



Issue Brief:

**Review of New York State
Public Health Insurance
Policy Changes and
Enrollment in 2008**

**Kinda Serafi, Esq.
February 2009**



Executive Summary

A series of public health insurance policies implemented in 2007 and 2008 may have collectively influenced child and adult enrollment in 2008. The Children’s Defense Fund – New York (CDF-NY) compiled monthly enrollment data from July 2007 to July 2008, the most recent data available for Medicaid and Family Health Plus, and compared that data against the implementation of public health insurance policies affecting application and renewal pathways. To fully assess the roll out of these policies and their effect on enrollees, CDF-NY worked closely with 18 Downstate community-based facilitated enrollers in New York City, Westchester and Long Island.

Monthly enrollment data for this time period reflects a total decline in children’s health insurance enrollment. While there was an increase in Children’s Medicaid enrollment in both New York City and Upstate during this time frame there was a significant decline in Child Health Plus. Child Health Plus enrollment began to show an

increase in September 2008. Public health insurance policies that may have influenced child health enrollment include the elimination of Temporary Enrollment, the implementation of Presumptive Eligibility and the expansion of Child Health Plus eligibility levels.

Adult enrollment increased during this period, in large part due to a steady increase in adult Medicaid enrollment. Family Health Plus enrollment did not increase at the same pace as adult Medicaid. Public health insurance policies that may have influenced adult enrollment include the elimination of documentation of income and residency at renewal, an increase in the Medicaid asset levels and a new 15-day application submission policy.

This Issue Brief discusses the various policies that may have influenced child and adult enrollment in 2008.

Introduction

Despite the tremendous progress New York has achieved over the last decade in decreasing the number of uninsured children and adults, 2.4 million New Yorkers remain uninsured.¹ Nearly every uninsured child and 35 percent of uninsured adults² are eligible for Medicaid, Family Health Plus or Child Health Plus. Programmatic changes to public health insurance programs are necessary to simplify the application and renewal pathways in order to truly open the door to enrollment for those who are eligible yet uninsured.

Throughout 2007 and 2008, a series of critical public health insurance eligibility and programmatic policies were legislated and then implemented that may have influenced child and adult enrollment in 2008. A few of these policies intended to simplify public health insurance programs in order to increase enrollment may have achieved their goal, while other policies may have contributed to enrollment stagnation.

In order to assess the impact health policy changes to Medicaid, Child Health Plus and Family Health Plus may have had on enrollment, CDF-NY engaged in a multi-pronged community monitoring project that compiled monthly enrollment data and compared it against various enrollment and renewal public health

insurance policies that were implemented in 2007 and 2008.

The most recent monthly enrollment data for Medicaid and Family Health Plus made available by the New York State Department of Health was for July 2008. CDF-NY therefore reviewed data from July 2007 to July 2008 in order to compile a one year window of enrollment.³ The enrollment data for Child Health Plus was more current and is available from as recently as November 2008.⁴

In order to fully understand the effect health policies were having on enrollment and retention, CDF-NY met regularly with 18 Downstate community-based facilitated enrollers (FEs) and their 20 subcontracting agencies.⁵ The facilitated enroller Lead Agencies and their subcontracting agencies are in the communities where the uninsured live and work, have enrollers who speak more than 40 languages and provide evening and weekend hours to meet the needs of working families. FEs conduct the legally mandated face-to-face interview, help families complete their applications and collect the documents necessary to prove program eligibility. They also help families renew and maintain coverage. Facilitated enrollers, therefore, serve as the first organized repository for the experiences of families and individuals

¹ Allison Cook, Aimee Williams, and Danielle Holahan, "Health Insurance Coverage in New York, 2005-2006," Urban Institute and United Hospital Fund, March 2008.

² Id.

³ Enrollment data derived from Number of Medicaid Eligibles by Category of Eligibility of Social Service District available at http://www.health.state.ny.us/nysdoh/medstat/el2008/mo_08_el.htm Total Medicaid Children is derived by combining TANF Children and Safety Net Children within the Medicaid and Subsistence and Medicaid Only Categories. Total Medicaid Adults is derived by combining TANF Adults and Safety Net Adults within the Medicaid and Subsistence and Medicaid Only Categories. SSI Aged, Blind and Disabled Children and Adults are not included in calculations.

⁴ Enrollment data derived from NYS Child Health Plus B Program Table of Enrollment by Insurer available at http://www.health.state.ny.us/statistics/child_health_plus/enrollment/ New York City data is derived by combining Bronx, Kings, New York, Queens and Richmond County data.

⁵ CDF-NY is grateful for the hard work of the community-based facilitated enrollers for their efforts in this important work, and for sharing their enrollment and renewal experiences through our Downstate Lead Agency Workgroup. The views and recommendations contained in this Brief are those of the author and do not necessarily reflect those of the Workgroup or the New York State Health Foundation supporting this project.



applying for, and trying to maintain, health coverage.

Throughout 2008, CDF-NY brought together Lead Agencies and conducted community monitoring of application and renewal policies and their impact on a family's ability to obtain and retain coverage. By reviewing administrative policies and procedures against the backdrop of monthly enrollment data CDF-NY was able to aggregate the experiences of applicants and beneficiaries.

The following health policies are discussed in this Issue Brief and may have influenced enrollment and retention in 2008:

- elimination of Temporary Enrollment for children;
- implementation of Presumptive Eligibility for children;
- elimination of documentation of income and residency at renewal;
- the new 15-day application submission policy;
- increase of the Medicaid asset test levels; and
- Child Health Plus expansion.

The data reviewed in this Issue Brief are only a snapshot in time, and therefore not statistically significant and do not show that these trends will continue. The data does show the influence recent policies may have had on the enrollment landscape in New York, which CDF-NY hopes will help inform policy makers on the impact future health policies would have on enrollment and retention.

Enrollment in Public Health Insurance

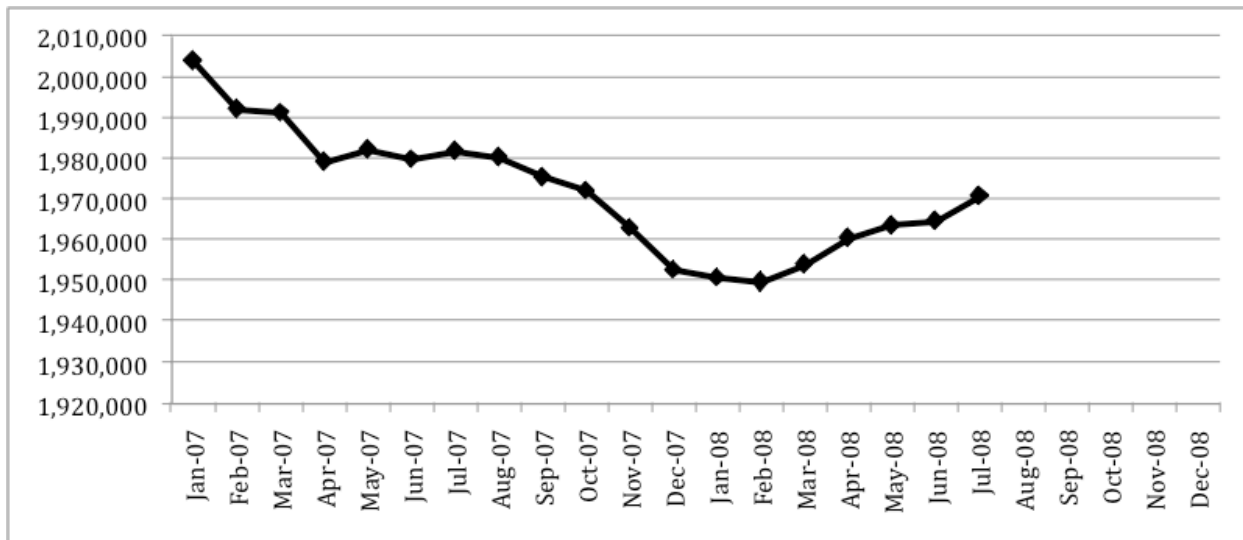
CHILD HEALTH INSURANCE ENROLLMENT

In a one-year snapshot of enrollment data of children in Children’s Medicaid and Child Health Plus (New York’s SCHIP program), from July 2007 to July 2008 (the most recent data available for total child enrollment), total child enrollment declined slightly from 1,982,913 to 1,970,786, a decline of more than **12,000** children.

