

Testimony of

**Elisabeth Ryden Benjamin, MSPH, JD, Vice President of Health Initiatives
Community Service Society of New York**

Before the

**Senate Standing Committee on Health
Senate Standing Committee on Insurance
Hearing on the New York State of Health Marketplace**

The Community Service Society of New York (CSS) respectfully submits this testimony regarding the implementation of the Affordable Care Act (ACA) and the launch of the New York State of Health Marketplace. At the outset, CSS would like to thank Chairman Hannon and Chairman Seward for the opportunity to present our testimony about this important issue and for your deep concern about the coverage needs of New York's individuals, sole proprietors and small employers.

CSS is a 170 year-old organization that seeks to address the root causes of economic disparity. Our mission is to promote policies that advance the economic security of low- and moderate-income New Yorkers by bringing their perspectives to the policy conversation. To this end, we work to expand access to affordable, quality health care for all New Yorkers, through advocacy and direct consumer assistance. CSS sponsors the State's largest Navigator program consisting of a network of 38 community-based organizations, Chambers of Commerce, and other business- serving groups. Together, we offer enrollment services in 61 out of 62 counties. In addition, CSS and its partners, the Medicare Rights Center, Empire Justice Center and The Legal Aid Society administer Community Health Advocates program (CHA), which provides post-enrollment consumer assistance program services. At its height, the CHA program annually provided education and health coverage assistance services through a network of 30 community based groups and 14 Chambers of Commerce and other employer-serving groups to approximately 65,000 New Yorkers in all 62 counties of New York State.

CSS is proud and delighted to be working closely with the State of New York to implement arguably the finest health insurance Marketplace in the country. Our state has processed the second largest number of applications for coverage—480,000 as of last week—second only to California. Moreover, our State's Marketplace truly offers “one stop” shopping for consumers and small businesses, ensuring that every visitor is able to sign up for coverage

that best meets the needs of himself, herself, his or her family, or business. In order to make applying for, and keeping, coverage easier, New York has wisely invested in local enrollment and consumer assistance services. My testimony today will focus on this investment by first describing the Navigator program and second discussing the need for sustainable funding for post-enrollment consumer assistance services.

The New York State of Health Navigator Program

New York State's Navigator program helps individuals and small employers enroll into coverage through the New York State of Health individual and Small Business Marketplaces. Under the ACA, Navigators are charged with providing education and enrollment services in a linguistically and culturally competent manner.¹ The ACA created Navigators to serve a distinct function from producers (agents or brokers) in that we do not have a formal relationship—financial or otherwise—with any carrier. As such, we cannot and do not offer opinions or guidance about the merits of any given carrier over another. Local Navigators complement the important work of agents and brokers, the Call Center and typically provider-based Certified Application Counselor program.

New York's Navigator program is funded through federal Exchange Establishment grant funds, federal and State Medicaid program funds, federal and State Child Health Plus programs, and other state funds. The program is funded for five years in the amount of \$27.2 million per annum. There are 48 lead agencies, with at least two Navigator groups serving every county in New York State, which employ 572 trained staff. Each individual Navigator attended an intensive three-day course, sponsored by the State Department of Health and Consumer Support Center staff at venues around the state, including: Albany, Buffalo, Syracuse, and New York City. The training included modules on the following topics: Affordable Care Act basics; privacy and security standards, roles and responsibilities (including conflicts of interest); marketplace terms and concepts; Qualified Health Plans, Medicaid, Child Health Plus and Emergency Medicaid eligibility and benefits; Individual Marketplace; plan selection; Small Business Marketplace eligibility and enrollment processes; and much more.

Navigator groups are trusted local sources of help. We are a diverse cross-section of New York's service delivery programs. We are Chambers of Commerce, perinatal associations, rural-serving groups, health centers, provider groups, and Departments of Health, immigrant-serving groups, disability groups and many, many more. In short, Navigators are integral members of our respective communities. Many of the Navigators are former Facilitated Enrollment agencies and bring a wealth of in-depth expertise about public insurance program eligibility and the unique needs of low- and moderate-income communities. In rural areas of the State, the Navigators help people who may only have "dial up" internet service—if they have any at all. In immigrant communities, Navigators provide linguistically appropriate assistance and facilitate interacting with the NY State of Health English-only website.

