implementation, health plans have been critical resources to the millions of New Yorkers in need of application and enrollment support. Our health plans have successfully leveraged their experience and knowledge in providing enrollment support for New Yorkers seeking coverage on the exchange, gained from years of assisting New Yorkers in applying for Medicaid, CHPlus and FHPlus.

As certified application counselors (CAC), plan staff have undergone extensive training to learn new program rules, use the new New York State of Health online portal, and provide community-based expert application assistance to all New Yorkers, regardless of their income. Coalition plans are building on over a decade of experience as facilitated enrollers (FE) connecting with low-income and hard-to-reach populations and smoothing the complexities and fragmentation of New York’s public health insurance eligibility and enrollment system. The time- and resource-intensive efforts of plans in training and placing outreach workers in prospective Marketplace and Medicaid/CHPlus enrollees’ communities both as CACs and FEs are critical to supporting the State in enrollment across the continuum of coverage. Coalition plans are equipped to support and troubleshoot consumers with applications for Marketplace coverage as well as existing beneficiaries of the State’s Medicaid, CHPlus and FHPlus programs who may be transitioned to new coverage and new renewal processes in 2014.

Leveraging the existing FE infrastructure has helped to provide the State with a “running start” in assisting tens of thousands of New Yorkers in applying for enrolling in coverage

through a first-class consumer experience. We commend the State for recognizing the importance of FE and working with Federal partners to ensure its availability through this September. We look forward to working to integrate facilitated enrollment into New York's third party assistance infrastructure in 2014 and beyond.

### **The Adequacy of Networks and Efforts to Ensure Sufficient Access to Primary Care**

You also asked about the adequacy of the provider networks on the exchange and whether there is sufficient access to primary care services. While there has been some anecdotal concern expressed about whether consumers will have access to necessary services and providers through the provider networks on the exchange, we believe that QHP networks are robust and that New York State of Health, and the Departments of Health and Financial Services have time tested infrastructures for monitoring network adequacy. Existing New York laws assure access to services, even out-of-network, for specialized services under appropriate circumstances. We acknowledge that the legislation that was recently introduced on this topic will be the subject of a subsequent and separate hearing.

The issue of primary care capacity and access resonates with the Coalition and its members. As you will note on the attached, our member plans are not only focused on the delivery of primary care, but were established by organizations with strong commitments to primary care services to the safety net population. Our plans' success in transitioning millions of New York Medicaid beneficiaries to managed care plans was entirely dependent on their capacity to enlist high quality primary care providers to participate in their plans. The plans will continue to work with the state in enhancing primary care capacity and quality through patient-centered medical homes, collaboration with health homes and other efforts to encourage physicians and other practitioners to devote themselves to primary care.

### **Conclusion**

Thank you for the opportunity to provide testimony on these critical issues. The Coalition acknowledges that there are design, implementation, and sustainability options with respect to ensuring that our lowest income residents are able to obtain affordable health insurance coverage in 2014 and beyond. We look forward to continuing our partnership with the Legislature to ensure that a strong and stable health coverage and health care system is in place that not only serves the growing number of New Yorkers that rely on it, but that reflects and enhances the collective vitality of the entire State.

## MEMBERS OF THE COALITION OF NEW YORK STATE PUBLIC HEALTH PLANS

PLAN	AFFILIATED ORGANIZATIONS	SERVICE AREAS
Affinity Health Plan	<i>Primary care provider organizations with representation on the Board of Directors: Morris Heights Health Center, Charles B. Wang Health Center, Urban Health Plan, and Institute for Family Health</i>	New York City and Nassau, Orange, Rockland, Suffolk, and Westchester Counties
Amida Care	HIV Special Needs Plan founded and owned by Harlem United, HELP/PSI, Inc., Housing Works, Acacia Network, St. Mary's, and VillageCare	Bronx, Kings, New York, and Richmond Counties
Fidelis Care New York (The New York State Catholic Health Plan)	Diocesan Bishops of the State and Ecclesiastical Province of New York and Catholic healthcare providers	New York City and 54 other counties <sup>1</sup>
Healthfirst	Hospitals in all counties in which the plan operates <sup>2</sup>	New York City and Nassau and Suffolk Counties
Hudson Health Plan	Open Door Family Medical Centers, Hudson River Community Health	Dutchess, Orange, Rockland, Sullivan, Ulster, and Westchester Counties
MetroPlus Health Plan	New York City Health and Hospitals Corporation	Bronx, Kings, New York, and Queens Counties
The Monroe Plan for Medical Care	The Monroe Plan for Medical Care is an independent, not-for-profit managed care organization that has a contract with Excellus BlueCross BlueShield to manage their Medicaid, Family Health Plus, and Child Health Plus products	Broome, Cayuga, Chemung, Chenango, Clinton, Cortland, Delaware, Essex, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Oneida, Onondaga, Ontario, Orleans, Oswego, Otsego, Schuyler, Seneca, Steuben, St. Lawrence, Tioga, Tompkins, Wayne, and Yates Counties
VNSNY CHOICE	Visiting Nurse Service of New York	New York City

<sup>1</sup> Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Lewis, Livingston, Madison, Monroe, Montgomery, Nassau, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Otsego, Oswego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Steuben, St. Lawrence, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester and Wyoming Counties.

<sup>2</sup> Beth Israel Medical Center, Bronx-Lebanon Hospital Center, The Brooklyn Hospital Center, Elmhurst Hospital Center, Interfaith Medical Center, Jamaica Hospital Medical Center, Maimonides Medical Center, Montefiore Medical Center, Mount Sinai Hospital, New York City Health and Hospitals Corporation, New York Downtown Hospital, North Shore – LIJ Health System, the NuHealth System, Staten Island University Hospital, St. Barnabas Hospital, St. John's Episcopal Hospital, St. Luke's-Roosevelt Hospital Center, Stony Brook University Hospital, and SUNY Downstate Medical Center