During this time period, from July 2007 to July 2008, Children’s Medicaid enrollment increased from 1,585,871 to 1,605,781, an increase of almost **20,000** children. The increase in Children’s Medicaid enrollment was divided equally between enrollment Upstate and enrollment in New York City.

Child Health Plus enrollment during this same time frame, from July 2007 to July 2008, decreased from a high of 396,042 to 365,005, a decline of more than **31,000** children. Notably, the decline in Child Health Plus enrollment occurred largely in New York City, with a loss of **21,000** children. Enrollment of Child Health Plus began to show a slight increase in October and November 2008 after the implementation of the Child Health Plus expansion began in September 2008.

Figure 1: Statewide Total Child Enrollment: Children’s Medicaid and Child Health Plus

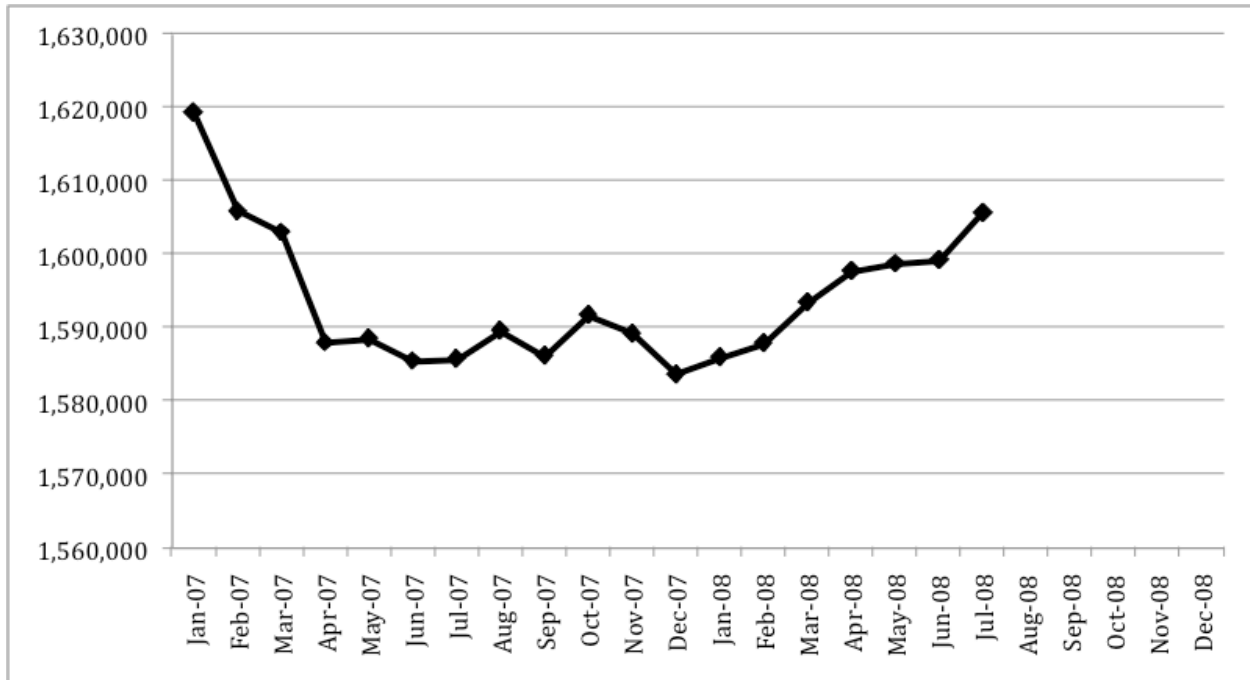


Sources:

Children’s Medicaid: Enrollment data derived from Number of Medicaid Eligibles by Category of Eligibility of Social Service District available at http://www.health.state.ny.us/nysdoh/medstat/el2008/mo_08_el.htm Total Medicaid Children is derived by combining TANF Children and Safety Net Children within the Medicaid and Subsistence and Medicaid Only Categories. SSI Aged, Blind and Disabled Children are not included in calculations.

Child Health Plus: Enrollment data derived from NYS Child Health Plus B Program Table of Enrollment by Insurer available at http://www.health.state.ny.us/statistics/child_health_plus/enrollment/

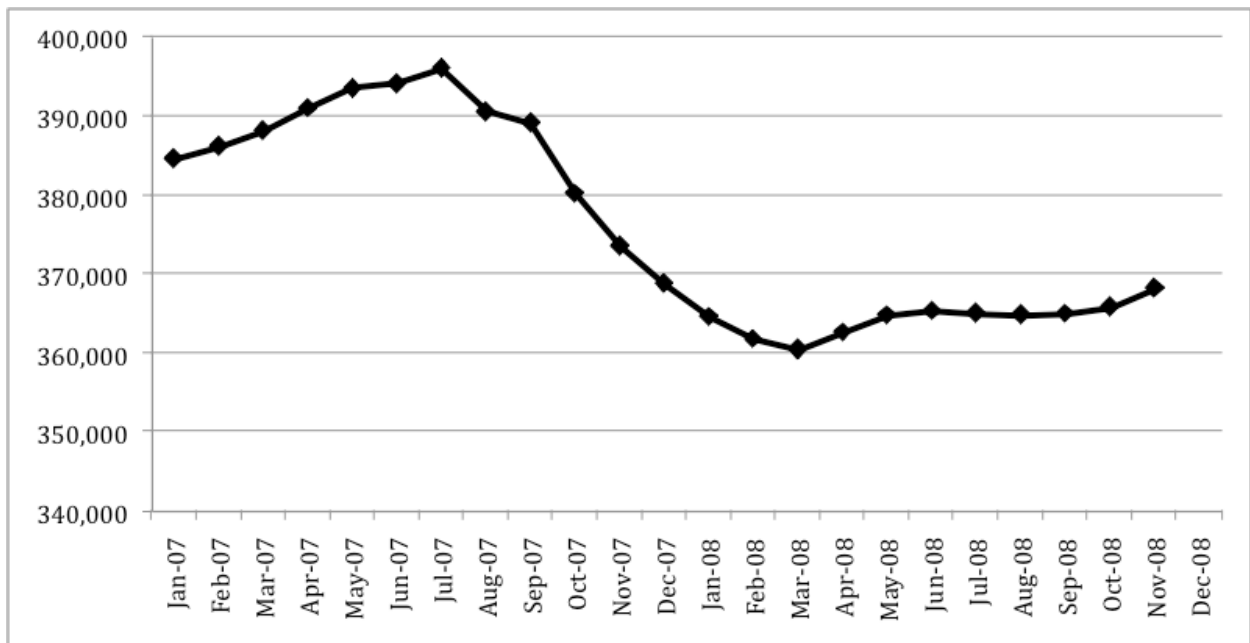
Figure 2: Statewide Children's Medicaid Enrollment



Source:

Children's Medicaid: Enrollment data derived from Number of Medicaid Eligibles by Category of Eligibility of Social Service District available at http://www.health.state.ny.us/nysdoh/medstat/el2008/mo_08_el.htm Total Medicaid Children is derived by combining TANF Children and Safety Net Children within the Medicaid and Subsistence and Medicaid Only Categories. SSI Aged, Blind and Disabled Children are not included in calculations.

Figure 3: Statewide Child Health Plus Enrollment



Source:

Child Health Plus: Enrollment data derived from NYS Child Health Plus B Program Table of Enrollment by Insurer available at http://www.health.state.ny.us/statistics/child_health_plus/enrollment/

Policy Changes Influencing Children's Health Insurance Enrollment

The three child-specific policies that may have influenced enrollment in Children's Medicaid and Child Health Plus are the elimination of Temporary Enrollment for children, the implementation of Presumptive Eligibility for children, and the Child Health Plus expansion. The new 15-day application submission policy and the elimination of documentation at renewal may have also influenced child health enrollment and are discussed in greater detail in the Adult Enrollment Section.

Elimination of Temporary Enrollment in Child Health Plus

New York eliminated Temporary Enrollment for children in the 2007-2008 New York State Budget. Temporary Enrollment was a policy whereby children who appeared to be eligible for Medicaid were temporarily enrolled in Child Health Plus for 60 days. These children were able to access coverage immediately and were given two months to submit their documentation and complete their application. At the end of the temporary enrollment period, children either remained in Child Health Plus or were moved to Medicaid, depending on their income eligibility. Due to the fact that the Children's Medicaid and Child Health Plus eligibility systems are disconnected and there is not a seamless transfer of information between them, there were instances of duplicative enrollment in both programs. New York eliminated Temporary Enrollment for children as a trade off for the implementation of the very positive policy of Presumptive Eligibility for children (which is discussed in greater detail later) as well as to address any duplicative enrollment. There was initial hope that the Child Health Plus expansion coupled with the implementation of Presumptive Eligibility would compensate for any loss in coverage as a result of the elimination of the Temporary Enrollment policy.

