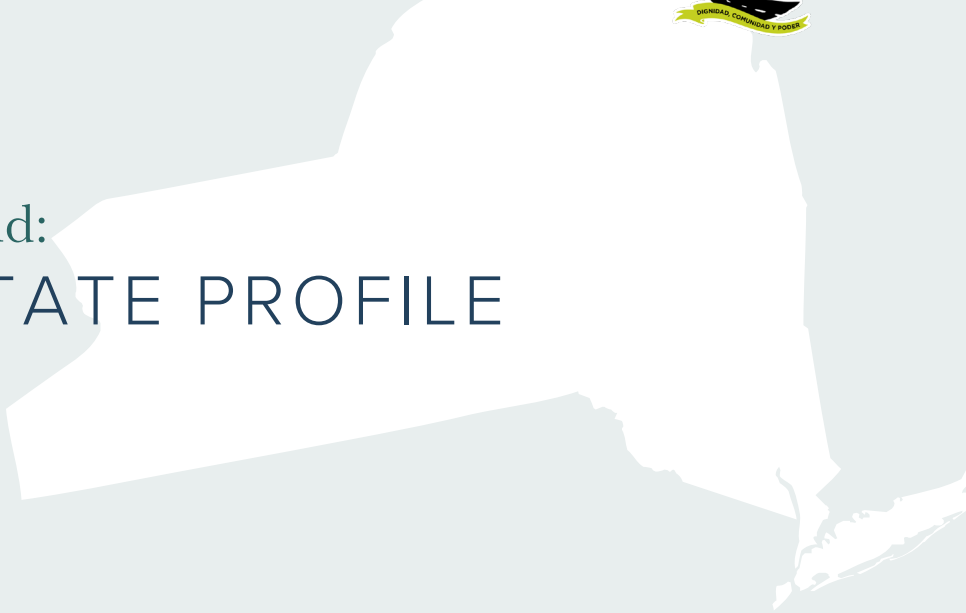
Strengthening Medicaid:
NEW YORK STATE PROFILE



Medicaid is an essential program that provides health services for individuals and families who otherwise would not be able to afford them. In New York, 36.8 percent of residents, or 7.3 million individuals, are enrolled in Medicaid.[1] Medicaid improves health outcomes for recipients, improves their financial stability, saves lives, creates thousands of jobs that bolster our local economies, and helps reduce economic and racial disparities in health insurance and healthcare access.[2] However, while anyone who is eligible for Medicaid is guaranteed coverage,[3] many eligible New York residents struggle to enroll in and maintain Medicaid coverage. Even when enrolled, many struggle to get access to the services that they need.

During the COVID-19 public health emergency, Congress passed legislation requiring Medicaid programs to keep people continuously enrolled. During this time, Medicaid enrollees did not face the regular barriers to renewing coverage that leave many temporarily or permanently disenrolled and without access to care. As a result, the number of Medicaid enrollees in New York grew from 6 million just before the public health emergency was declared to 7.3 million in 2022.[4] At the end of 2022, Congress passed legislation to terminate the continuous enrollment requirement as of March 31, 2023, and scheduled a phase out of the enhanced federal Medicaid matching funds that were provided to states to provide that coverage through December 2023. To prevent the loss of these important gains in stabilizing Medicaid coverage for millions of residents, New York will need to act quickly to remove barriers to enrolling in and maintaining coverage.

