MEDICARE RIGHTS CENTER

TESTIMONY

ON THE HEALTH/MEDICAID BUDGET OF THE 2021-2022 NEW YORK STATE EXECUTIVE BUDGET

Submitted to

The Senate Finance Committee
and
The Assembly Committee on Ways and Means

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NEW YORK, NY
SUBMITTED BY:

FRED RICCARDI, PRESIDENT
Introduction

The Medicare Rights Center 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, Medicare Rights provides services and resources to over three million people with Medicare, family caregivers, and professionals as they navigate their health insurance, appeal coverage denials, and try to determine which coverage best suits their health needs. We develop education and public policy initiatives and work with New York State and Federal partners to improve the Medicare and Medicaid programs.

We are members of the statewide Managed Care Consumer Assistance Program (MCCAP) and the Community Health Advocates (CHA) networks. Our organization provides technical assistance and support to New York’s Health Insurance Information Assistance Program (HIICAP) and 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 and the Community Health Access to Mental Health and Addiction Services Project (CHAMP), which provides assistance with access to behavioral health services.

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 2021-2022 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, and the Medicare Savings Coalition that includes dozens of community based organizations, and State and Federal partners.

More than 3.4 million New Yorkers rely on Medicare for health insurance coverage. In 2016, 57% of the state’s Medicare beneficiaries had incomes below $25,000 per person, and more than a third had incomes below $15,000. Continuing to providing education and assistance for this population is a must.

We would like to share with the committees some additional comments regarding the following proposals in the Governor’s Budget: funding for MCCAP; funding for CHA; premium removal for Essential Plan; promotion of community based services and supports.
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 2021-2022 budget. 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 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.

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

Medicare Rights would thank the Cuomo Administration maintaining level funding for the Community Health Advocates (CHA) program, which supports a statewide network of community-based organizations and small business serving groups. We urge the Assembly and the Senate to provide additional funds to maintain funding at $3.9 million. 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 direct service providers at community by providing training and technical assistance and handling complex health insurance cases. CHA operates a central, toll-free helpline and provides local services through community-based organizations and the CHA network serves every county in New York State.

Medicare Rights supports funding for Community Health Access to Mental Health and Addiction Services Project.

Launched in October 2018, CHAMP is a joint effort of the Office of Addiction Supports and Services and the Office of Mental Health in partnership with the Community Service Society; three specialist agencies: Legal Action Center, New York State Council for Community Behavioral Healthcare, and Medicare Rights Center; and five community-based organizations (CBOs).

Medicare Rights applauds Governor Cuomo for fully funding the CHAMP program.
Medicare Rights supports the proposal to strengthen the Essential Plan.

We applaud the Governor’s proposal to eliminate premiums for people enrolled in “EP1,” Essential Plan coverage for people with income 150-200% of the federal poverty level. This will encourage enrollment for an estimated 100,000 people who are eligible, but for whom the $20 monthly premium was a barrier to enrollment.

Medicare Rights is concerned about community-based services and supports.

Previous enacted budgets made cuts to Managed Long-Term Care (MLTC) in ways that restrict access to services. This year’s budget does not propose similar cuts. However, it makes no investment in community-based long-term care services and supports. In fact, it makes additional cuts to home care workforce recruitment and retention funding at a time where more home care aides and attendants are needed than ever before. The budget must promote community-based services by adequately funding the home care workforce to provide for people’s needs.