



# Coalition to Protect the Rights of New York's Dual-Eligibles

**Testimony of the Coalition to Protect the Rights  
of New York's Dual-Eligibles**

**on**

**Medicaid Transition to Care Management for Long-Term Care**

**Part III – Concerns about Implementation of MLTC**

**Submitted to:**

**The Assembly Committee on Health  
and  
The Assembly Committee on Oversight, Analysis and Investigation**

Submitted by

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On Behalf of the Coalition

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**Part I and II of Coalition testimony** are separately presented. Part I is presented by Valerie Bogart, Esq. and will focus on the current implementation of managed long term care. Part II is presented by Douglas Coggin-Callahan, Medicare Rights Center, and will focus on Concerns with Expansion of MLTC to Fully Integrated Dual Advantage (FIDA) Program

Good morning. Thank you for holding this hearing on the Medicaid Transition into Care Management for Long Term Care and for the opportunity to comment on its implementation as it pertains to consumers.

My name is Nora Chaves and I am the Director of Community Health Advocates (CHA) a program of the Community Service Society of New York. CHA is New York's State designated health consumer assistance program. We provide individual assistance and community education to individuals with all types of health insurance, as well as the uninsured. Since 2010 we have conducted over 100,000 cases and have served consumers in all New York State counties.

This testimony constitutes the third and final part of the Testimony from the **Coalition to Protect the Rights of New York's Dual Eligibles**, a coalition of disability rights and seniors rights advocates, consumers, community advocacy organizations, and lawyers representing people with disabilities and older New Yorkers. We provide this testimony to voice constructive ideas about the implementation of the 1115 waiver in New York State to include mandatory enrollment of Dual Eligibles who receive Medicaid personal care and other community-based long-term services in Managed Long Term Care ("MLTC") plans.

As consumer advocates, we believe that the State should address consumers' need for information and assistance through this transition into care management for long-term care. As my colleagues outlined in their testimony, the proposed transition of dual eligible consumers into managed long-term care plans has potential pitfalls and opportunities. Although Medicaid Managed Care has been in place for many years in New York, its expansion to beneficiaries in receipt of community-based long-term care services involves a more vulnerable population, mostly composed of people with disabilities or chronically ill. For these consumers, making health coverage decisions is complex and can involve risks. Based on our experience assisting consumers with health care decisions, we urge the State to adopt robust systems to assist them through this transition.

To avoid disruptions of care for this population and to secure a smooth transition process, the State should fund an ombudsprogram or Consumer Assistance Program to educate consumers and other stakeholders about the changes, to help consumers navigate the new system, and to identify and report back to policy makers about implementation problems that need to be addressed.

Ombudsprograms have played a fundamental role in the implementation of previous health policy changes and have proved an effective way to help consumers:

- In 1998, New York City established the Managed Care Consumer Assistance Program (MCCAP), now called Community Health Advocates (CHA), to help consumers navigate enrollment problems that arose during the transition from Medicaid fee-for-service to managed care. Using a “hub and spokes” model of 26 community-based organizations MCCAP conducted thousands of community presentations across the city and assisted over 150,000 consumers who faced barriers accessing needed health care services under the new managed care system.
- In 2001, in the aftermath of 9/11, CHA and other consumer assistance groups connected thousands of New Yorkers to health care services by educating consumers and providers about Disaster Relieve Medicaid.
- In 2006, when Medicare Part D was implemented, State Health Insurance Programs (SHIPs) and other consumer assistance programs provided on the ground support for consumers overwhelmed by the Part D transition, explaining how to select a plan, and assisting those unable to obtain the prescriptions they needed.
- And in 2010, Congress, recognizing the paramount importance of preparing individuals and families for the upcoming changes to our health care delivery system, established funding for independent consumer assistance programs (CAPs) in the Affordable Care Act (ACA). These programs act as a bridge for health care consumers to help them better understand and take full advantage of the reformed health care system. In New York State alone, CHA (New York State’s designated CAP) has saved consumers over \$6 million by helping to ensure that they understand their choices and can make effective use of their health plans. With a funding of \$5.7 million dollars a year, this program has helped New Yorkers across the State. In two years it has conducted over 100,000 cases, with 9,000 cases handled through the central live-answer toll-free helpline and over 97,000 cases handled by its 30 community-based partners across the State.

