

# Partnering with Health Plans to Improve Access to Care: New York State's Experience



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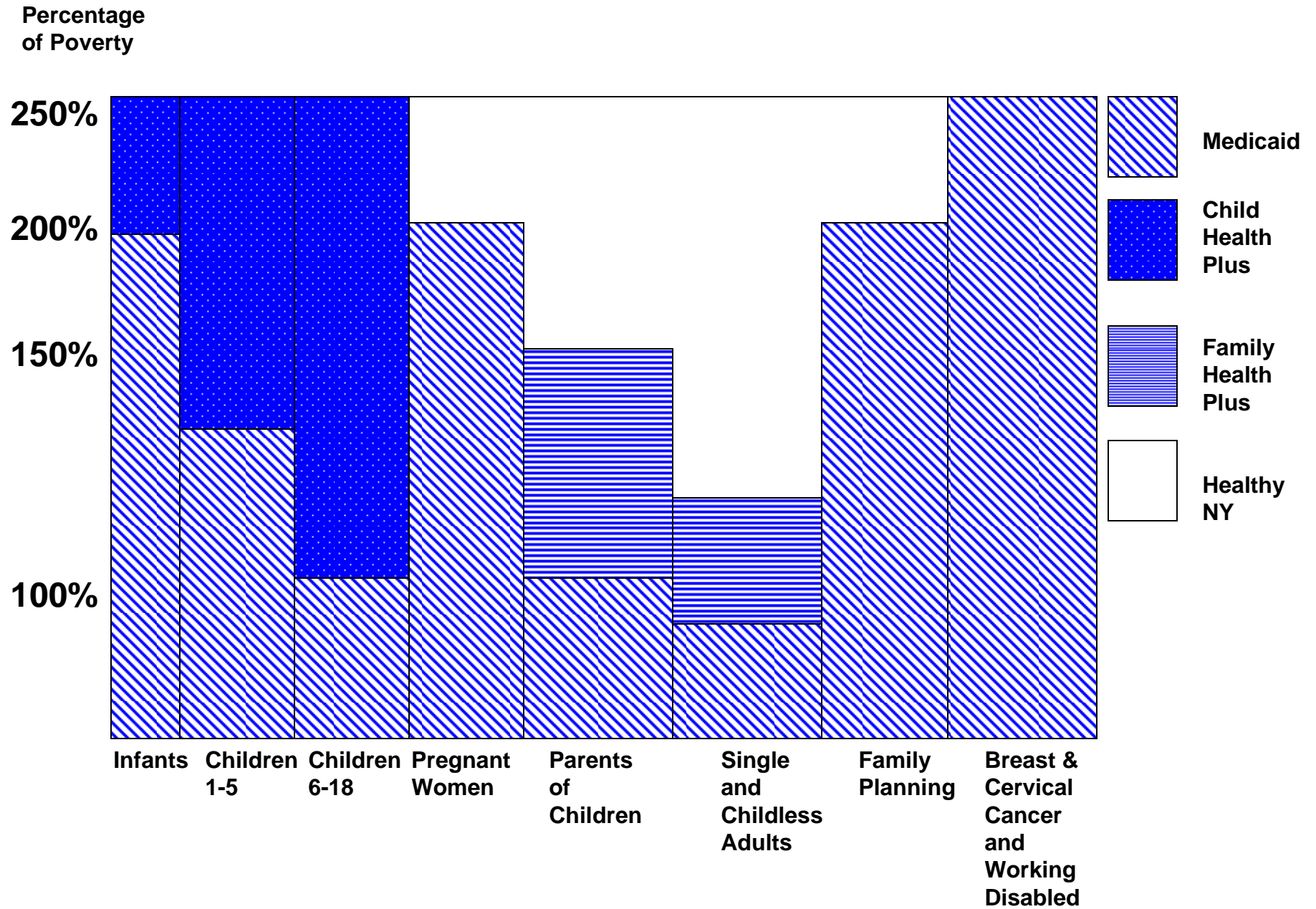
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# Health Plans Can Be Effective Partners In Increasing Enrollment and Improving Access in Public Programs

