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MEDICARE RIGHTS CENTER

TESTIMONY

**ON THE HEALTH/MEDICAID BUDGET OF THE
2018-2019 NEW YORK STATE EXECUTIVE BUDGET**

Submitted to

The Senate Finance Committee

and

The Assembly Committee on Ways and Means

WEDNESDAY, FEBRUARY 14, 2018

NEW YORK, NY

SUBMITTED BY:

JOE BAKER, PRESIDENT

Introduction

The Medicare Rights Center is a national, nonprofit consumer service organization—based in New York—that 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 through our consumer helpline we are able to assist 20,000 people with Medicare, their caregivers and the professionals who serve them as they navigate their health insurance, appeal coverage denials and try to determine which coverage best suits their health needs. From our casework, we develop education and public policy initiatives and work with our State and Federal partners to improve the Medicare and Medicaid programs.

We are also members of the statewide Managed Care Consumer Assistance Program (MCCAP) and the Community Health Advocates (CHA) networks. Our organizations provide technical assistance and support to New York’s Health Insurance Information Assistance Program (HIICAP) and local CHA 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.

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 2018-2019 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.

We would like to share with the committees some additional comments regarding proposals in the Governor’s Budget: funding for the MCCAP; funding for CHA; and changes to the managed long-term care program.

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 Cuomo for including level funding for the Managed Care Consumer Assistance Program (MCCAP) in his 2018-2019 budget proposal. 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 requests that the Legislature restore funding for MCCAP in 2018-2019 to the amount of \$1,962,000, which was the amount appropriated in FY 2008-2009. We are pleased that the Governor's 2018-2019 Executive Budget includes funding for MCCAP at last year's level. However, as several programs—New York State of Health (NYSoH), Managed Long-Term Care (MLTC), the Fully Integrated Duals Advantage (FIDA) program and the Delivery System Reform Incentive Payment (DSRIP) program—have added to the complexity of the healthcare landscape for people with Medicare and those dually eligible for Medicare and Medicaid, thousands of New York residents will need MCCAP agencies to continue serving as trusted on-the-ground resources, explaining how such changes affect their Medicare prescription drug and health coverage and access to trusted healthcare providers.

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. The MCCAP agencies also operate as technical assistance support for the Health Insurance Information, Counseling and Assistance Program (HIICAP) statewide and report to NYSOFA regularly on client outcomes.

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

Medicare Rights applauds the Cuomo Administration for including \$2.5 million for the Community Health Advocates (CHA) program, which supports a statewide network of community-based organizations and small business serving groups that has already helped over 300,000 of New York's individuals and small businesses use and keep their health insurance. This year, CHA needs a total of \$4.75 million just to respond to increased consumer demand on the Helpline and avoid a funding cut to the statewide network of local CBOs. In addition, CHA is seeking \$2 million from the New York State

Senate to increase its capacity to serve small businesses. **Medicare Rights requests that the Legislature support the Administration’s \$2.5 million appropriation and provide an additional \$4.25 million appropriation, or \$6.75 million in total, to fund CHA.**

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 service providers at community and business-serving groups by providing training and technical assistance and handling complex cases and appeals. CHA operates a central, toll-free helpline and provides local services through 25 community-based organizations and small business-serving groups, and the CHA network serves every county in New York State.

Medicare Rights is concerned regarding various proposals to change the managed long-term care program and Medicaid.

Medicare Rights has concerns regarding proposed changes to the managed long-term care (MLTC) program and Medicaid within the 2018-2019 Executive Budget. These changes include requiring new MLTC enrollees to have a higher assessment score than the current standard to qualify for the program, which can lead to barriers obtaining personal care. We are also concerned about the proposal to exclude long-term nursing home residents from the MLTC program.

We oppose eliminating a MLTC enrollee’s option to change their plan after the first 30 or 45 days of enrollment, as well as the proposal to automatically disenroll individuals from the MLTC program if they do not receive services for 30 days. Furthermore, we oppose the proposed changes to spousal refusal and spousal impoverishment, which would severely limit access to the Medicaid program for those who require long-term care and other Medicaid services. In order to ensure that low-income Medicare beneficiaries can continue to qualify for Medicaid and MSPs through “spousal refusal,” Medicare Rights urges the Legislature to oppose the proposed changes to spousal refusal.

Medicare Rights supports the testimony presented to the committees by our partner the New York Legal Assistance Group (NYLAG), which provides a comprehensive overview of these proposals and how they threaten access to care for those who rely on Medicare and Medicaid.

We again thank the Committees for this opportunity to provide testimony. Should you have any questions or wish to further discuss this testimony, please do not hesitate to reach out to Emily Balkan, Senior Policy & Client Services Associate, at ebalkan@medicarerights.org or by calling 212-204-6217.