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**MEDICARE RIGHTS CENTER**

**TESTIMONY**

**ON THE HEALTH/MEDICAID BUDGET OF THE  
2022-2023 NEW YORK STATE EXECUTIVE BUDGET**

**Submitted to**

**The Senate Finance Committee**

**and**

**The Assembly Committee on Ways and Means**

**TUESDAY, FEBRUARY 8, 2022**

**NEW YORK, NY**

**SUBMITTED BY:**

**FRED RICCARDI, PRESIDENT**

## **Introduction**

The Medicare Rights Center works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs, and public policy initiatives. Each year, Medicare Rights provides services and resources to over three million people with Medicare, family caregivers, and professionals as they navigate their health insurance, appeal coverage denials, and try to determine which coverage best suits their health needs. We develop education and public policy initiatives and work with New York State and Federal partners to improve the Medicare and Medicaid programs.

We are members of the statewide Managed Care Consumer Assistance Program (MCCAP) and the Community Health Advocates (CHA) networks. Our organization provides technical assistance and support to New York's Health Insurance Information Assistance Program (HIICAP) and community-based organizations across New York State. In addition, Medicare Rights is a specialist agency of the Independent Consumer Advocacy Network (ICAN), which provides consumer assistance to people with long-term care needs who are enrolled in Medicaid managed care plans and the Community Health Access to Mental Health and Addiction Services Project (CHAMP), which provides assistance with access to behavioral health services.

Medicare Rights would like to thank the chairs and members of the respective committees for the opportunity to submit testimony on the Health/Medicaid Budget of the 2022-2023 New York State Executive Budget. Medicare Rights also facilitates the Coalition to Protect the Rights of New York's Dually Eligible, a diverse group of over 50 consumer-based interests, agencies, and perspectives working to shape the managed care programs that coordinate care for older and disabled New Yorkers who are dually eligible for Medicare and Medicaid, and the Medicare Savings Coalition that includes dozens of community-based organizations, and State and Federal partners.

More than 3.4 million New Yorkers rely on Medicare for health insurance coverage. In 2016, 57% of the state's Medicare beneficiaries had incomes below \$25,000 per person, and more than a third had incomes below \$15,000. Continuing to providing education and assistance for this population is a must.

We would like to share with the committees some additional comments regarding the following proposals in the Governor's Budget: funding for MCCAP; funding for CHA; Medicaid expansion for the aged, blind, and disabled population; increase of the eligibility limits for the Medicare Savings Program (MSP).

Medicare Rights supports Medicaid expansion for the aged, blind, and disabled.

Medicare Rights applauds the Governor's bill, which equalizes Medicaid eligibility for all New Yorkers by increasing the income limit for seniors and people with disabilities to 138% of the Federal Poverty Level (FPL) – the same limit used for individuals eligible for MAGI Medicaid through the Marketplace – and by eliminating the asset test. This increase ensures that people do not face the “Medicaid cliff” as they reach Medicare eligibility. Repeal of the asset limit is essential to eliminate racial disparities in health care access. By increasing the income limits, more New Yorkers will have access to crucial and necessary care.

Medicare Rights calls on the Governor to raise the Medicare Savings Program limits and enact S8228.

Currently, the Governor's bill to raise Medicaid eligibility to 138% FPL leaves Medicaid eligibility out of sync with the Medicare Savings Program (MSP). The MSP pays the cost of the monthly Part B premium. If the MSP limits are not expanded, the State will have to reimburse Medicaid recipients with incomes between 120% - 138% FPL for the Part B premium, but with a cumbersome process of sending them a reimbursement check. This is a hardship to beneficiaries because the Part B premium is withheld from their Social Security check, reducing their incomes and making it difficult to pay basic expenses while awaiting the State's reimbursement check.

**S8228** would increase the top tier MSP limit from 135% to 156% FPL -- \$1766.70/mo. (\$2,285 couple). It would help 100,000 seniors and people with disabilities **at no cost to the state because it is fully federally funded**. Updating MSP rules would best position the program to meet current and future beneficiary needs. We urge immediate action.

Medicare Rights supports funding for the Managed Care Consumer Assistance Program, the state's community-based consumer assistance program for people with Medicare.

We would like to thank Governor Hochul for including level funding for the Managed Care Consumer Assistance Program (MCCAP) in her 2022-2023 budget. MCCAP is a statewide program that provides essential assistance to low-income seniors and people with disabilities in accessing health services and reducing their Medicare costs. Medicare Rights has been a member of the MCCAP network of community-based organizations since the program's inception. Along with the other members of the MCCAP, Medicare Rights collaborates with the New York State Office for the Aging (NYSOFA) to take referrals of complicated cases and resolve complex Medicare issues. Adding an additional \$1M in funding for a total of \$2,767,000 would allow MCCAP organizations

to reach additional New Yorkers through outreach and enrollment including the Medicare Savings Programs and Extra Help. Each enrollment into Medicare cost-saving programs we process saves an individual at least \$6,700 in annual out-of-pocket health care costs.

Medicare Rights supports funding for Community Health Advocates, New York State's statewide health care consumer assistance program.

Medicare Rights would like to applaud the Hochul Administration's allocation of \$3.5 million and requests an allocation of \$2 million for Community Health Advocates (CHA), shared by both Houses, in the 2022-2023 budget. This appropriation from the Legislature would increase CHA's current funding level from \$4.109 million to \$5.5 million. A \$1 million increase is needed to help CHA meet an expected increase in demand for services in 2022 as a result of two policy changes: (1) CHA's helpline number being listed, thanks to a bill we passed, on all Medicaid notices of adverse determination; and (2) the end of the Public Health Emergency that could result in the avoidable consequence of hundreds of thousands of New Yorkers losing Medicaid, recertifying, or understanding changes to their coverage as a result of various initiatives, putting them at health and economic risk.

Community Service Society of New York administers the CHA program in partnership with three specialist agencies: the Medicare Rights Center, Empire Justice Center, and The Legal Aid Society. Together, these agencies have developed a strong, statewide learning community of direct service providers at community by providing training and technical assistance and handling complex health insurance cases. CHA's operates a central, toll-free helpline and provides local services through community-based organizations and the CHA network serves every county in New York State.

Medicare Rights calls on the Governor to repeal MRT II cuts on Medicaid and home care.

Medicare Rights supports repeal of the Minimum needs restrictions on eligibility for Medicaid personal care and consumer-directed services from MRT II. Requiring physical assistance with a minimum number of activities of daily living (ADLs) for eligibility impedes access to necessary care for people with developmental disabilities and those with visual or other impairments.

We also urge repeal of the "Independent Assessor." These assessments are administratively burdensome and risk causing delays in service for beneficiaries. Lastly, we urge repeal of the lookback and transfer penalty for home care, which contradicts the Governor's proposed repeal of asset limits and would cause further delays and hardship.