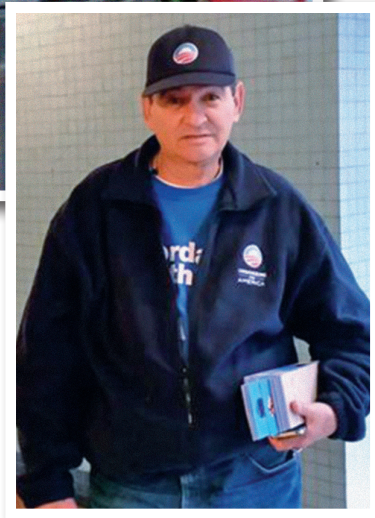


Notes from the *frontline*

Door to Door for the Affordable Care Act



Canvassers went door to door in the five boroughs to reach the uninsured in the enrollment campaign.



In October 2013, following the start of enrollment in the State’s health marketplace – NY State of Health – the Healthcare Education Project (HEP) launched a campaign in New York City to reach the uninsured. For 12 weeks, canvassers went door to door in the five boroughs to identify individuals predicted to be in the 20–100 percent range of likely uninsured, using data from Enroll America.

Canvassers knocked on 146,360 doors, spoke with 39,170 people, and identified 7,183 uninsured.

The canvass had some notable successes. The largest number of uninsured that we contacted were in the 25–34 age group, comprising 34 percent of the total uninsured. This is significant because the viability of the Affordable Care Act (ACA) depends on the enrollment of healthy young people.

The canvassers found that those they spoke with, even those who had insurance, were very receptive to information about the benefits they would enjoy, and the effectiveness of the ACA as a national policy.

HEP achieved a high pledge rate: an impressive 94 percent of the over 7,000 uninsured we spoke with pledged to take action by signing up on the health plan marketplace.

The majority of our work was done in Brooklyn (Kings County). It had the most favorable combination of high density targets (uninsured) and the best accessibility.

COUNTY	% OF TOTAL CONTACTS	% OF TOTAL UNINSURED
KINGS	52%	51%
QUEENS	21%	19%
THE BRONX	14%	13%



Community members in Corona, Queens County, sign up for health insurance at an enrollment forum organized by the Healthcare Education Project and The League of Latin American Citizens (LULAC), hosted by the Ecuadorian Civic Committee. The navigators were from Hispanic Federation, Voces Latinas, and the Brooklyn Hispanic Chamber of Commerce.

Enrollment in the Health Plan Marketplace

In January this year, NY State of Health, the State's health plan marketplace, released demographic data on those who had enrolled in health plans from the launch date October 1, through December 24, 2013, the last day to enroll for coverage starting in January 2014. A total of 230,624 New Yorkers had signed up during that period.

The Department of Health and Human Services reported that by March 1 this number had increased to 244,618. Of these, 53 percent were female. Twenty-eight percent of enrollees were between 18 and 34 years of age. The majority of enrollees (55 percent) had chosen the silver plan. *The full report is on the HHS website at http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Mar2014/ib_2014Mar_enrollAddendum.pdf.*

The City stepped up its efforts in March as the enrollment deadline neared, running a series of ads in newspapers and

subway cars and on the radio and television. More than half of them were run in Spanish. This followed a City Department of Health and Mental Hygiene report highlighting that one in five adult New Yorkers (20 percent or approximately 1.2 million) was uninsured. In the past five years, the percentage of uninsured has increased from 15 to 20 percent, while private coverage declined from 51 to 43 percent. Medicaid coverage also increased from 15 to 20 percent (<http://www.nyc.gov/html/doh/downloads/pdf/epi/databrief43.pdf>).

As of April 7, 2014, the State reported that 1,264,849 applications had been completed and 908,572 people had enrolled (nystateofhealth.ny.gov). Donna Frescatore, executive director of NY State of Health, said that the State was on track to meet, if not exceed, its goal of 1.1 million enrolled by the end of 2016.

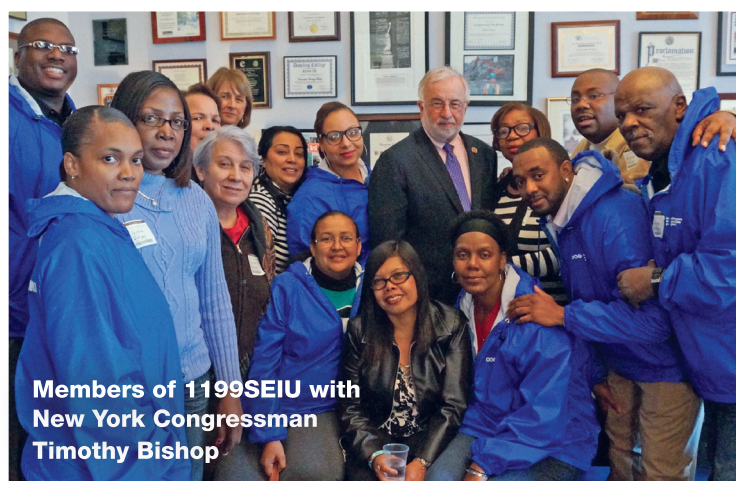
No More Cuts

1199SEIU Members to Congressional Representatives

In December 2013, members of 1199SEIU from around New York State traveled to Washington D.C. to meet with the State's Congressional delegation. In meetings with their elected representatives, members expressed their deep concerns with the potential cuts to federal healthcare spending for the remainder of fiscal year 2014. The proposed plan included \$400 billion in cuts over 10 years, mostly from Medicare and Medicaid. Additional cuts were being threatened as Congress began discussing the debt ceiling.

