

# What's next for Obamacare in New York



A supporter of Obamacare. (AP Photo/Jessica Hill)



By Dan Goldberg 4:54 a.m. | Sep. 29, 2014

[FOLLOW THIS REPORTER](#)

Cesar Andrade thought he knew a thing or two about health care coverage for undocumented immigrants.



An undocumented 22-year-old Ecuadorian immigrant who grew up Washington Heights, Andrade interned this summer for the New York State Health Foundation, where he worked on ways to increase health insurance access for immigrants. He works with an organization that promotes rights for undocumented immigrants, including access to health insurance. He recently graduated from CUNY's Macaulay Honors college, and hopes to attend medical school.

His mother, who has asthma, relies on the Health and Hospitals Corporation's sliding payment scale, a program the city offers to help residents who are not eligible for Medicaid.

**MORE ON CAPITAL**

- [Cuomo surrogates respond in kind to Astorino ethics attacks](#)
- [Capital Playbook: Cuomo's debate](#)

Andrade's own state-provided children's health insurance expired when he was 19, and because he is not a legal citizen, he assumed that he wasn't eligible, either.

**MOST POPULAR**

- 1 [The Toast hires Roxane Gay to lead new sister site 'The Butter'](#)
- 2 [Challenged to debate, Cuomo pulled a fast one](#)
- 3 [Going native at the Times](#)
- 4 [Judge dismisses nurses suit, clears path for NYU at LICH](#)
- 5 [Rob Astorino's anti-strategy](#)

lunge

■ Capital Playbook: Cuomo's debate lunge



He was wrong.

It turns out that he's eligible for a federal program that protects undocumented youth from deportation, and that because of state law in New York, that eligibility qualifies him for Medicaid.

"I was, like, wow, it's that simple," Andrade said, soon after his discovery. "Once I found out, I'm like, why does no one know this? My friends don't know this. No one put it out there. No one is saying this publicly."

New York's first year implementing the

Affordable Care Act was a success by almost every measure.

A state website, New York State of Health, was up and running after only a few days' worth of glitches, providing a stark contrast to the federal government's website, which didn't start working properly for two months. The state enrolled roughly a million people either in private health insurance plans or through Medicaid, putting it near the top of the nation in most enrollment categories.

But one area in which the state fell short, by its own admission, was in immigrant communities, where health insurance rates have historically been lower. During the second year of open enrollment in Obamacare, which begins November 15, an ability to reach New York's immigrant population—both documented and undocumented—will be key for the state if it is to further reduce the uninsured rate, which has already fallen to historic lows.

That means more outreach to immigrants who can afford private health insurance plans, either through their employers or through the exchange. And it means more education, aimed at immigrants like Andrade, who are unaware of the different types of Medicaid programs the state offers them.

"We've always been told throughout the years, 'You don't get it, there's nothing for you,'" he said.



Cesar Andrade urges a passerby to sign a petition related to the Dream Act. (Credit AP Photo/Mary Altaffer)

When pundits talk about Obamacare enrollment, they are usually referring to the qualified health plans that are sold on the exchange, often with subsidies in the form of tax credits that help people pay for insurance. President Obama's victory lap in the Rose Garden after the first enrollment period celebrated the 8 million people across the nation who signed up for a private insurance plan. The number of people using these exchanges was the metric almost everyone used to measure the law's success.

But the Affordable Care Act wasn't really about exchanges or marketplaces—it was designed to reduce the number of uninsured Americans, with the exchanges merely one means to that end. There was also the expansion of Medicaid, with penalties imposed on people who could afford to purchase insurance but in the past refused to do so.

And supporting it all was a massive education effort: hundreds of millions of dollars spent on advertising the law, which brought people who had always been eligible, but didn't know it, out of the woodwork to enroll.

That all combined to reduce the nation's uninsured rate to 13.4 percent, the lowest it has been since Gallup and Healthways began tracking the percentage of uninsured Americans in 2008.