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- Mobilize to enroll the uninsured
- Reach populations distrustful of government
- Improve access to care with:
  - Broader provider networks
  - Strategies for linking people to care

# PROGRAMS FOR COVERING LOW AND MIDDLE INCOME NEW YORKERS



# Health Plans Play A Unique Role in New York's Public Programs

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In addition to their tradition role as managed care providers in Medicaid and SCHIP:

- Health Plans enroll children directly into Child Health Plus
- Health Plans facilitate enrollment into Medicaid and Family Health Plus

## The Historic Role of Health Plans as Enrollers in Child Health Plus Set the Stage for A Greater Health Plan Role in All Public Programs

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- Child Health Plus was enacted in 1991 as the anti-Medicaid program
- It was originally plan-centric
  - Health plans administered the program
  - The State established the basic program rules and paid capitated rates

## The Child Health Plus Program Became New York's SCHIP Program, Requiring More State Oversight and Control

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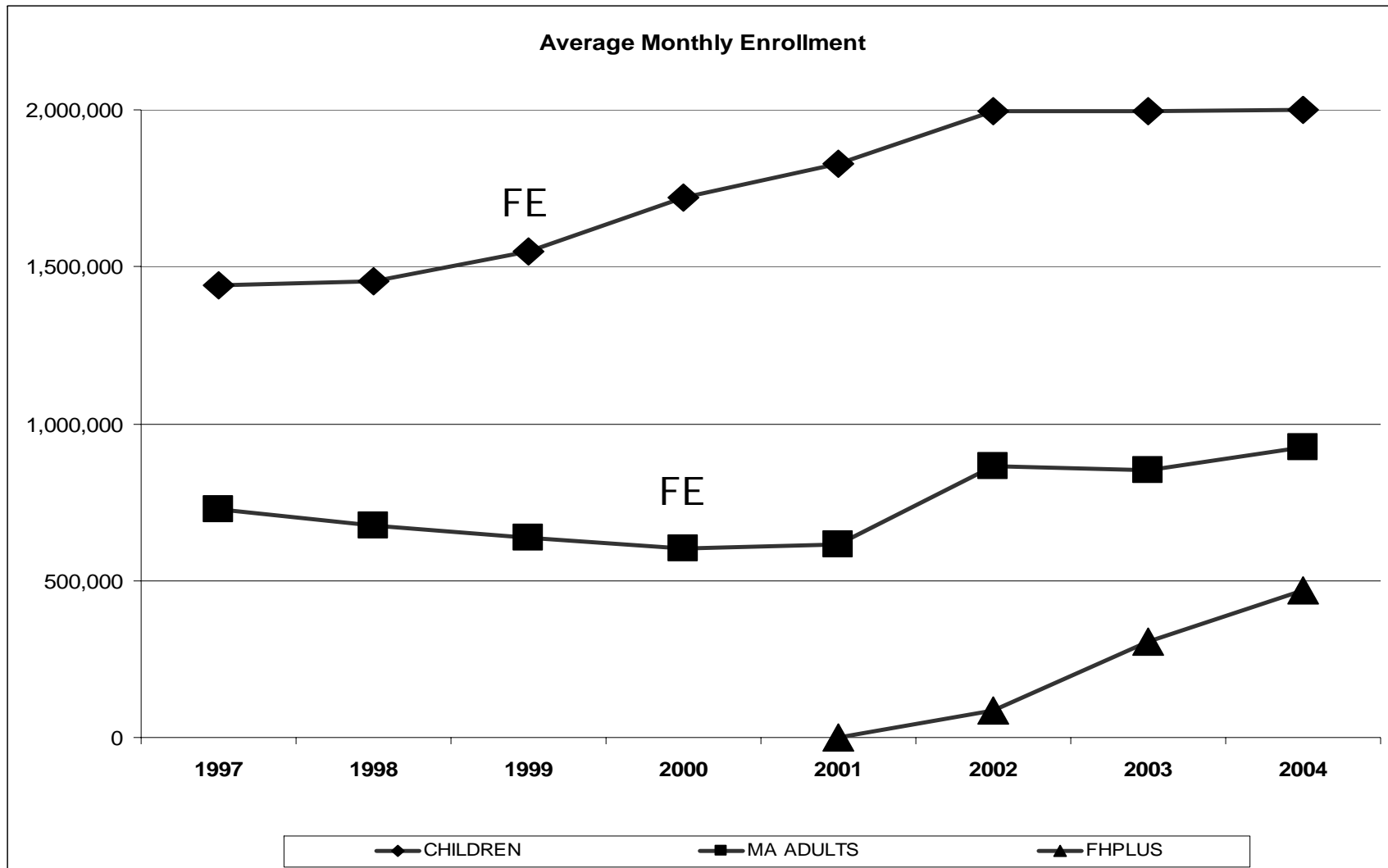
- Aligned eligibility rules with Medicaid
- Created a common application for both programs
- Launched facilitated enrollment to meet the “screen and enroll” provisions of SCHIP