Ombudsprograms have been a vital resource for previous policy changes and should continue to be part of any future plans. The State should build on the lessons learned from previous experiences and existing consumer assistance models as it moves

forward with the implementation of managed long term care as well as other health policy changes. Some of those lessons include:

- Community-based nonprofit consumer assistance programs offer the most comprehensive, independent, and culturally appropriate structure to provide these services. Two recent studies, one commissioned by the Center for Medicaid and Medicare Services, and another by the Robert Wood Johnson Foundation, found that consumers who are demographically older, lower income, people of color, or have less education were more likely to prefer enrollment assistance in person at a government office than consumers in higher income and education brackets.<sup>1</sup> Community-based consumer organizations, with their local knowledge, connections, and expertise, are best positioned to reach these consumers. CBOs are also better suited to explain the changes to individuals and families in the neighborhoods in which they live. They are the community’s “trusted messengers” who understand how to reach and assist diverse, low-income, and vulnerable populations—the people who will be most dramatically affected by this change.
- Independent community-based ombudsprograms also play an important “sentinel” function. They serve as the eyes and ears of policy makers, yet remain independent of changes in political administrations. These programs can work closely with government officials to alert them to emerging trends, issues, and challenges faced by their shared constituencies. Ombudsprograms perform this important reporting function by providing real-time, data-driven feedback and recommendations both when the best-laid plans go awry, and when health care programs positively change people’s lives.
- Ombudsprograms should be well publicized and a toll-free number should be included in all notices sent to consumers. The State now requires all commercial carriers to list Community Health Advocate’s helpline number on their Explanation of Benefits (EOB). Thanks to this, 50% of CHA helpline callers, report having heard about CHA services through their EOBs or other notifications from their plan. The State currently relies on its Managed Long-Term Care Complaint Line to track complaints and identify implementation problems, but this number has not been widely disseminated. For example, it is

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<sup>1</sup> “Informing CHIP and Medicaid Outreach and Education, Topline Report, Key Findings from a National Survey of Low-Income Parents,” Lake Research Partners, November 2011; “Preparing for 2014, Findings from Research with Lower-Income Adults in Three States,” conducted by Lake Research Partners, Robert Wood Johnson Foundation, June 2012, page 46.

not listed on the mandatory enrollment packets that MAXIMUS sends out to consumers.

Like previous major changes in our health care system, the successful expansion of Managed Care in New York State requires a strong plan for consumer education, consumer assistance and community-based oversight mechanisms. The State should delay the roll-out of Care Management for Long-Term Care until it has systems in place to respond to implementation issues. Such systems should include funding for an ombudsprogram to educate consumers, provide navigation assistance and report problems to inform administrators about the impact of the implementation process.

We applaud the State for including an ombudsprogram proposal both in its application for the Medicaid Redesign Team Waiver and its proposal to CMS for the Demonstration to Integrate Care for Dual Eligible Individuals. We support this initiative, but we have concerns that these resources will come too late in the implementation process. New York City residents will be auto-assigned to plans this month and their approved plan of care will be re-evaluated by their plans. If consumers need help appealing service denials, the State will not be prepared to assist them or promptly identify any systemic problems. Even if approved as part of the Waiver proposal, this ombudsprogram will not be in place to assist consumers facing service reductions.

Considering this and all the other points presented in Part I and II of the Testimony from the Coalition to Protect the Rights of New York's Dual-Eligibles, we recommend the postponement of the implementation of managed long-term care until the State has conducted and approved a readiness review.

Thank you for your interest and we look forward to working with the State to ensure that this transition goes smoothly for consumers as well as achieving the State's goals.

**Steering Committee of Coalition**  
Center for Disability Rights  
Center for Independence of the Disabled NY  
Community Service Society of NY  
Empire Justice Center  
Legal Aid Society  
Medicare Rights Center  
New York Association on Independent Living

**Other Members of the Coalition (list in formation)**

Autistic Self Advocacy Network  
Cardozo Bet Tzdek Legal Services  
Bronx Jewish Community Council, Inc.  
Brooklyn Center for Independence of the Disabled  
Federation of Protestant Welfare Agencies  
Lenox Hill Neighborhood House  
Medicaid Matters NY  
MFY Legal Services  
Morningside Retirement and Health Services (MRHS)  
New York Lawyers for the Public Interest  
Staten Island Center for Independent Living  
United Spinal Association  
Wheels of Progress  
Women's City Club of New York  
Westchester Disabled On the Move Inc.