Members emphasized how federal cuts to providers would severely hurt more than just patients. Cuts would impact graduate medical education that Medicare helps fund, the ability of hospitals to absorb bad debt (unpaid bills), and hospital outpatient clinics which receive large numbers of uninsured and underinsured patients.

Members stated that, just as in 2012 during the sequestration talks, they were simply not willing to accept major cuts to Medicaid, Medicare, education, and other services in exchange for revenue increases since the cuts would harm the economy and the people dependent on these services. They reiterated their position on the debt ceiling, which was that it should not be tied to spending cuts.



Members of 1199SEIU with
New York Congressman
Timothy Bishop

MRT Waiver Amendment Granted

This April, Governor Andrew M. Cuomo announced that New York had finalized with the federal government the terms and conditions for the MRT Waiver that the State had been granted. This is of major significance as it will allow the state to reinvest \$8 billion in federal savings that it generated by Medicaid Redesign Team (MRT) reforms.

The Medicaid 1115 waiver amendment will enable New York to fully implement the MRT action plan, facilitate innovation, lower health care costs over the long term, and save scores of essential safety net providers from financial ruin. The waiver allows the state to reinvest over a five-year period \$8 billion of the \$17.1 billion in federal savings generated by MRT reforms. The waiver is designed to transform New York's health care delivery system through funding that begins in 2015. There are five distinct initiatives: Delivery System Reform Incentive Payment (DSRIP), Health Home Development, Long Term Care Workforce Strategy, 1915i Behavioral Health Support Services, and Interim Access Assurance Fund. The bulk of the funding will be dedicated to the DSRIP program, which is open to safety net providers. Providers must agree to collaborate on projects designed to achieve system integration, reduce avoidable hospitalizations, improve population health outcomes, and engage in payment reform.

In addition, the waiver's terms and conditions commit the State to continue effectively managing its Medicaid program by continuing to keep spending below the Medicaid Global Cap. GNYHA and 1199 SEIU were instrumental members of Governor Cuomo's Medicaid Redesign Team, which enacted the Global Cap, resulting in enormous savings to the State's Medicaid program.

MTLC UPDATE

Protecting Nursing Homes in New York State Against Cuts

Not-for-profit nursing homes in New York State provide quality long-term care that promotes the independence and dignity of residents in their care.

Compared with their peers in the for-profit sector, not-for-profit nursing homes have risen above the statewide average in three key areas of performance rated by the New York State Nursing Home Quality Pool, including (1) quality measures, (2) compliance, and (3) potentially avoidable hospitalizations.

However, more than half the not-for-profit nursing homes in New York State have consistently lost money on operations over the last 10 years. Funding cuts are threatening their stability further. At the state level, nursing homes have been hit hard by recent Medicaid reimbursement changes. And at the federal level, the recent passage of temporary 'doc fix' legislation will reduce Medicare funding for nursing homes nationally by \$2 billion over the next 10 years.

The need to protect nursing homes

Not-for-profit nursing homes have striven to and succeeded in excelling in broad measures of quality as well as specific outcomes. For instance, with regard to unnecessary hospitalization, not-for-profit nursing homes scored better than for-profit and public institutions for both shorter stays (100 days or less) and longer stays (over 100 days). In overall quality performance, not-for-profits rated higher in all three tiers of performance (top tier, top two tiers, and top three tiers) based on quality pool data.

Not-for-profit nursing homes, struggling with financial losses over a decade, and affected by Medicaid reimbursement changes, cannot afford more cuts. It is therefore key that the state's lawmakers protect not-for-profit long-term care organizations in future state and federal budget debates and in the implementation of the Medicaid Redesign Team recommendations.

Take Note Obesity Rates Fall Among the Very Young

A study conducted by the Centers for Disease Control and Prevention (CDC) and published in the Journal of the American Medical Association (JAMA) reports that obesity among 2- to 5-year-olds has dropped by approximately 40 percent in eight years from 14 percent in 2003/2004 to 8.4 percent in 2011/2012.

The study confirms that gaps still persist. African Americans and Hispanics still make up the highest rates of overweight and obese across all age groups. Obesity rates among children in other age groups and adults remain relatively unchanged. However, the falling rates among the very young are significant because, according to the CDC, "children are five times more likely to be obese as an adult if they are overweight or obese between the ages of three and five years."

Last summer it was reported by the Robert Wood Johnson Foundation that New York City saw obesity rates for students in kindergarten through eighth grade drop by 5.5 percent between the 2006/2007 and 2010/2011 school years. Obesity levels dropped significantly across all age ranges, neighborhood poverty levels, and racial and ethnic groups, although decreases

were most dramatic among 5- and 6-year-olds, and white and Asian students. The City's interventions in schools and in the community, including posting calorie information in restaurants and requiring group child-care centers to improve nutrition and nutrition education, contributed to these positive results.

The Healthcare Education Project (HEP) was actively involved in the public awareness campaign to reduce the consumption of sugary drinks in New York City. Sugary drinks are a leading driver of the obesity epidemic. Obesity is the biggest controllable risk factor for diabetes, and a contributing factor to other illnesses such as heart disease, depression, cancer, and high blood pressure.

HEP's healthcare advocates co-sponsored dozens of educational forums on sugary drinks in the City's five boroughs. They partnered with high schools and colleges, senior centers, hospitals, health centers, churches, and youth programs. The news from the CDC encourages groups like HEP to continue the work they are doing to fight the obesity epidemic in the city, state, and nation.



We welcome your feedback! To submit a suggestion, please email us at info@hepny.org.