# Facilitated Enrollment Broadened Access Points Into Medicaid

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- Facilitated enrollers assist families with the application, documentation requirements, and selection of a managed care plan
- Initiated to meet “screen and enroll” requirements of SCHIP, building on the historic role of health plans in Child Health Plus
- Added community-based organizations
- Expanded to adults in 2001
- Over half of all applications to Medicaid originate with a facilitated enroller

# Facilitated Enrollment Brought More People Into Public Programs



# Health Plans and Community-Based Enrollers

## Expanded Enrollment By:

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- Placing over 2,000 enrollers in communities
- Tailoring outreach strategies to local communities
- Hiring workers who share the language and culture of the community
- Educating the community about health insurance and managed care
- Reaching populations distrustful of government

## The Other Side of Using Health Plans as Facilitated Enrollers

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- Health plans tend to enroll in their own plan
- Some enrollers cut corners to find people eligible
- Tension exists between facilitated enrollers and county Medicaid workers

# An Oversight Function Is Critical to Maximizing Benefits and Minimizing Risks

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- Marketing guidelines with enforcement
- Program integrity guidelines
  - Zero tolerance for “rogue” marketers
  - Internal review of “suspect” applications
  - Secret shopping
- Sanctions
  - Deny expansion requests
  - Suspend enrollment

## Health Plans Have Improved Access to Care Among New York's Uninsured and Medicaid Populations

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- Fewer New Yorkers are uninsured
- Health plans have brought more providers into Medicaid, especially specialists
- Health plans have success with immigrant populations
- Families who enroll with facilitated enrollers are better users of care

## Fewer New Yorkers Are Uninsured

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- Data from the Current Population Survey shows a decline in New York's Uninsured since 1998
  - Total uninsured declined 15%
  - Uninsured children declined 40%
  - Uninsured adults declined 8%
- 2004 was the first year since 1993 that New York's rate of uninsured adults was lower than the national average (16% vs. 17.3%)

# Health Plans Have Success Enrolling Immigrant Populations

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- Enrollment among immigrants has increased, especially in the Hispanic and Asian populations
- Time is spent building trust in immigrant communities
- Offer language appropriate materials at a basic literacy level
- Assist in linking applicants with a PCP who speaks their language
- Provide extensive one-on-one education about how to use the system

# Families Who Enroll with Facilitated Enrollers Are Better Users of Care

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- One-on-one enrollment encounter improves use of services
- Facilitated enrollers arrange first appointment with the primary care provider
- Facilitated enrollers troubleshoot other areas of concern for families

# Important to *Align Plan Incentives with Desired Outcomes*

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- Required to have an encounter with new members within 12 weeks of enrollment
- Financial incentives for good quality and utilization outcomes – pay for performance
  - Increased auto-assignments
  - Add-on to premiums



## In Conclusion

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- Health Plans are effective partners in increasing enrollment and improving access
- Government oversight is essential