The enrollment data, however, show that the elimination of Temporary Enrollment, which was effective October 2007, may have had a negative influence on enrollment for children in Child Health Plus. Beginning in October 2007, when health plans ceased temporarily enrolling

children in Child Health Plus, there was a steep decline in Child Health Plus enrollment. The decline in enrollment continued until March 2008 when enrollment increased slightly and then remained flat until September 2008. In September 2008, the Child Health Plus expansion went into effect and enrollment data indicate a slow, yet steady, increase in enrollment.

Presumptive Eligibility for Children's Medicaid

The 2007-2008 New York State Budget legislated Presumptive Eligibility for children which became effective February 2008. Presumptive Eligibility allows children seeking medical treatment at federally-qualified health centers that also have community-based facilitated enrollers on site to enroll and access Children's Medicaid immediately without any processing delay. For example, a mother bringing her uninsured children to see a pediatrician at a federally-qualified health center would be allowed to presumptively enroll her children in Children's Medicaid and be guaranteed health coverage on the same day as her visit. The family is then given a 60-day window to complete the application process and submit all of their required documentation.

When Presumptive Eligibility was legislated in the 2007-2008 New York State Budget, the legislation allowed for Qualified Entities as determined by the Commissioner to conduct Presumptive Eligibility. The initial rollout of Presumptive Eligibility limited the Qualified Entities to federally-qualified health centers. Since its inception, the implementation process of Presumptive Eligibility at federally-qualified health centers has been reportedly slower than expected, but it may have also yielded some increases in enrollment. Since February 2008, monthly data of Children's Medicaid show an increase in enrollment.

As mentioned above, when Presumptive Eligibility was passed, Temporary Enrollment was eliminated (when children are enrolled temporarily in Child Health Plus for 60 days). New York has witnessed a steady decline in Child Health Plus enrollment since Temporary Enrollment was eliminated. The intention behind Presumptive Eligibility was not only to allow for immediate access to

health coverage but to capture the children no longer temporarily enrolled. However, the loss in Child Health Plus enrollment has not yet been made up by Presumptive Eligibility. A potential strategy to increase enrollment through Presumptive Eligibility and to compensate for the loss in enrollment as a result of the elimination of Temporary Enrollment would be to expand the reach of Presumptive Eligibility and extend the number of Qualified Entities entitled to presumptively enroll children to also include additional full service health centers as well as other facilitated enrollers who are not co-located at federally-qualified health clinics.

Child Health Plus Expansion

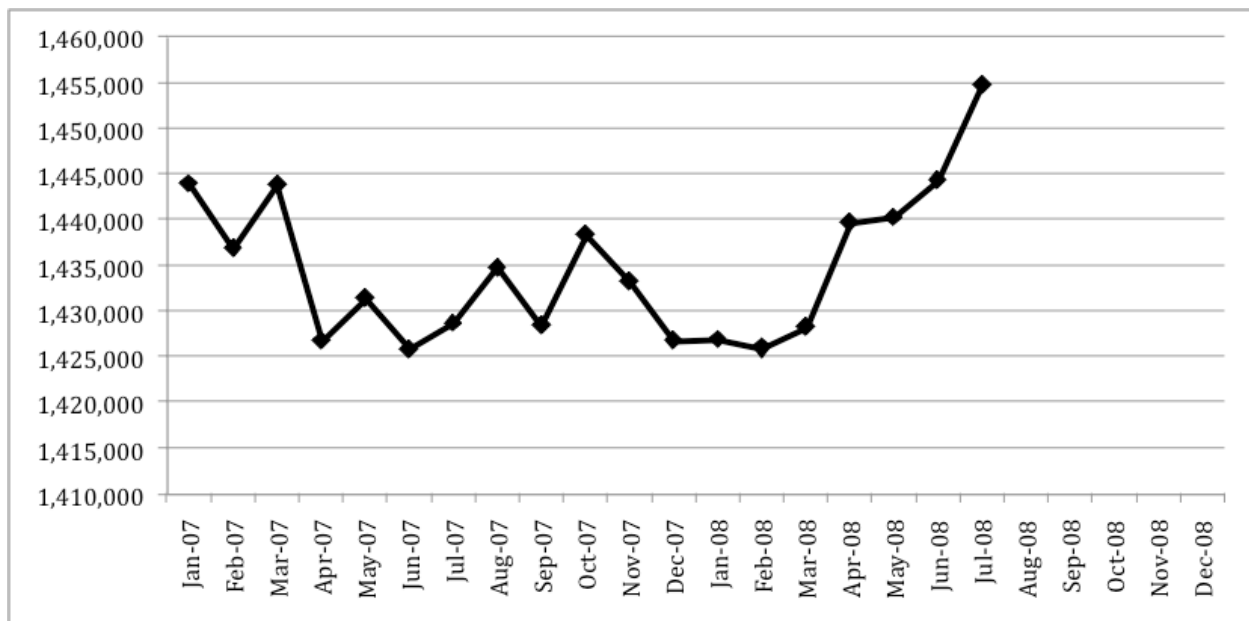
In the 2008-2009 New York State Budget the New York State Legislature passed an expansion of Child Health Plus from 250 percent to 400 percent of the federal poverty level, funded with state-only dollars. The expansion became effective September 2008 and made nearly every uninsured child eligible for comprehensive health coverage through an affordable sliding fee scale. The

State Department of Health embarked on an outreach and print and media advertising campaign to spread the news that health insurance was now available to every uninsured child in New York. As a result, enrollment in Child Health Plus began to increase in September 2008. As the number of families who learn that nearly every uninsured child is now eligible for coverage increases, we expect to see a greater increase in enrollment in both Children’s Medicaid and Child Health Plus in 2009.

ADULT HEALTH INSURANCE ENROLLMENT

Total adult enrollment increased by **26,000** adult enrollees from July 2007 to July 2008, from 1,428,729 to 1,454,746. This increase was largely due to an increase in adult enrollment in Medicaid instead of Family Health Plus enrollment, which remained stagnant. Adult Medicaid enrollment grew from 882,502 to 909,712, an increase of **27,210** beneficiaries whereas Family Health Plus enrollment decreased slightly from 546,227 to 545,034, a decline of **1,193** beneficiaries.

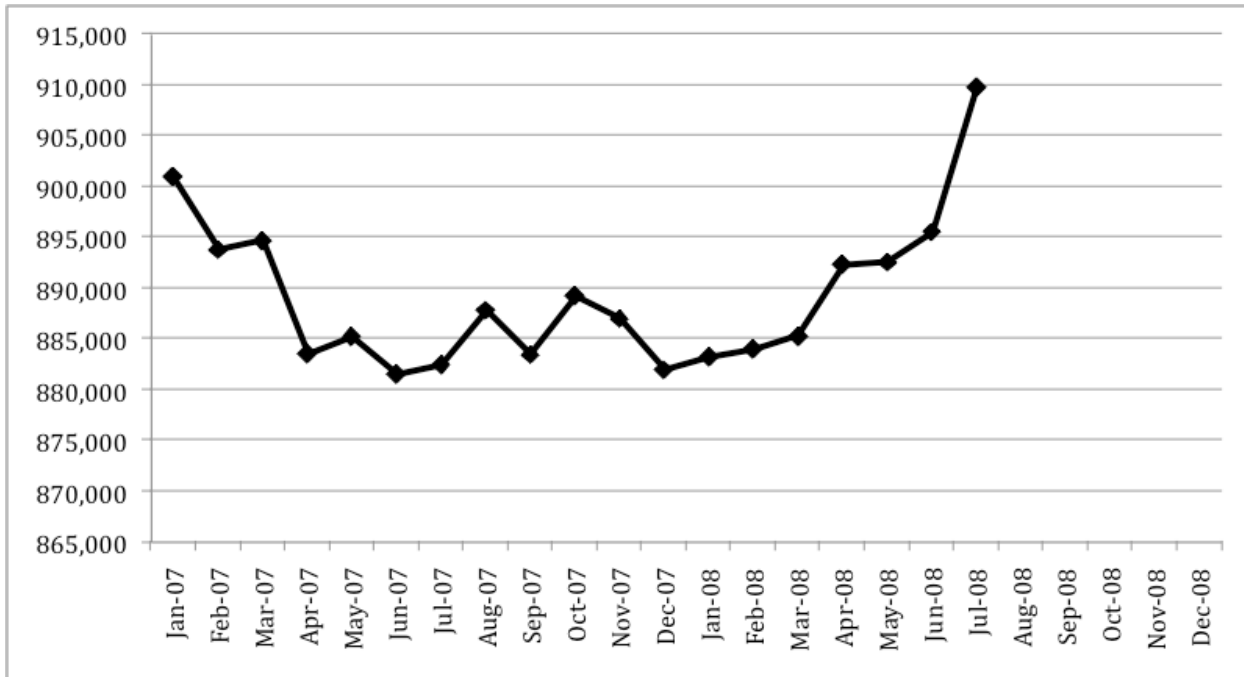
Figure 4: Statewide Total Adult Enrollment: Medicaid and Family Health Plus



Source:

Medicaid and Family Health Plus: Enrollment data derived from Number of Medicaid Eligibles by Category of Eligibility of Social Service District available at http://www.health.state.ny.us/nysdoh/medstat/el2008/mo_08_el.htm Total Medicaid Adults is derived by combining TANF Adults and Safety Net Adults within the Medicaid and Subsistence and Medicaid Only Categories. SSI Aged, Blind and Disabled Adults are not included in calculations.