During the first six months of open enrollment, 370,000 New Yorkers signed up for a private health insurance plan, while nearly 600,000 enrolled in Medicaid, many receiving insurance for the first time.

New York's medicaid rolls spiked about 11 percent in six months.

The expanded options caused Medicaid rolls to swell across the country. But in New York, the woodwork effect proved to be particularly large, helped by advertising efforts as well as the efforts of some 9,000 people across the state who were enlisted to reach out at food pantries, churches, libraries, community fairs to help people sign up during the first open enrollment period.

It will be harder for the state to achieve those kinds of gains in the coming year, simply because so many of the people most eager to acquire affordable coverage have already enrolled. That means state officials as well as navigators and certified application counselors will have to work that much harder to reach the remaining uninsured.

At the time this article went to print, the state was working on breaking down enrollees by zip code, the better to target available resources.

But even before that data is public, navigators have some educated guesses about where to go: In New York City, it will be neighborhoods like Corona, Elmhurst, Jackson Heights, Flushing, Sunset Park and Bushwick, which all had an uninsured rate higher than 25 percent at the end of 2012, nearly twice the city's average.

"New York has an important opportunity to reach immigrants who may not have enrolled during the first open enrollment period," said Claudia Calhoun, a health care specialist at the New York Immigration Coalition.

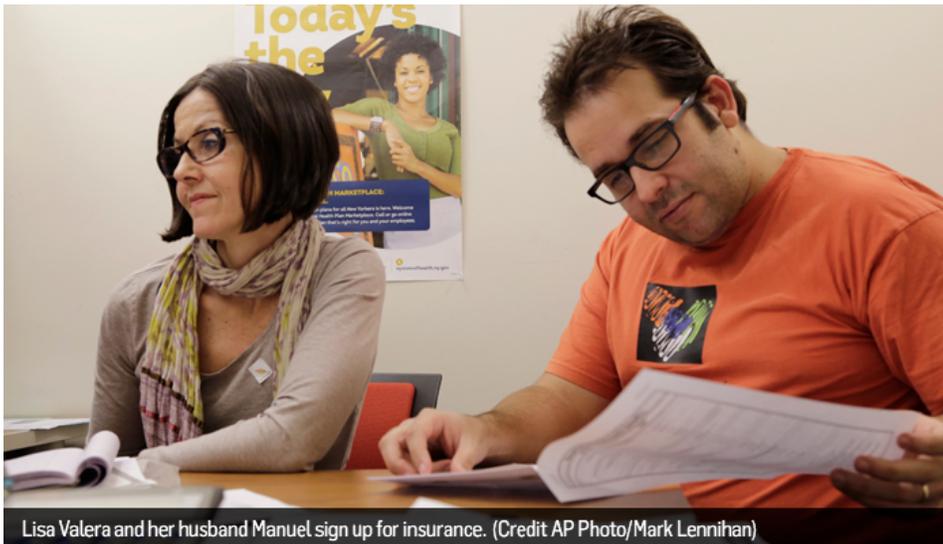
The Urban Institute, a nonprofit research group, predicted that by the end of the 2016 enrollment period, more than one-third of New Yorkers on the exchange would speak a language other than English. (In 2014, the first year, the number is 15 percent.)

The state is creating a Spanish version of its health exchange website, and health officials

plan to translate notices into Spanish and six other languages, including Russian and Chinese. The health department is also tailoring an advertising campaign to non-English speakers.

New York's experience isn't unique, in playing catch-up with immigrant enrollment: California, another liberal state with a large immigrant population, was also very successful during the first open enrollment period, but struggled to enroll its Hispanic population. It is estimated that nearly two-thirds of California's remaining uninsured are Hispanic.

A Kaiser Family Foundation survey found that more than half of California's documented and undocumented Hispanics who remained uninsured after the A.C.A.'s first open enrollment season, and 37 percent who are in America legally and eligible for coverage said they worried that enrolling would bring attention to relatives' immigration status.



