



PUBLIC COMMENTS

OF

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SUBMITTED TO THE

NEW YORK STATE INSURANCE DEPARTMENT

REGARDING THE

ESTABLISHMENT OF A HEALTH INSURANCE EXCHANGE

IN NEW YORK STATE

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My name is Joan Siegel and I am the Senior Policy Associate for Health and Mental Health at Citizens' Committee for Children of New York (CCC). CCC is a 67-year-old privately supported, independent, multi-issue child advocacy organization dedicated to ensuring every New York child is healthy, housed, educated and safe. I would like to thank Danielle Holahan, Director of Exchange Planning, Donna Frescatore from the Executive Chamber, Judy Arnold, from the Department of Health, and Troy Oecshner of the Insurance Department for holding a Public Forum on this important matter and for inviting the public to submit comments.

New York State has proven itself to be a leader in providing health care to our youngest New Yorkers, which has saved the state innumerable dollars, in both short and long term, by both providing preventive care and addressing children's health needs when they arise. We urge you to continue in this direction when designing the health insurance exchange ("Exchange") to ensure that all children receive health care coverage.

One Statewide Exchange with Regional Adjustments

Currently, the administration of Medicaid in New York State is moving from the county level to the State level. According to the State Department of Health, this is to ensure the integrity of the program by increasing transparency, improving administration and decision-making consistency, and making the system more efficient in preparation for implementation of the federal health reform law.¹ Based on those goals, it makes sense to establish one statewide Exchange with adjustments for regional differences (e.g., ensuring outreach and enrollment are coordinated to address distinct local populations).

Having one Exchange will create a single infrastructure, save administrative costs, enable consistent messaging, and should support seamless portability so that families can move within the state without worrying about their health insurance coverage. One statewide Exchange can then be governed by a single public corporation or a state agency, which would lend itself to better transparency and accountability, as was laid out in the Stakeholder Discussion in April 2011.² The public corporation or state agency administering the Exchange must have a comprehensive understanding of the issues facing all New Yorkers around obtaining health care coverage and services. Consideration should also be given to the establishment of an advisory body for the public corporation or state agency, which would permit the engagement of a diverse group of people familiar with the unique needs of children and their families, such as service providers, insurance companies, and advocates for children.

¹NYS Department of Health, Medicaid Administration, November 2010 Report at pages 3-4.

²http://www.healthcarereform.ny.gov/timeline/docs/2011-04-21_presentation.pdf

Universal Coverage

New York State has been a leader in extending health care coverage to children. Today, in New York State, the vast majority of children have health insurance coverage. According to the U.S Census, the rate of uninsured children in New York State declined 7.1 % in 2008 and is lower than the national rate of uninsured children, which was 9.9 percent.³ Yet, despite the progress seen in New York State, approximately 90 percent of children who are uninsured (280,435) are actually income eligible for insurance coverage, but not enrolled.⁴

It is critical that, as the State designs the Exchange, the State continue to improve upon efforts to reach eligible children who are currently going without health insurance coverage. In addition, New York has historically allowed all eligible children, regardless of their immigration status, to obtain public health insurance. As the federal law allows only legal residents to participate in insurance programs under the Exchange, New York must continue its policy of enabling all children to obtain public health coverage and access necessary health and mental health treatment.

Simplified Enrollment

The Exchange should be the portal for people to access all insurance options, including private and public benefits such as Medicaid, Child Health Plus and Family Health Plus. Moreover, the Exchange must improve upon efforts to provide seamless coverage for children and their families once they are enrolled, as they age, and as their eligibility for various public programs changes, or as they move between public and private insurance coverage. Currently, facilitated enrollers assist consumers in applying for public health insurance benefits. The role of the facilitated enroller should be expanded upon to include application assistance for private health insurance benefits under the Exchange. Critically, health insurance consumers should also be allowed to apply for and recertify for insurance through convenient, time-sensitive methods, such by telephone and online. The Exchange should also align families' health insurance coverage dates to ease management of coverage options for parents and children who may have different insurance plans and different coverage dates, which will assist in ensuring there is no disruption of services.

³ Citizens' Committee for Children of New York, Inc., *Keeping Track of New York City's Children 2010* (2010) at page 133.

⁴ Citizens' Committee for Children of New York, Inc., *Keeping Track of New York City's Children 2010* (2010) at page 132.

Finally, the development of the Exchange and its necessary computerized systems, offers the State the opportunity to fully integrate screening for other public benefit programs as part of the health insurance application process.

Quality of Care

The State must ensure that the health plans offered through the Exchange are health plans with a proven record of meeting consumer needs. Health plans should be consumer-friendly, accountable for their outcomes, and expansive in their service offerings so that children are able to access the services they need. All insurance companies, whether or not they participate in the Exchange, should be required to comply with the same rules for enrollment and coverage so that the sick have the same options for enrollment and coverage as the healthy do.

In sum, as New York's Exchange is designed, it should be constructed to ensure that every child is able to grow up in good physical and mental health and be able to become productive members of society. It is critical that universal health insurance coverage be continued and built upon, that administrative barriers are removed and that quality care is provided. These steps are in the best interest of New York's children and New York's future.

Thank you for the opportunity to submit these comments.