The following report provides a brief overview of New York's Medicaid system; describes results from a survey conducted by Make the Road New York, in partnership with Marke the Road States, Center for Popular Democracy, and People's Action Institute between September 2022 and February 2023; and makes recommendations for how New York can avoid losing the critical gains in health care coverage made during the pandemic by addressing barriers to enrollment, renewal, and accessing services. For a

description of survey methods and to see the national results of the survey, see the full report. Overall, we find that:

- Over half of survey respondents in New York were not aware that they will need to renew their coverage when the public health emergency ends, suggesting that many Medicaid recipients are at risk of losing their coverage.
- Most survey respondents (66.4 percent) were either mostly or completely satisfied with the quality of care they receive through Medicaid, and many respondents described how important Medicaid coverage has been for them and their families.
- One in ten survey respondents in New York reported challenges with applying for their Medicaid coverage, such as long waits and language barriers.
- Over one in ten survey respondents in New York reported experiencing challenges when renewing their coverage, such as not knowing that they needed to renew or not understanding how to renew.
- 17.2 percent of survey respondents in New York reported challenges with accessing services using their Medicaid coverage, such as difficulties finding providers with available appointments or difficulties making appointments such as language barriers.

NEW YORK'S MEDICAID SYSTEM

In New York, adult residents are eligible for the state's Medicaid program if they have a household income below 138 percent of the Federal Poverty Line (FPL). Pregnant people and children are eligible if they live below 218 percent of the FPL. Residents living below 200 percent of the FPL are eligible for the state's Essential Plan.[5] The federal government covers 56.2 percent of the costs of New York's Medicaid program.[6] New York opted to participate in the federal Medicaid expansion program starting in 2014, which resulted in an additional 2.4 million residents gaining health care coverage. New York has since eliminated premiums for its Essential Program and is in the process of increasing the income eligibility limits to 250 percent of FPL, which would go into effect in 2024 if approved by the federal government.[7] Advocates are also advocating in this year's state budget process to include all immigrants, regardless of immigration status in the Federal 1332 Waiver request so undocumented immigrants can also receive Federally Funded Essential Plan coverage.

The number of Medicaid enrollees in New York grew from 6 million just before the public health emergency was declared to 7.3 million in 2022.

CHARACTERISTICS OF MEDICAID ENROLLEES, UNINSURED, AND ALL RESIDENTS

Compared to all residents in New York, Medicaid enrollees live in lower income households, are younger, and more likely to be Black and/or Latinx. Uninsured residents in New York live in households with significantly less income than all residents on average and are more likely to be Latinx and/or immigrants.

19,835,913
Total state population

7,305,083
Number of Medicaid enrollees

36.8
Percentage of residents enrolled in Medicaid

2,397,800
Number of Medicaid expansion enrollees

Source: US Census Bureau American Community Survey 2021 Estimates, US Centers for Medicare & Medicaid Services September 2022, Medicaid Expansion Enrollment September 2021, Kaiser Family Foundation

Percentage of all New York residents

Percent below 100 percent of the Federal Poverty Line

Percent below 200 percent of the Federal Poverty Line

Percent uninsured

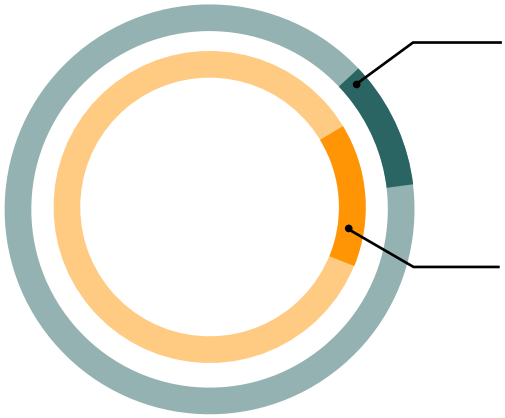
Source: Authors' analysis of IPUMS American Community Survey 2021

	All residents	Medicaid enrollees	Uninsured
Percent Black	14.4	18.9	15.4
Percent Latinx	21.2	30.7	36.8
Percent White Non-Hispanic	50.8	35.6	33.2
Percent Asian	9.1	10.4	10.9
Percent All other races or multiracial	23.5	32.1	38.3
Percent Female	50.4	52.7	40.1
Percent Immigrant	23.6	26.4	45.8
Median age	32.5	25.5	34.5
Median household income	$82,000	$42,000	$62,000

Source: Authors' analysis of IPUMS American Community Survey 2021

SURVEY RESULTS

One in ten survey respondents in New York reported challenges with applying for their Medicaid coverage, and over one in ten survey respondents reported experiencing challenges when renewing their coverage. The most common challenges New York residents cited with applying for coverage included long waits and language barriers. The most common challenge New York survey respondents cited with renewing their coverage was not knowing that they needed to renew or not understanding how to renew.