¹ Patient Protection and Affordable Care Act (ACA), §1331(i).

For individuals, families, and small businesses, Navigators offer more than simple enrollment assistance. Rather, we have taken on an important role to educate individuals through each step of the process.

- Establishing a log in and username
- Identity verification and proofing
- Describing the household (or employees)
- Describing the income for each person in the household so that an accurate eligibility determination can be made
- Explaining the eligibility determination (Medicaid, Child Health Plus, Emergency Medicaid, Advance Premium Tax Credits, Cost Sharing Reductions)
- Discussing each family member's current medical needs and providers
- Describing the plan options (Medicaid Managed Care, Child Health Plus, Dental Plans, Qualified Health Plans and the metal tiers)
- Describing cost-sharing and benefit design packages (standard versus non-standard)
- Helping people effectuate their plan selection

In some cases, we serve as confidantes, case managers and insurance educators. As a recent *Health Affairs* article found over 60 percent of those targeted for enrollment in Health Insurance Marketplaces struggle with understanding key health insurance concepts, raising concerns about many people's ability to evaluate the trade-off when selecting a plan.² Our job is to educate individuals about the ACA, the health care system at large, and insurance choices in specific. We are repeatedly told by the people we assist that they cannot imagine how someone could make it through the system on their own. In many cases we are the bridge between the website, the Call Center and the individual. We are conveniently located, geographically, culturally and linguistically accessible to most.

However, the most important part of the Navigator program is being able to help New Yorkers get coverage. As Tamika G, a 26-year-old part-time hospital worker from Brooklyn put it: "Health coverage is what I wanted for Christmas, and now I have it." Tamika could not afford the insurance coverage offered by her job because it would cost half her bi-weekly pay—and "That's too much." Her dad sent her to CSS, which helped enroll her into a Silver-level plan, which will cost her \$135 per month after applying her Advanced Premium Tax Credits and a dental plan for \$11 a month. Tamika is also eligible for the Cost-Sharing Reduction, which brings her Silver plan deductible from \$2,000 down to \$250. "I'm very happy with the plan I chose," Tamika said. "Every year I get my physical and I'll still see my same doctor. I got dental too!" She notes that all her friends are seeing all the "negative things on TV. Instead of just wondering what to do, or trying to pay outrageous medical bills—they should get coverage." Additional Navigator stories are attached at the end of my testimony.

² "The Health Reforming Monitoring Survey: Addressing Data Gaps to Provide Timely Insights Into the Affordable Care Act," *Health Affairs*, January 2014 at 161.

In preparing for today's testimony, I took a quick poll of our Navigator colleagues. All across the State, from Long Island, the North Country, Cayuga County, Western New York to Brooklyn, Navigators have been helping thousands of New Yorkers get coverage.

In summary, on behalf of the groups that participate in the New York State Navigator program, we are very excited to be a part of this historic moment and we stand ready to continue enrolling New Yorkers into quality affordable coverage for the years to come. We thank the New York State Senate for its on-going support of our program.

Community Health Advocates: The New York State Consumer Assistance Program

While enrollment assistance is vital, we are already finding that for some people enrollment assistance is not enough. In New York, from 2010 through August 2013, Community Health Advocates has served as our State's Consumer Assistance Program. CHA is an all-payor model which provided one-stop shopping for consumers, who could access ombudsprogram services through a central helpline or at one of the 27 community based organizations (CBOs) and 34 small business-serving groups operating in neighborhoods where consumers live and work. The CHA program has been lauded nationally as the leading model of a consumer assistance program by the Kaiser Family Foundation, the National Governor's Association, Families USA, and HHS. CHA is administered by the Community Service Society of New York (CSS) in partnership with three specialist agencies, the Empire Justice Center, The Legal Aid Society, and the Medicare Rights Center (MRC).³

Since November 2010, CHA has assisted over 160,000 New Yorkers and 13,000 small employers, saving them approximately \$13 million.