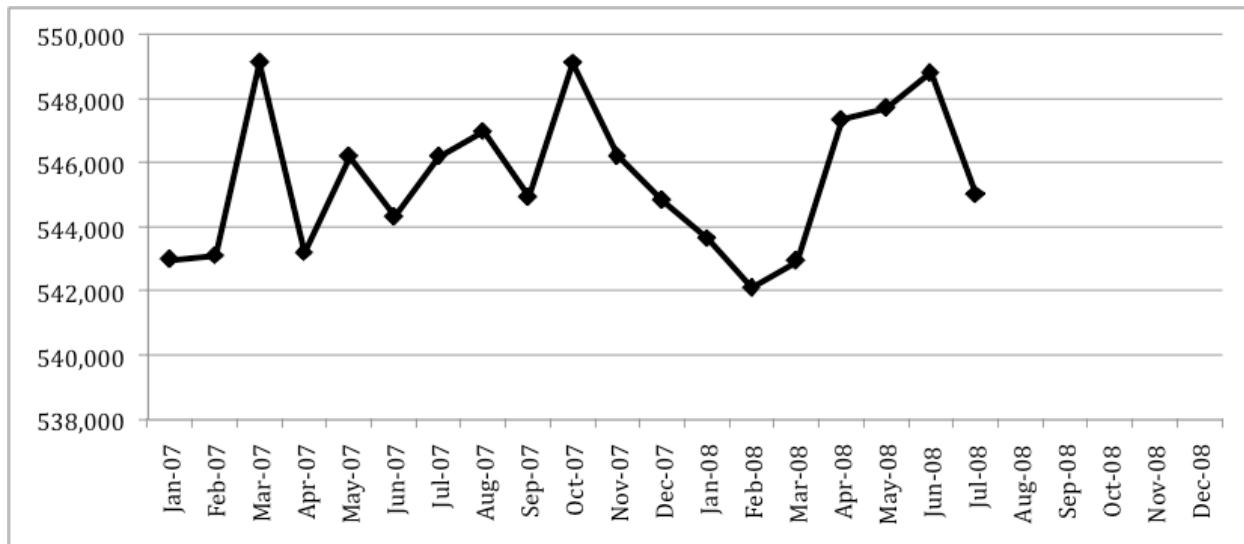
Figure 5: Statewide Medicaid Adult Enrollment



Source:

Medicaid and Family Health Plus: Enrollment data derived from Number of Medicaid Eligibles by Category of Eligibility of Social Service District available at http://www.health.state.ny.us/nysdoh/medstat/el2008/mo_08_el.htm Total Medicaid Adults is derived by combining TANF Adults and Safety Net Adults within the Medicaid and Subsistence and Medicaid Only Categories. SSI Aged, Blind and Disabled Adults are not included in calculations.

Figure 6: Statewide Family Health Plus Enrollment



Source:

Medicaid and Family Health Plus: Enrollment data derived from Number of Medicaid Eligibles by Category of Eligibility of Social Service District available at http://www.health.state.ny.us/nysdoh/medstat/el2008/mo_08_el.htm Total Medicaid Adults is derived by combining TANF Adults and Safety Net Adults within the Medicaid and Subsistence and Medicaid Only Categories. SSI Aged, Blind and Disabled Adults are not included in calculations.



Policies Influencing Adult Health Insurance Enrollment

The primary policies that may have influenced adult enrollment and retention were the elimination of the requirement to document income and residency at renewal, raising the Medicaid asset levels to three times their previous requirements so they are aligned with Family Health Plus levels and a new 15-Day Application Submission Policy.

Self-Attestation of Income and Residency

New York began self-attestation of income and residency at renewal in January 2008. Based on representations by the State Department of Health and the New York City Human Resources Administration, existing research and facilitated enrollers' on-the-ground experiences, one of the primary obstacles families face when renewing their coverage every twelve months is their failure to properly document their income every twelve months. Even though families were losing coverage at renewal, many were still eligible. Based on an analysis of New York State health insurance data, about 61 percent of adults and 76.6 percent of children whose coverage was terminated at renewal become uninsured even though

they appear eligible to renew their coverage.⁶ Sixty-seven percent of adults and 84.4 percent of children whose coverage was terminated will re-enroll in public health insurance within 12 months.⁷ Enrollment churning, when families involuntarily lose coverage at renewal and then subsequently re-enroll a few months later, is a significant barrier to continuity of coverage at an unnecessary administrative cost to the state and local districts of social services.

Fortunately, in April 2007, legislation was passed as part of the 2007-2008 New York State Budget which eliminated the requirement of documenting income and residency at renewal. Facilitated enrollers reported the positive effect self-attestation has had on renewal for those who have historically had a difficult time documenting their income. Self-attestation of income has been a great benefit to off the book employees, individuals with multiple employers, and those who feared reprisal if they asked their employer for income verification. Enrollment data for both child and adult Medicaid and Family Health Plus show a steady increase in enrollment in January 2008, which indicates the implementation of this new policy may have positively influenced enrollment.

Facilitated enrollers have reported, however, that in instances where income documentation is readily available they will encourage families to document income rather than to self-attest. This is due in large part to the fact that attested income is verified through the Wage Reporting System that holds data which are at least three to four months old. Data found in the system that is not up-to-date can only be disproved by submitting the most current documentation verification. Self-attestation of income has the tremendous potential of ensuring retention and continuity of coverage. In order to be improved, New York needs to expand the number of third party electronic sources it uses so that when income is verified it is checked against the most up-to-date income information.

⁶ Lewin Group Estimates for United Hospital Fund-Commonwealth Fund, "Estimates of the Cost and Coverage Impacts of Proposals to Expand Health Insurance Coverage in New York," Lewin Group, November 2006.

⁷ *Id.*

Another way to improve self-attestation of income is to increase awareness and understanding around this simplification especially for those who are long-time users of public health insurance and are accustomed to the documentation requirements. Those who receive enrollment assistance should be properly briefed at application through easy-to-understand one-pagers of what will be expected of them at renewal, so they understand they do not have to re-document everything initially verified at application. Recertification packages also need to be explicitly clear that the beneficiaries are not expected to re-document their eligibility.

Raising of Medicaid Asset or Resource Test

Adults applying for Medicaid must show that their savings do not exceed established resource levels in order to be found eligible. The 2008-2009 New York State Budget legislated the raising of the Medicaid Asset, or resource, test levels to those of the Family Health Plus levels. Prior to the legislation, the Medicaid asset test for a family of three was \$6,600 and for Family Health Plus was \$19,800 for a family of three. By raising the Medicaid resource test to Family Health Plus resource levels, families are able to plan for their future and attain economic sustainability by building up their savings. This alignment also creates administrative efficiencies as it makes it easier for local district staff to process applications.

The raising of the Medicaid asset test became effective April 2008. Enrollment data of adult Medicaid show a significant and steady increase in enrollment in April 2008 and onwards, indicating the raising of the Medicaid asset test may have influenced adult enrollment. This may have also contributed to the decline in Family Health Plus enrollment, as beneficiaries with higher savings moved from Family Health Plus to Medicaid.

15-Day Application Submission Policy

Effective in the spring of 2008, a new policy was implemented that would require all health plans and

community-based facilitated enrollers to submit applications within 15 days of the start of an application. This new policy was born out of the concern that FEs were not submitting applications in a timely manner and this practice was ultimately affecting processing time-frames (despite the fact that internal data showed the community-based FEs were on average all submitting their applications within 15 days of starting them).