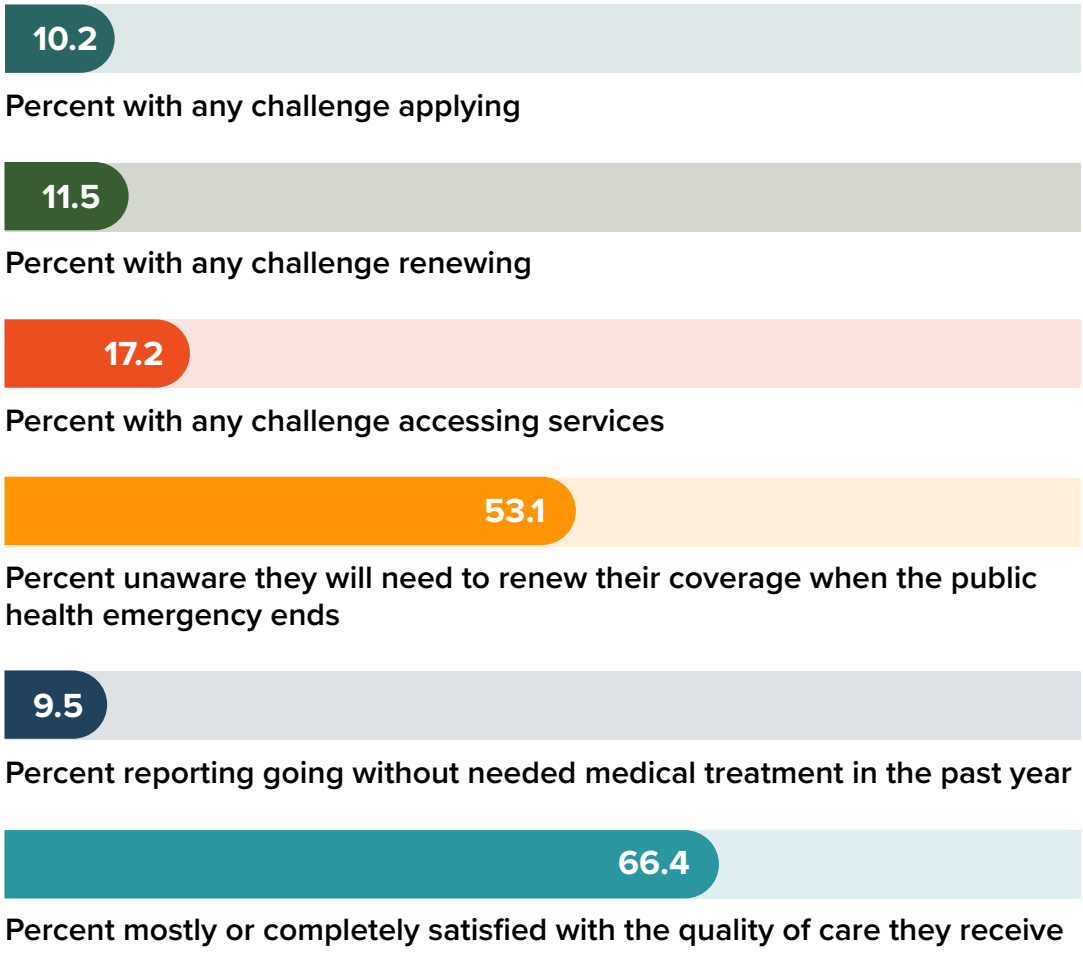
10.2%
reported challenges with applying for coverage

11.5%
reported challenges in renewing their coverage

17.2 percent of survey respondents in New York reported challenges with accessing services using their Medicaid coverage. The most frequently reported challenges were difficulties finding providers with available appointments, difficulties making appointments such as language barriers, and difficulties making appointments with a specialist. Challenges with accessing care can lead individuals to delay or never receive needed care. About one in ten survey respondents in New York said that they had gone without needed medical care over the previous year.