Services provided by CHA are unique and are not redundant of the services provided by Navigator groups. Indeed, in recognition that consumers often need post-enrollment help with their insurance coverage, Congress built two kinds of consumer assistance programs into the ACA. The ACA created the Navigator program specifically to help consumers *enroll* in coverage through the new Marketplaces,⁴ and explicitly requires Navigators to refer consumers to CAPs for help with the ongoing challenges of *using* health insurance coverage.⁵ A key function of CAPs is to respond to consumers' questions about payment for, and denials of, services as described in their carriers' Explanations of Benefits (EOBs) through a toll-free, live answer helpline.⁶ Other functions as mandated by the ACA include assisting with complaints and appeals, educating consumers about their rights and responsibilities under their health plans,

³ The specialist agencies and CSS play a key role in the learning community for CHA agencies, providing training, technical assistance, and taking referrals for appeals and complex cases.

⁴ Patient Protection and Affordable Care Act (ACA) of 2010 § 1311(i).

⁵ ACA § 1002.

⁶ Department of Health and Human Services, Office of Consumer Information and Insurance Oversight, Affordable Care Act (ACA) – Consumer Assistance Program Grants Initial Announcement, Invitation to Apply for FY 2010, July 22, 2010.

collecting, tracking, and quantifying problems and inquiries encountered by consumers, and resolving problems with premium tax credits.⁷

While consumers routinely call DOH, the Department of Financial Services (DFS) and the Attorney General's office regarding their health plans, CHA is the only entity that offers one-stop assistance for health care consumers—regardless of their source of coverage. CHA is charged under the ACA to act as an independent advocate for consumers and works closely with New York's state agencies, which are suffering from resource cuts. CHA currently handles a significant volume of cases and stands ready to absorb more in 2014. Since October 2013, CHA's helpline volume has increased from roughly 140 calls to over 500 calls per week and it experienced a tripling in volume the week after the Supreme Court decision was issued in the ACA case. After Massachusetts launched its Marketplace, call volume to the Massachusetts CAP similarly increased from about 500 to 4,000 calls per month.⁸

The consumers we assist are profoundly grateful for the help they receive from CHA. Take, for example, the story of Long Island resident, Angel Gonzalez, age 36. Eighteen months ago, Mr. Gonzalez awoke with searing pain at 2 a.m. His friend drove him to the nearest emergency room at St. Charles Hospital in Port Jefferson, where his gallbladder was removed. While Mr. Gonzalez had good insurance and his hospital was in-network, the surgeon, and the surgeon's assistant were not. Mr. Gonzalez insurance plan covered out-of-network services, but only paid \$2000 of the \$60,000 charged. As Mr. Gonzalez put it: "I was on the hook for more than I made in a year." However, working with CHA, Mr. Gonzalez was able to reduce his payments to \$340.⁹

CHA was originally funded by the New York State Legislature with a "dry appropriation" in the amount of \$2.3 million of federal ACA Section 1002 Consumer Assistance Program funding. Over time, additional federal Establishment Grant funding was secured to support the program and the program grew to \$5.7 million in annual funding to conduct ACA education, enrollment assistance, and post-enrollment consumer assistance services. Moving forward, we believe the State's Navigator program is best able to provide locally-based enrollment services. Accordingly, CHA seeks reduced funding in the amount of \$3 million to conduct post-enrollment consumer assistance program services only.

As the Legislative budget season moves forward, we urge the New York State Senate to continue to support the important work of Community Health Advocates to ensure that New Yorkers not only enroll in new coverage options, but are able to use them.

⁷ ACA § 1002(c)(1), (2), (3), (5).

⁸ C. Tracy, E. Benjamin, C. Barber, "Making Health Reform Work: State Consumer Assistance Programs," Community Service Society of New York, September 2010.

⁹ R. Rabin, "Report Faults High Fees for Out-of-Network Care," New York Times, February 1, 2013.

Thank you for the opportunity to present testimony before your Committees.