The new policy posed significant challenges for families that did not have the harder to obtain required documents such as proof of income, birth certificates or passports and which took more than 15 days to order. Those applications with the hard to obtain documents would have to be submitted to the local district as incomplete and therefore closed. If a family was able to obtain the documents at a later date, they would not be permitted to include the documents to their already commenced application, but would have to start the application process all over again.

To address the fear that there would be an increase in incomplete applications submitted to local districts, facilitated enrollers, working closely with the State Department of Health, implemented an accepted policy whereby families should undergo an initial documentation review before an application is started. The actual application is not commenced until the majority of the documents are collected. Enrollment data commencing in spring 2008 show an increase rather than a decline in enrollment for adults and children which indicates that this new policy may not have had a negative influence on total enrollment. That notwithstanding, for applications that are started this policy still holds pitfalls for individuals who are unable to submit the hardest to obtain documents, such as proof of income, birth certificates and passports, within 15 days. For those individuals, a grace period should be implemented that would allow an individual to submit any outstanding documents to the local district after the 15-day time period without having to re-apply.

Recommendations

The following policy proposals would help increase enrollment while also moving New York one step closer to creating a more rational and streamlined public health insurance system. Recommendations include improvements to existing policy proposals so that they may realize their full potential. Additional recommendations to eliminate the face-to-face interview at application, the adult asset test and the finger printing requirement for Medicaid beneficiaries were included in the 2009-2010 New York State Executive Budget. It is critical that the State Legislature enact these key simplifications in order to increase enrollment and retention. In order to truly demonstrate its commitment to the health of all New Yorkers, the state's leadership must act on behalf of our residents and remove the following cumbersome bureaucratic hurdles that pose undue challenges to obtaining and maintaining health insurance coverage for New York's working families.

Presumptive Eligibility: Every child enrolling in public health insurance should be presumptively enrolled in Children's Medicaid upon application (not just at federally-qualified health centers) in order to have immediate access to health care, rather than wait 30

days for their application to be processed. Qualified Entities who are deputized to conduct Presumptive Eligibility should not be limited to federally qualified health centers with facilitated enrollers on-site. New York should expand the number of Qualified Entities who may presumptively enroll children to additional full service health centers as well as to all facilitated enrollers and local district of social service eligibility workers so that every child may immediately access critical health care.

Self-Attestation of Income and Residency: In order to translate self-attestation of income into an effective reality third party databases with the most up-to-date data are needed to verify income. New York will not be able to move toward a paperless application system, through which individuals can apply for public health insurance by computer or telephone, without an increase in the quality and number of third party verification databases that hold current income information. Beneficiaries should also be better educated about what is required of them at renewal. Application assisters should provide one-pagers that explain the option of self-attestation at renewal and recertification packages should be explicitly clear that beneficiaries are not expected to re-document eligibility.

15-Day Application Submission: For families that are unable to obtain eligibility documents such as proof of income, birth certificates and passports within the newly prescribed 15-day time frame, a grace period should be implemented that would allow an individual to submit any outstanding documents to the local district of social services after the application has started and 15 days has elapsed. Without this grace period applications will be submitted as incomplete and individuals applying will have to go through the entire application process again when they are able to obtain those documents, which is administratively costly and burdensome to facilitated enrollers and eligibility workers.



The Face-to-Face Interview at Application: A family applying for Medicaid or Family Health Plus must meet a face-to-face personal interview requirement at the time of application, even though it is not federally required.⁸ New York is in the minority as one of only three states that require a face-to-face interview for families applying for children's Medicaid coverage and one of only 10 states that require it for adults seeking Medicaid or Family Health Plus.⁹ The face-to-face interview requirement is a hurdle for families to overcome in order to connect to the coverage for which they are eligible. Individuals who work long hours and whose employers do not provide vacation or personal time to miss work and meet this requirement are faced with the difficult decision of applying for coverage or jeopardizing their jobs. The face-to-face interview requirement is also a hardship for those who lack transportation, have physical or mental disabilities or who face financial hardships that limit travel. The face-to-face interview also impedes New York from moving forward with an electronic application pathway. New York has already eliminated the face-to-face interview at renewal and should allow for the option of applying by mail, telephone, fax and ultimately by computer. However, families that require in person application assistance can still meet with a facilitated enroller, health advocate or eligibility worker at a local district of social services. This menu of options would fit the varied needs of New Yorkers and further open the door to enrollment.

The Medicaid Adult Asset Test: New York should eliminate the adult asset test for Medicaid and Family Health Plus (except for long-term care services), as it has for children's programs, since the existing requirement serves as a major barrier to enrollment. The asset test punishes families for trying to plan for their future by building their savings and their retirement funds such as IRAs, 401(k)s and KEOGH accounts. The asset test also deters eligible applicants who are attempting to navigate the application and renewal forms which ask complicated and difficult to understand questions regarding their savings. The asset test is not only administratively burdensome for local district staff, but research shows that states that have eliminated the asset test report increased enrollment, administrative efficiencies and no significant increase in error rates.¹⁰ Twenty-three states have already eliminated the asset test.¹¹ Based on a survey of New York specific data from the Survey of Income and Program Participation, it is estimated that if New York eliminated the asset test, enrollment would increase in New York by 94,000 adults.¹² Because this data reflects only those who would be newly eligible and does not take into account the number of individuals who were previously eligible, the actual number would be higher.

⁸ Medicaid: Social Services Law Section 366-a(1), (2); Family Health Plus: Social Services Law Section 369-ee(5)(a).

⁹ Donna Cohen Ross and Caryn Marks, "Challenges of Providing Health Coverage for Children and Parents in a Recession: A 50 State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2009," Center on Budget and Policy Priorities and Kaiser Commission on Medicaid and the Uninsured, January 2009.

¹⁰ Vernon Smith, Eileen Ellis and Christina Chang, "Eliminating the Medicaid Asset Test for Families: A Review of State Experiences," Health Management Associates and the Commission on Medicaid and the Uninsured, April 2001.

¹¹ *Supra* note 9.

¹² Lewin Group Estimates for United Hospital Fund and Commonwealth Fund, "Estimates of the Cost and Coverage Impacts of Proposals to Expand Health Insurance Coverage in New York," Lewin Group, November 2006.

(Recommendations continued)

The Adult Finger Printing Requirement: The adult Finger Printing requirement for Medicaid beneficiaries should be eliminated statewide. Finger Printing has not proven to be an effective tool in preventing fraud and according to the New York State Department of Health has generated only \$84,000 in cost savings in the past six years. The State Department of Health also reports that 99 percent of finger imaging matches are the result of eligibility employee errors. Finger Printing criminally stigmatizes adult Medicaid applicants and serves as a deterrent to those interested in applying for vital health coverage. There are other more cost-effective strategies to search for application duplication while still maintaining program integrity, such as tracking social security numbers across counties. These methods would be effective without deterring or stigmatizing potential applicants.

Conclusion

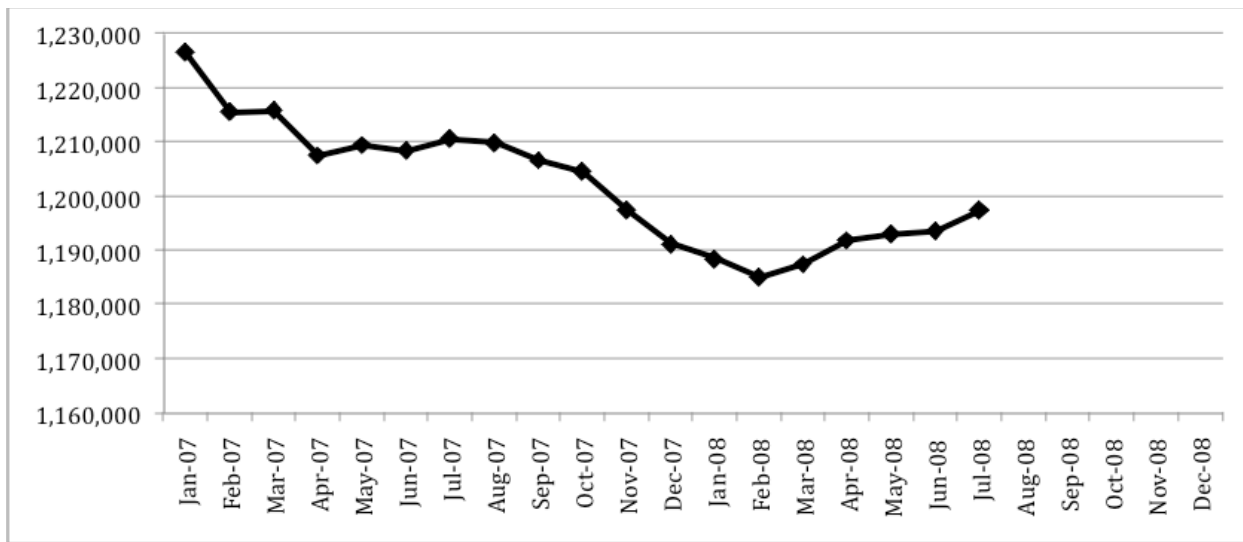
Total child enrollment, from July 2007 to July 2008, decreased while total adult enrollment during this same time period increased. The continued rollout of the Child Health Plus expansion as well as Presumptive Eligibility will hopefully lead to an increase in child enrollment in 2009. Self-attestation at renewal and the raising of the Medicaid asset test levels may have also contributed to an increase in Medicaid enrollment among adults, but not Family Health Plus enrollment.