Despite the challenges, respondents overall expressed satisfaction with the services they receive through Medicaid and described how important these services are for their and their families' lives. Most survey respondents (66.4 percent) were either mostly or completely satisfied with the quality of care they receive through Medicaid. Many who were on Medicaid said that if they lost it they would not be able to get care, see doctors, or afford their treatment.

During the COVID-19 public health emergency, the requirement to regularly renew Medicaid coverage was temporarily suspended. Now that the continuous enrollment requirement has been terminated, Medicaid enrollees will need to renew their coverage or risk losing it. Over half of survey respondents in New York were not aware that they will need to renew their coverage when the public health emergency ends.



For those survey respondents that reported any challenge while applying for Medicaid coverage, what specific challenges did they face?

Top three most common challenges with applying	
I called but experienced long wait times	35.7
I encountered language barriers	28.6
The office was closed when I went	23.8

Source: Medicaid Monitoring Survey 2022-2023

Note: Percentage is of survey respondents who reported at least one challenge

For those survey respondents that reported any challenge while renewing Medicaid coverage, what specific challenges did they face?

Top three most common challenges with renewing	
I didn't know about or understand the renewal requirements	23.3
My income level changed	13.3
I encountered language barriers	13.3

Source: Medicaid Monitoring Survey 2022-2023

Note: Percentage is of survey respondents who reported at least one challenge

For those survey respondents that reported any challenges while accessing care, what specific challenges did they face?

Top three most common challenges with accessing services	
Healthcare provider not available to see you within a reasonable timeframe	26.5
Difficulty making the appointment (i.e. language barriers, office not answering the phone or returning phone calls, unable to provide documentation requested by office staff)	26.5
Other difficulties making an appointment with a specialist (i.e. there were none in network, within a reasonable distance, who could see you within a reasonable timeframe, etc.)	26.5

Source: Medicaid Monitoring Survey 2022-2023

Note: Percentage is of survey respondents who reported at least one challenge

RESPONDENTS FROM NEW YORK

"It was difficult to understand the process and what was needed. It wasn't clear what documents were needed before applying. Therefore, it led to my application being denied the first time."

"Too long of a wait. Lost the baby due to not receiving timely care. I could not go to a private Dr. and had no further information. Dr did not accept my insurance for a [dilation and curettage procedure]."

"I didn't know if I was going to qualify for anything because of my immigration status, I was afraid to apply at first."

"My computer remained frozen when I reached a certain point in my application. I called and I always experienced a ridiculously long wait time that frustrated me. I ended up printing the application and sending it."

"[Emergency Medicaid] is a good in case of an emergency because it covers me. On the other hand it is not good because it does not offer complete coverage and there are many services that I need, for example, glasses, and the insurance does not cover it."

"[Being disenrolled] affects you because you can't take your children to the doctor, or you are worried that if your children get sick and you don't have coverage, you don't know if you will get a bill and that is a problem."

"I feel more confident that if I have an emergency, I am covered."

"The doctors are only interested in people with private insurance. I have noticed that when I call to make an appointment and say I have Medicaid, I get different treatment."

"I called the office to find out if they had received my papers and they transferred me from person to person, no one knew how to help me and they could not help me in Spanish. We don't have insurance anymore and reapplying will take more time since we have to get all the documents again. I would ask them to be clearer about what needs to be done."