Very truly yours,

A handwritten signature in blue ink, appearing to read "Elisabeth Benjamin". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Elisabeth Benjamin, MSPH, JD
Vice President, Health Initiatives
Community Service Society of NY
ebenjamin@cssny.org | 212-614-5461

Even Better Than Before

“What was amazing was how simple it is.”



“I was nervous, anxiety ridden, angry, and terrified,” said David Levy, a writer/director from Manhattan, about receiving a notice from his health insurance company that his policy, after 30 years of coverage, would be canceled on December 31, 2013 because it did not meet the minimum standards set by the Affordable Care Act. Not sure of what to do next, he met a friend for coffee. “I was going on about how I had been canceled, and he gave me the number for the Navigators in New York State.”

He called the [Community Service Society Navigator Network](#) helpline and set up an appointment for later that week. Arriving at CSS, he met with Milo Primeaux, a certified New York State Navigator, who walked David through his options. “What was amazing was how simple it is,” said David. “I am a political junkie so I watch TV all the time and everyone is just bad mouthing Obamacare and I’m going, this is easier than you are making it seem.”

Forty minutes later David had enrolled in a new health insurance plan that not only saved him \$250 a month, but also came with prescription coverage, something his previous coverage lacked. Even more important to David than the savings was being able to keep the doctor who he had seen for decades. “This is just really great, this is fantastic,” smiled David as he wrapped up his appointment. “I’m going to give everyone I know this number. Thank you.”

Joanna Enrolls



While preparing to move to New York from Colorado this past summer, 32-year-old Joanna P. called the [CSS Helpline](#) to learn about her health insurance options in New York. Aware that her coverage through Colorado’s “pre-existing condition” health insurance plan (PCIP) would end when she left the state, she was eager to figure out how to get coverage in New York. Joanna had just missed the deadline to apply for New York’s PCIP and was reminded by CSS volunteers that new options were available starting in 2014 through the NY State of Health.

Once in Manhattan, Joanna met with CSS Navigator Diane Spicer, who walked her through her new options on the NY State of Health marketplace. “Diane’s help was a life-saver,” said Joanna, whose job in the city does not offer coverage. “She went through the plans with me point by point, explaining anything I didn’t understand. Enrolling wasn’t difficult because I had an ally.”

Diane added, “We found out that Joanna qualifies for Advanced Premium Tax Credits, which lowered her premium; she’s also eligible for Cost-Sharing Reductions that reduce a Silver-level plan’s annual deductible from \$2,000 to \$250.” After reviewing her choices, Joanna selected a Silver-level plan that would cost her \$64 a month.

Joanna described her new coverage this way: “I literally asked Diane, ‘Is this for real?’ I just can’t imagine paying \$64 dollars a month to be able to go to the doctor when I need to. I have a bigger provider network, dental coverage I didn’t have before...I’m getting chills! It’s amazing.”

“The media coverage has been so confusing,” she added. “I’m glad I had someone to bounce questions off of. I’ve been telling my friends: ‘Call CSS. Enroll, go for it! It’s real, it’s affordable, and you can get help figuring out your options.’” Joanna also expressed how being insured impacts her new life as a New Yorker: “It adds to that feeling of security and stability, with moving to a new city, and life in general.”

Yeni’s story

Eight year-old Keyla Isidoro was born deaf and has a Cochlear implant that enables her to hear. When a Cochlear malfunction resulted in sporadic hearing loss, Keyla’s mother Yeni Isidoro, who speaks only Spanish, requested a replacement part from the implant maker. The company responded with a stack of paperwork, all in English, and a bill for \$2,500.



Ms. Isidoro’s two daughters were both born deaf: “As soon as I knew both my children were deaf and that there was a way for them to hear, I started.” Despite her limited English, Yeni got Medicaid to cover the Cochlear implants and kept her daughters’ equipment working.

Help now, and ongoing support

For help with the \$2, 500 bill, Ms. Isidoro contacted CHA, who explained that Keyla’s health plan was responsible for the payment and any future replacement parts. CHA staff also made sure that Keyla received a new, more comfortable hearing device, and that Keyla’s health plan provided the family with a Spanish-speaking case manager.