If New York is to remain a leader in the nation in covering children and adults, positive policies must be implemented

that open, rather than close, the door to enrollment. As the economy worsens and more individuals lose their jobs it is imperative that New York make it easier for struggling families to access public health insurance programs. Legislating and implementing policies that are designed to simplify public health insurance programs while reaching into communities to find and enroll those who are eligible should be a top priority for our state.

Appendix: New York City Child and Adult Enrollment

Figure 7: New York City Total Child Health Enrollment: Children’s Medicaid and Child Health Plus

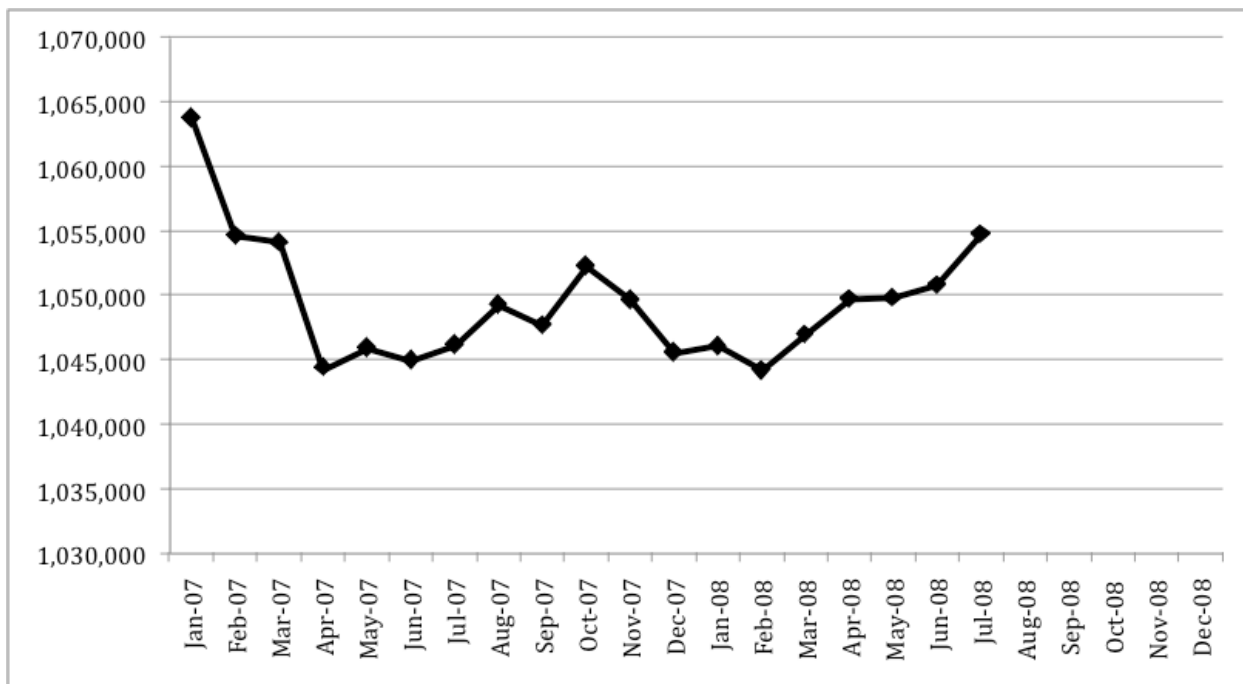


Sources:

Child and Adult Medicaid and Family Health Plus: Enrollment data derived from Number of Medicaid Eligibles by Category of Eligibility of Social Service District available at http://www.health.state.ny.us/nysdoh/medstat/el2008/mo_08_el.htm Total Medicaid Children is derived by combining TANF Children and Safety Net Children within the Medicaid and Subsistence and Medicaid Only Categories. Total Medicaid Adults is derived by combining TANF Adults and Safety Net Adults within the Medicaid and Subsistence and Medicaid Only Categories. SSI Aged, Blind and Disabled Children and Adults are not included in calculations.

Child Health Plus: Enrollment data derived from NYS Child Health Plus B Program Table of Enrollment by Insurer available at http://www.health.state.ny.us/statistics/child_health_plus/enrollment/ New York City data is derived by combining Bronx, Kings, New York, Queens and Richmond County data.

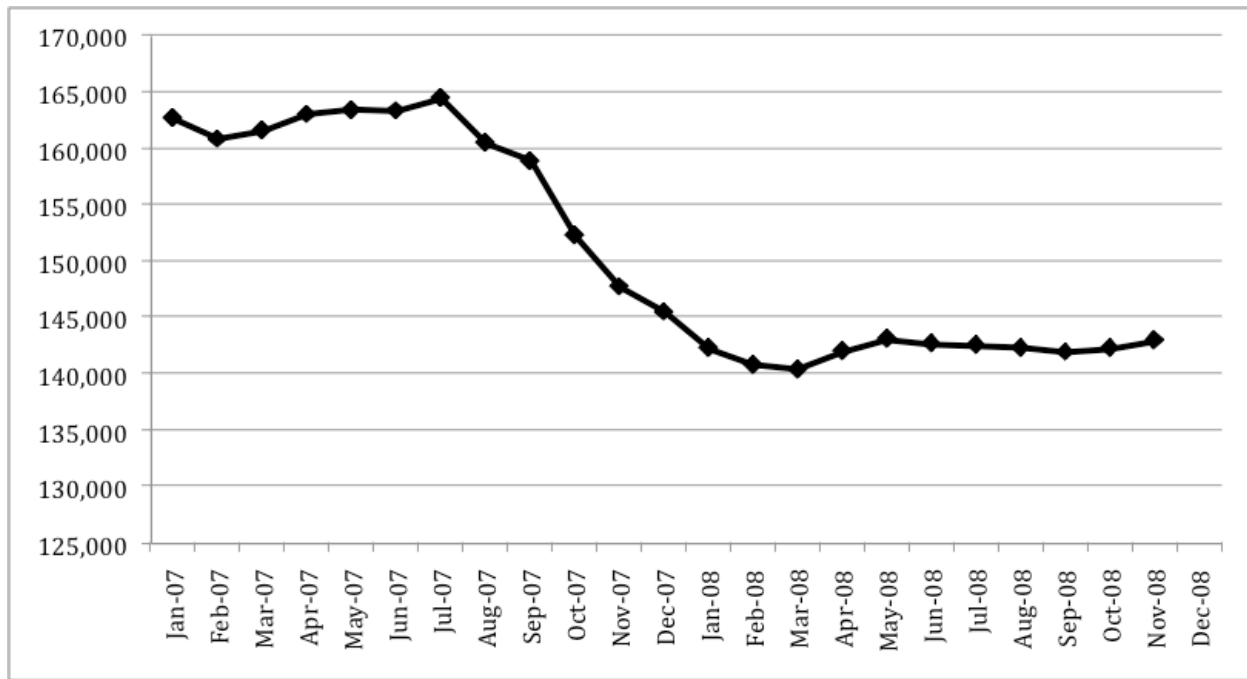
Figure 8: New York City Children’s Medicaid Enrollment



Source:

Child and Adult Medicaid and Family Health Plus: Enrollment data derived from Number of Medicaid Eligibles by Category of Eligibility of Social Service District available at http://www.health.state.ny.us/nysdoh/medstat/el2008/mo_08_el.htm Total Medicaid Children is derived by combining TANF Children and Safety Net Children within the Medicaid and Subsistence and Medicaid Only Categories. Total Medicaid Adults is derived by combining TANF Adults and Safety Net Adults within the Medicaid and Subsistence and Medicaid Only Categories. SSI Aged, Blind and Disabled Children and Adults are not included in calculations.