EMERGENCY MEDICAID

Medicaid restricts eligibility to citizens and certain qualified immigrants (many legal permanent residents, refugees, and asylees). However, immigrants–including undocumented immigrants–who do not qualify for regular Medicaid because of their immigration status but meet all other eligibility criteria can receive Emergency Medicaid coverage. Emergency Medicaid covers only emergency services, with states having broad discretion about what services qualify as an "emergency." Most Emergency Medicaid costs are for prenatal care.[8]

About 37.7 percent of our survey respondents reported being on Emergency Medicaid. Many of these respondents called the emergency coverage critical and were grateful for it, but some also said they needed non-emergency health care covered, too.

Emergency Medicaid is an indispensable program for low-income immigrants, but all immigrants need the comprehensive coverage full Medicaid provides. Only covering emergency medicine comes at a cost to recipients' health and finances and to the entire healthcare system.[9]

Me ayudo para los examenes de covid, tengo tranquilidad de saber que si me enfermo puedo ir al hospital por urgencias pero si me gustaria obtener seguro médico regular."

"It helped me with the covid exams, I have peace of mind knowing that if I get sick I can go to the hospital for emergency care but I would like to get regular health insurance."

- Respondent from New York

Siento más segura que si tengo alguna emergencia estoy cubierta."

"I feel more confident that if I have an emergency, I am covered."

- Respondent from New York

Es una ayuda buena porque en caso de emergencia me cubre por otro lado no estan bueno ya que no ofrece cobertura completa y hay muchos servicios que necesito y no me cubre como por ejemplo unos lentes los cuales necesito y no me cubre."

"It is good in case of an emergency because it covers me. On the other hand it is not good because it does not offer complete coverage and there are many services that I need, for example, glasses, and the insurance does not cover it."

- Respondent from New York

RECOMMENDATIONS

We recommend that all states, including New York, take the following actions, if they have not already done so:

Public health emergency unwinding

- ***Outreach to current enrollees*** about the public health emergency unwinding to make sure they know that they will need to re-enroll and connect them to supports, such as navigators, to help them do so. Outreach efforts should be done in consultation with community based organizations.
    - » Many survey respondents reported confusing communication from their Medicaid programs and recommended that Medicaid offices improve and clarify their communication practices. Make sure that communication on renewals and the steps enrollees need to take is clear and easy to understand by people with limited literacy and is translated into languages that enrollees speak. Make sure the communication clearly states the specific actions enrollees need to take and by what date.
    - » Contact enrollees through multiple modes of communication, including via texts, instead of just letters in the mail.
    - » Do a better job maintaining accurate contact information for enrollees
        - ■ Create simple tools like online forms and dedicated phone lines for enrollees to be able to update their contact information
        - ■ Use data from USPS and other programs to update mailing addresses.
        - ■ Collect email addresses and cell phone numbers from enrollees to be able to contact them through email,phone calls and the mail
    - » Send reminders and follow-up communications to enrollees
    - » Allow extra time for enrollees to submit renewal documentation
    - » Provide navigators, assisters, community health centers, and community based organizations with additional funds for outreach and renewal support
- All states are required to report data on the unwinding to the federal government, but they should also ***make data on the unwinding publicly available*** and update as regularly as possible, as several states have done by creating public dashboards. Dashboards should include a visual display of information AND downloadable data updated at least monthly.
- Designate an unwinding czar, as some states have already implemented, to oversee unwinding plans and coordinate communication with stakeholders on the ground. This would include meeting regularly with a variety of stakeholders such as community groups, navigators, and providers, to give regular updates, respond to information on the ground, and collaborate to ensure no one still eligible loses their Medicaid coverage.

About one in ten survey respondents in New York said that they had gone without needed medical care over the previous year.