“If you're seeking to adjust your status, there is a lot of misinformation out there—that you can't take any government benefit because it will affect your chances of getting a green card,” said Elizabeth Benjamin, vice president of health initiatives at the Community Service Society of New York. “That's wrong. There are certain government benefits you can't get such as residential care, long-term care. I think this is a confusing concept for the immigrant community. They know this is out there so they are loathe to do it.”

Donna Frescatore, who heads New York's exchange, highlighted the importance of cultural competency, themed events and making some minor and often very low-tech changes that could make it easier for people to enroll, like fliers that explain what information people need to sign up.

Frescatore also announced a texting campaign, by which the state will reach back out to people who expressed some interest in enrolling to one of the dozens of community based groups working on outreach, without ever following through.

She also spoke of a new ad campaign that would feature real people telling real stories.

But like every other official, advocate and expert interviewed for this article, she said that the best way to reach people will always be through word of mouth. Friends, colleagues, and neighbors who have benefited from signing up will create a snowball effect, they hope.

Andrade is creating a flier that he hopes the state health department will approve that explains how the federal program that covers him—the Deferred Action for Childhood Arrival (DACA) program, created by executive order in 2012—qualified him for Medicaid.

This wouldn't be true in all states: In New York, it's thanks in part to a case settled back in 2001 that involved Benjamin, the immigration advocate who at the time was acting as attorney for a Syrian-immigrant taxi driver, before New York's highest court. The appellate court ended up ruling that denying Medicaid to any legal resident violated the equal protection clauses of the New York and U.S. constitutions.

In 2012, when President Obama created DACA, he granted legal status to children brought here by their parents, which applied to 86,000 New Yorkers between ages 15-30. And like that, it became impossible for the state not to provide those New Yorkers with Medicaid.

("That was one of the best things I ever did in my life," Benjamin said.)

Because DACA remains relatively new, and because New York is an outlier in terms of providing Medicaid, few people in Andrade's position know what it means for them.

Andrade figures that with a successful education effort, New York could end up enrolling 90 percent of its population, placing it at or near the top in the nation.

"I mean, who doesn't want health insurance?" he said.

*This article appeared in the October issue of Capital magazine.*

**MORE:** [ALBANY](#) [CITY HALL](#) [HEALTH CARE](#) [MAGAZINE](#) [AFFORDABLE CARE ACT](#) [ANDREW CUOMO](#) [BARACK OBAMA](#) [HEALTH CARE](#) [MEDICAID](#) [NEW YORK STATE OF HEALTH](#) [OBAMACARE](#)



Author: Dan Goldberg

FOLLOW THIS REPORTER



**MORE IN ALBANY**



### Cuomo surrogates respond in kind to Astorino ethics attacks

#### AROUND THE WEB

Sponsored Links by Taboola



**The Biggest Retirement Myth Ever Told**

The Motley Fool



**5 Richest Oscar Winners And Their Staggering Net Worths**

Bankrate



**Paulina Gretzky Bares All Behind The Scenes Of Her Cover Shoot**

Golf Digest



**Kate Middleton's Bizarre Behavior at Event Gets Everyone Talking**

Stirring Daily

#### MORE FROM CAPITAL



N.Y. senators ask feds to



Challenged to debate,



Superintendents share



Ad slams Astorino

[allow state to import med  
marijuana](#)

[Cuomo pulled a fast one](#)

[classroom tech successes](#)

[comments on denture  
coverage](#)

0 Comments

Capital New York

 Login ▾

Sort by Best ▾

Share  Favorite 



Start the discussion...

Be the first to comment.

 Subscribe

 Add Disqus to your site

 Privacy

DISQUS

CAPITAL

[ABOUT US](#)

[EVENTS](#)

[ADVERTISE](#)

[CONTACT](#)

[PRIVACY POLICY](#)

[TERMS AND CONDITIONS](#)