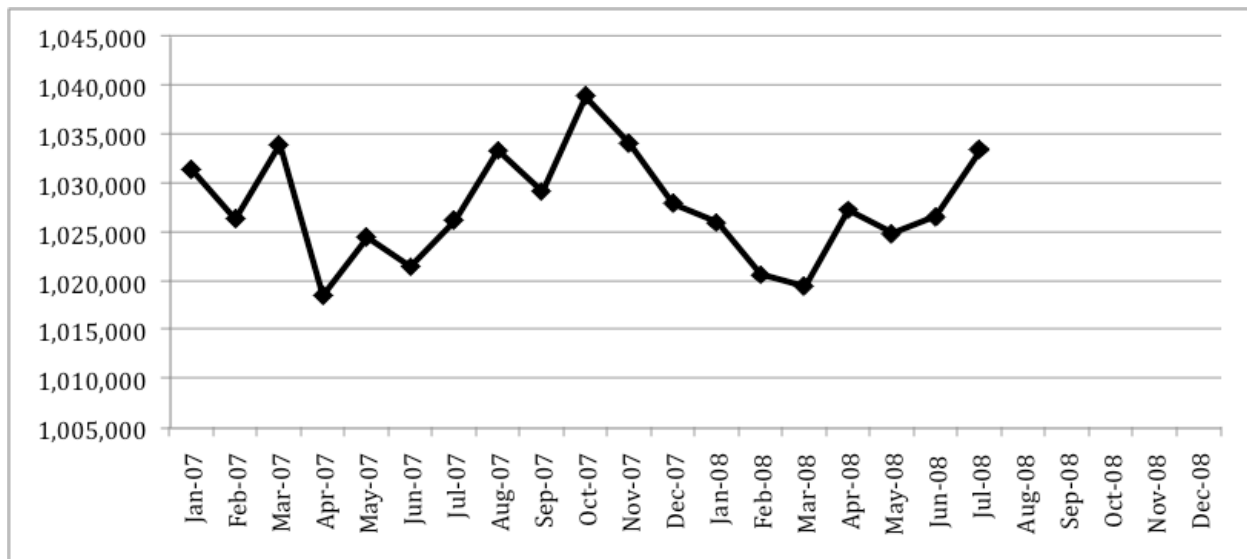
Figure 9: New York City Child Health Plus Enrollment



Source:

Child Health Plus: Enrollment data derived from NYS Child Health Plus B Program Table of Enrollment by Insurer available at http://www.health.state.ny.us/statistics/child_health_plus/enrollment/ New York City data is derived by combining Bronx, Kings, New York, Queens and Richmond County data.

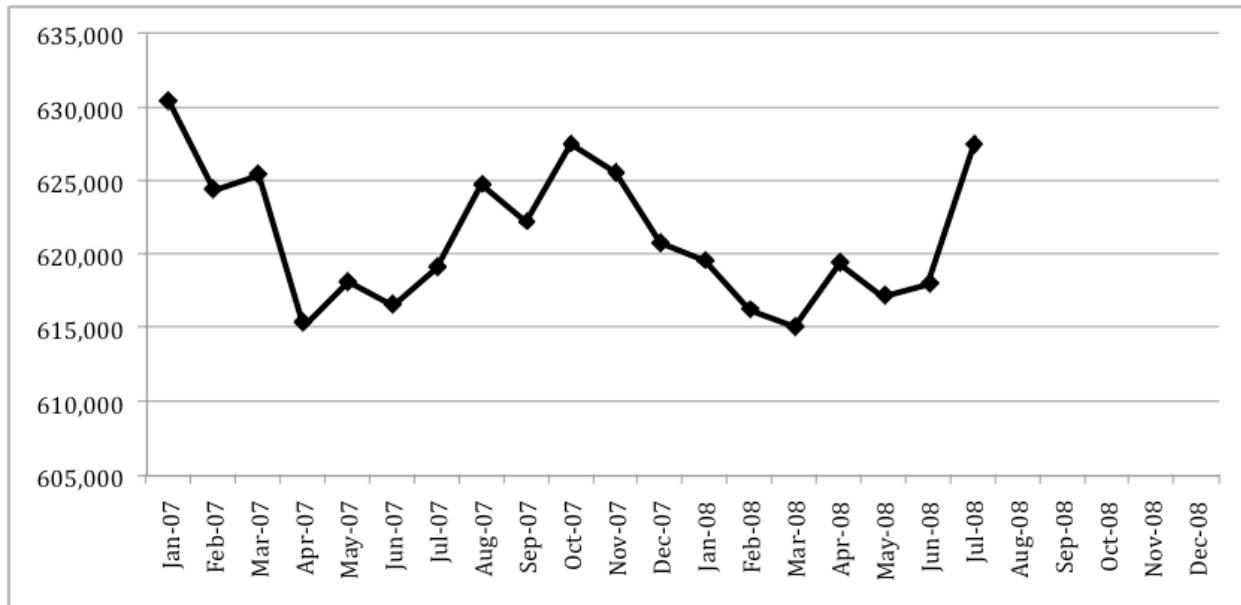
Figure 10: New York City Total Adult Enrollment: Medicaid and Family Health Plus



Source:

Child and Adult Medicaid and Family Health Plus: Enrollment data derived from Number of Medicaid Eligibles by Category of Eligibility of Social Service District available at http://www.health.state.ny.us/nysdoh/medstat/el2008/mo_08_el.htm Total Medicaid Children is derived by combining TANF Children and Safety Net Children within the Medicaid and Subsistence and Medicaid Only Categories. Total Medicaid Adults is derived by combining TANF Adults and Safety Net Adults within the Medicaid and Subsistence and Medicaid Only Categories. SSI Aged, Blind and Disabled Children and Adults are not included in calculations.

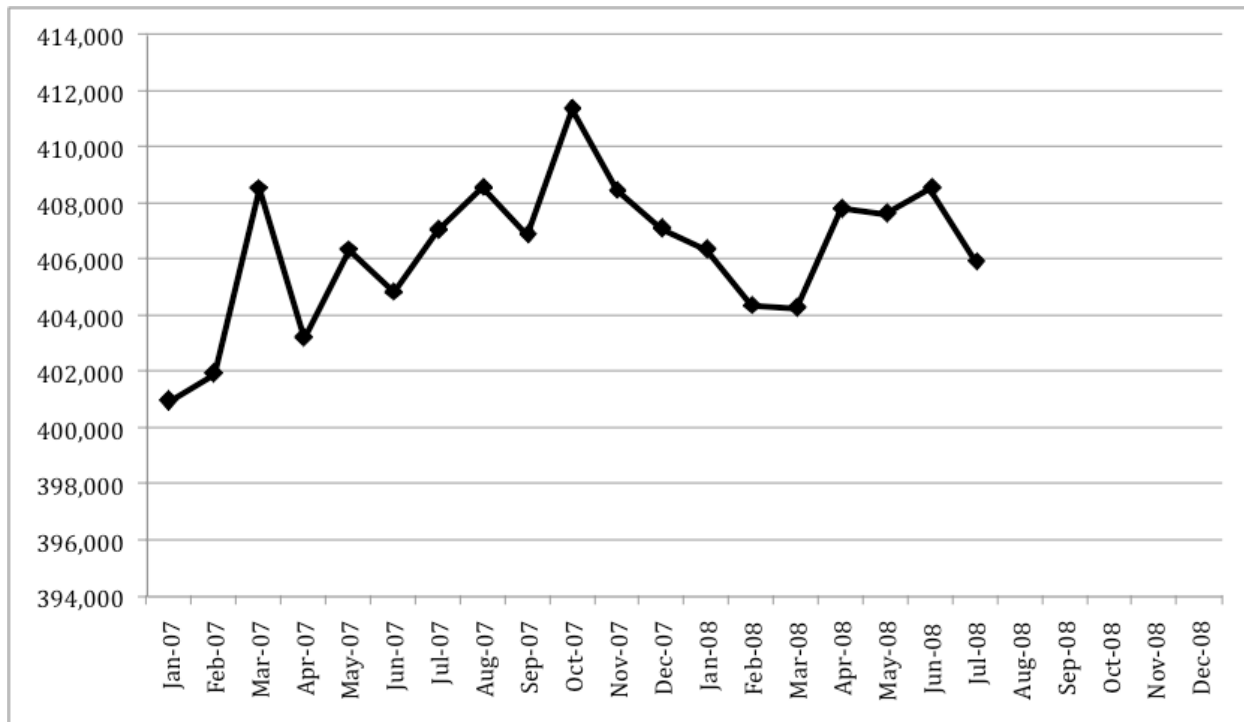
Figure 11: New York City Medicaid Adult Enrollment



Source:

Child and Adult Medicaid and Family Health Plus: Enrollment data derived from Number of Medicaid Eligibles by Category of Eligibility of Social Service District available at http://www.health.state.ny.us/nysdoh/medstat/el2008/mo_08_el.htm Total Medicaid Children is derived by combining TANF Children and Safety Net Children within the Medicaid and Subsistence and Medicaid Only Categories. Total Medicaid Adults is derived by combining TANF Adults and Safety Net Adults within the Medicaid and Subsistence and Medicaid Only Categories. SSI Aged, Blind and Disabled Children and Adults are not included in calculations.