Improving application and renewal processes

- ***Expand Medicaid eligibility*** to cover more uninsured people, including by increasing income eligibility ceiling and asset limits.
- ***Expand health insurance to all residents regardless of immigration status***. Millions of low-income immigrants across the United States are ineligible for health insurance due to federal and state laws that prohibit them from obtaining public insurance. Many states have begun to expand access to non-citizens, and recently the federal government announced plans to include DACA recipients in Medicaid. States should take active steps to expand coverage to immigrants, regardless of status.
- ***Implement 12-month continuous eligibility regardless of changes in income*** as some states have already done***.*** This would greatly reduce enrollees' administrative burden of needing to continually provide documentation of their eligibility and would prevent the "churn" caused by frequent wrongful disenrollment.
- ***Reduce wait times by hiring and training sufficient staff*** to process new applications and renewals in an efficient and timely manner and provide assistance to enrollees as they call in or show up at offices with questions (most states' Medicaid programs are currently extremely understaffed). This will also reduce the number of individuals who are wrongly disenrolled, reducing the overall workload for state agencies that would then have to process enrollment paperwork for those who are wrongly disenrolled and have to apply again. An estimated 45 percent of those who lose coverage through the renewal process during the PHE unwinding will still be eligible and can re-apply.[10] Reducing wait times and making sure enrollees get the support they need to re-enroll will also reduce the amount of time enrollees spend in the re-enrollment process. Many respondents recommended that Medicaid staff be trained to be more patient and have a better attitude towards Medicaid recipients and those trying to enroll. They emphasized that it was important to be compassionate and understanding to people in need.
    - » If recruitment is a problem, ***raise call center worker and other agency worker wages.***
    - » ***Hire call center workers who speak other languages***
- ***Make it easier to apply for Medicaid by implementing an "easy enrollment"*** program, as some states have already done, that allows households to enroll in Medicaid by checking off a box on their state tax return.
- ***Make it easier to renew Medicaid by automating renewal systems, allowing self-attestation of some basic information about enrollees, and aligning renewals with SNAP,*** as some states have already done.
    - » ***Build more robust automatic ex parte renewal systems using existing administrative data when possible*** instead of requiring all enrollees to manually complete forms and submit documentation.
    - » However, ***periodic administrative data checks should not be used to automatically disenroll individuals*** without allowing sufficient time for enrollees to prove eligibility. Some states use automatic systems that regularly check administrative records and if the system finds that income has increased, will automatically send a notice in the mail giving an enrollee only days to prove eligibility or be disenrolled.[11] This leads many enrollees to lose coverage even though they are eligible for it, as low-income workers are more likely to have fluctuations in their income month to month.
- ***Improve online enrollment/reenrollment software*** so that it is functional and easy to use for enrollees. If websites for enrollment work well, more enrollees will be able to apply/re-enroll online. This will reduce the number who need to apply/reenroll over the phone, the burden on call centers and on wait times. Make sure websites work well on mobile devices, as low-income individuals are more likely to use a mobile device than a laptop or desktop computer.

Removing barriers to accessing health services through Medicaid

- ***Cover telehealth appointments*** to make it easier for enrollees to access services even when transportation is not available or when providers are not located nearby.
- ***Increase reimbursement rates for Medicaid providers*** to prevent the loss of current Medicaid providers and encourage more providers to accept Medicaid-enrolled patients.
- ***Require providers to accept Medicaid as a condition of receiving state operating licenses*** in order to expand the network of providers that accept Medicaid***.***
- ***Maintain an up to date and easily accessible list of providers who accept Medicaid.***
- ***Establish monitoring and enforcement mechanisms to make sure Medicaid providers do not discriminate against enrollees with disabilities, LGBTQ enrollees, non-citizen enrollees, and undocumented enrollees***.
- ***Institute quality metrics and increase oversight of Medicaid sub-contractors*** like Maximus that provide eligibility, enrollment, helpline, and other administrative services to ensure that the services provided support the public interest, not just private profit.[12]
- ***Provide comprehensive coverage for dental, vision, mental and behavioral health, and physical therapy.***

ENDNOTES

1 Data.Medicaid.gov, "State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data," accessed March 30, 2023, https://data.medicaid.gov/dataset/6165f45b-ca93-5bb5-9d06-db29c692a360.

