# **Alliance for Health Reform Briefing**

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## Conditions in New York City, September 2001

- > Communications were impaired
  - > Phone lines were down, so computers were not working
- Nothing was business as usual

> Emergency decision making was in place



# Disaster Relief Medicaid (DRM) provided immediate coverage under streamlined program rules in New York City.

- New York State and City implemented DRM on September 24, 2001.
  - > One-page application
  - > Self-attestation of income
  - > No asset test
  - > 8 months of FFS coverage
- > DRM encompassed broader policy changes.
  - > Expanded Medicaid eligibility through Family Health Plus
  - > Enrolled legal immigrants as ordered by NY courts
  - > Automatic renewal for Medicaid and SCHIP enrollees
- > 342,000 New Yorkers enrolled in DRM in 4 months.



#### **Characteristics of DRM Enrollees**

- Most reported that they were applying because they had a health problem.
- > 75% did not speak English as their primary language.
- > 97% provided a social security number.
- ➤ Most heard about DRM through word of mouth.



DRM marked a radical change in the application and enrollment process, according to its beneficiaries.

- Many DRM enrollees had abandoned previous efforts to enroll in Medicaid due to the burdensome application process and documentation requirements.
- Even though enrollees had only modest savings, removing the asset test was an important factor in helping them get coverage.
- The immediate eligibility decision and immediate start of coverage were important to enrollees, many of whom were anxious about their health.



### Key Factors in the Success of Disaster Relief Medicaid

- > Immediate eligibility determination
- Dedicated phone number for people to call for information about DRM
- Targeted communication to beneficiaries and providers
  - Worked with community-based and provider organizations to distribute information about the program
- Planning the transition process to traditional Medicaid coverage after the emergency is over