Figure 12: New York City Family Health Plus Enrollment



Source:

Child and Adult Medicaid and Family Health Plus: Enrollment data derived from Number of Medicaid Eligibles by Category of Eligibility of Social Service District available at http://www.health.state.ny.us/nysdoh/medstat/el2008/mo_08_el.htm Total Medicaid Children is derived by combining TANF Children and Safety Net Children within the Medicaid and Subsistence and Medicaid Only Categories. Total Medicaid Adults is derived by combining TANF Adults and Safety Net Adults within the Medicaid and Subsistence and Medicaid Only Categories. SSI Aged, Blind and Disabled Children and Adults are not included in calculations.

Monthly Enrollment Data: Table A

New York State

Month	Medicaid Child Enrollment	Child Health Plus B	Total Child Enrollment	Medicaid Adult Enrollment	Family Health Plus	Total Adult Enrollment
Jan-07	1,619,295	384,618	2,003,913	900,958	543,029	1,443,987
Feb-07	1,605,979	386,153	1,992,132	893,813	543,146	1,436,959
Mar-07	1,603,074	388,178	1,991,252	894,709	549,141	1,443,850
Apr-07	1,588,102	391,041	1,979,143	883,554	543,240	1,426,794
May-07	1,588,685	393,570	1,982,255	885,251	546,225	1,431,476
Jun-07	1,585,587	394,164	1,979,751	881,552	544,360	1,425,912
Jul-07	1,585,871	396,042	1,981,913	882,502	546,227	1,428,729
Aug-07	1,589,736	390,618	1,980,354	887,825	547,009	1,434,834
Sep-07	1,586,313	389,124	1,975,437	883,500	544,971	1,428,471
Oct-07	1,591,846	380,195	1,972,041	889,265	549,134	1,438,399
Nov-07	1,589,355	373,514	1,962,869	887,041	546,249	1,433,290
Dec-07	1,583,721	368,804	1,952,525	881,988	544,866	1,426,854
Jan-08	1,586,088	364,543	1,950,631	883,288	543,670	1,426,958
Feb-08	1,588,015	361,740	1,949,755	883,997	542,125	1,426,122
Mar-08	1,593,529	360,436	1,953,965	885,325	542,974	1,428,299
Apr-08	1,597,760	362,586	1,960,346	892,358	547,379	1,439,737
May-08	1,598,819	364,759	1,963,578	892,578	547,744	1,440,322
Jun-08	1,599,354	365,311	1,964,665	895,535	548,838	1,444,373
Jul-08	1,605,781	365,005	1,970,786	909,712	545,034	1,454,746
Aug-08		364,798				
Sep-08		364,952				
Oct-08		365,829				
Nov-08		368,208				

Sources:

Child and Adult Medicaid and Family Health Plus: Enrollment data derived from Number of Medicaid Eligibles by Category of Eligibility of Social Service District available at http://www.health.state.ny.us/nysdoh/medstat/el2008/mo_08_el.htm Total Medicaid Children is derived by combining TANF Children and Safety Net Children within the Medicaid and Subsistence and Medicaid Only Categories. Total Medicaid Adults is derived by combining TANF Adults and Safety Net Adults within the Medicaid and Subsistence and Medicaid Only Categories. SSI Aged, Blind and Disabled Children and Adults are not included in calculations.

Child Health Plus: Enrollment data derived from NYS Child Health Plus B Program Table of Enrollment by Insurer available at http://www.health.state.ny.us/statistics/child_health_plus/enrollment/

Monthly Enrollment Data: Table B

New York City

Month	Medicaid Child Enrollment	Child Health Plus B	Total Child Enrollment	Medicaid Adult Enrollment	Family Health Plus	Total Adult Enrollment
Jan-07	1,063,772	162,708	1,226,480	630,400	400,954	1,031,354
Feb-07	1,054,656	160,866	1,215,522	624,449	401,937	1,026,386
Mar-07	1,054,159	161,622	1,215,781	625,425	408,528	1,033,953
Apr-07	1,044,437	163,056	1,207,493	615,373	403,198	1,018,571
May-07	1,045,942	163,461	1,209,403	618,162	406,338	1,024,500
Jun-07	1,045,004	163,363	1,208,367	616,609	404,832	1,021,441
Jul-07	1,046,207	164,465	1,210,672	619,154	407,046	1,026,200
Aug-07	1,049,321	160,554	1,209,875	624,791	408,568	1,033,359
Sep-07	1,047,705	158,936	1,206,641	622,242	406,900	1,029,142
Oct-07	1,052,285	152,319	1,204,604	627,529	411,360	1,038,889
Nov-07	1,049,690	147,771	1,197,461	625,581	408,468	1,034,049
Dec-07	1,045,583	145,580	1,191,163	620,809	407,093	1,027,902
Jan-08	1,046,098	142,352	1,188,450	619,603	406,368	1,025,971
Feb-08	1,044,218	140,909	1,185,127	616,270	404,350	1,020,620
Mar-08	1,046,972	140,465	1,187,437	615,132	404,280	1,019,412
Apr-08	1,049,738	142,098	1,191,836	619,451	407,813	1,027,264
May-08	1,049,832	143,180	1,193,012	617,204	407,631	1,024,835
Jun-08	1,050,810	142,801	1,193,611	618,048	408,532	1,026,580
Jul-08	1,054,769	142,653	1,197,422	627,502	405,913	1,033,415
Aug-08		142,406				
Sep-08		142,021				
Oct-08		142,326				
Nov-08		143,034				

Sources:

Child and Adult Medicaid and Family Health Plus: Enrollment data derived from Number of Medicaid Eligibles by Category of Eligibility of Social Service District available at http://www.health.state.ny.us/nysdoh/medstat/el2008/mo_08_el.htm Total Medicaid Children is derived by combining TANF Children and Safety Net Children within the Medicaid and Subsistence and Medicaid Only Categories. Total Medicaid Adults is derived by combining TANF Adults and Safety Net Adults within the Medicaid and Subsistence and Medicaid Only Categories. SSI Aged, Blind and Disabled Children and Adults are not included in calculations.

Child Health Plus: Enrollment data derived from NYS Child Health Plus B Program Table of Enrollment by Insurer available at http://www.health.state.ny.us/statistics/child_health_plus/enrollment/ New York City data is derived by combining Bronx, Kings, New York, Queens and Richmond County data.

The Children's Defense Fund — New York

The Children's Defense Fund's Leave No Child Behind® mission is to ensure every child a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start* and a *Moral Start* in life and successful passage to adulthood with the help of caring families and communities.

The Children's Defense Fund (CDF) is a non-profit child advocacy organization that has worked relentlessly for 35 years to ensure a level playing field for all children. We champion policies and programs that lift children out of poverty; protect them from abuse and neglect; and ensure their access to health care, quality education, and a moral and spiritual foundation. Supported by foundation and corporate grants and individual donations, CDF advocates nationwide on behalf of children to ensure children are always a priority.



15 Maiden Lane, Suite 1200, New York, New York 10038 p: (212) 697-2323 f: (212) 697-0566 www.cdfny.org

Support for this work was provided by the New York State Health Foundation (NYSHealth). The mission of NYSHealth is to expand health insurance coverage, increase access to high-quality health care services, and improve public and community health. The views presented here are those of the authors and not necessarily those of the New York State Health Foundation or its directors, officers, or staff.



1412 Broadway, Suite 2304, NY, NY 10018 p: (212) 664-7656 f: (646) 421-6029 www.nyshealthfoundation.org