2 Center for Budget and Policy Priorities, "The Far-Reaching Benefits of the Affordable Care Act's Medicaid Expansion," October 21, 2020, https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid-expansion; Manatt Health, "Medicaid's Impact on Health Care Access, Outcomes and State Economies," Briefing Series: Ket Medicaid Issues for New State Policymakers (Robert Wood Johnson Foundation, February 1, 2019), https://www.rwjf.org/en/insights/our-research/2019/02/medicaid-s-impact-on-health-care-access-outcomes-and-state-economies.html; The Commonwealth Fund, "The Economic and Employment Effects of Medicaid Expansion Under the American Rescue Plan," May 20, 2021, https://doi.org/10.26099/x6zp-g424; Center on Budget and Policy Priorities, "Policy Basics: Introduction to Medicaid," April 14, 2020, https://www.cbpp.org/research/health/introduction-to-medicaid; Medicaid and CHIP Payment and Access Commission, "Racial and Ethnic Disparities in Medicaid: An Annotated Bibliography," April 2021, https://www.macpac.gov/wp-content/uploads/2021/04/Racial-and-Ethnic-Disparities-in-Medicaid-An-Annotated-Bibliography.pdf; Madeline Guth, Samantha Artiga, and Olivia Pham, "Effects of the ACA Medicaid Expansion on Racial Disparities in Health and Health Care" (Kaiser Family Foundation, September 30, 2020), https://www.kff.org/medicaid/issue-brief/effects-of-the-aca-medicaid-expansion-on-racial-disparities-in-health-and-health-care/; Owen Thompson, "The Long-Term Health Impacts of Medicaid and CHIP," *Journal of Health Economics* 51 (January 1, 2017): 26–40, https://doi.org/10.1016/j.jhealeco.2016.12.003.

3 Robin Rudowitz, Rachel Garfield, and Elizabeth Hinton, "10 Things to Know about Medicaid: Setting the Facts Straight" (Kaiser Family Foundation, March 6, 2019), https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-setting-the-facts-straight/.

4 Data.Medicaid.gov, "State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data."

5 Louise Norris, "Medicaid Eligibility and Enrollment in New York," healthinsurance.org, March 3, 2023, https://www.healthinsurance.org/medicaid/new-york/.

6 "Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier," Kaiser Family Foundation, 2023, https://www.kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/.

7 Norris, "Medicaid Eligibility and Enrollment in New York."

8 Dhruv Khullar and Dave A. Chokshi, "Immigrant Health, Value-Based Care, and Emergency Medicaid Reform," The JAMA Forum, March 12, 2019, https://jamanetwork.com/journals/jama/fullarticle/2727435; Health Insurance Coverage and Access to Care for Immigrants: Key Challenges and Policy Options (Office of Health Policy, Assistant Secretary for Planning and Evaluation, December 187, 2021), https://aspe.hhs.gov/sites/default/files/documents/96cf770b168dfd45784cdcefd533d53e/immigrant-health-equity-brief.pdf.

9 Colleen Sharkey, "Novel Study Linking Undocumented Immigrants with Primary Care Services Significantly Reduces Emergency Department Use," Notre Dame News, March 14, 2022, https://news.nd.edu/news/novel-study-linking-undocumented-immigrants-with-primary-care-services-significantly-reduces-emergency-department-use/.

10 Jennifer Tolbert and Megan Ammula, "10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision" (Kaiser Family Foundation, April 5, 2023), https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-provision/.

11 Tricia Brooks and Allexa Gardner, "Unwinding the Medicaid Continuous Coverage Protection at the End of the COVID Public Health Emergency: Tips and Best Practices" (Georgetown University Health Policy Institute Center for Children and Families, August 2022), https://ccf.georgetown.edu/wp-content/uploads/2022/09/Tips-Unwinding-PHE-final.pdf.

12 Government Contractor Accountability Project, "Maximum Harm: MAXIMUS' Medicaid Management Failures," November 2019, https://maximusaccountability.org/content/13773.