

# Annual Western New York Refugee Health Summit

A Summary and Recommendations  
April 20, 2018



University at Buffalo  
Global Health Equity  
Community of Excellence



University at Buffalo  
Office of Global Health Initiatives  
School of Public Health and Health Professions

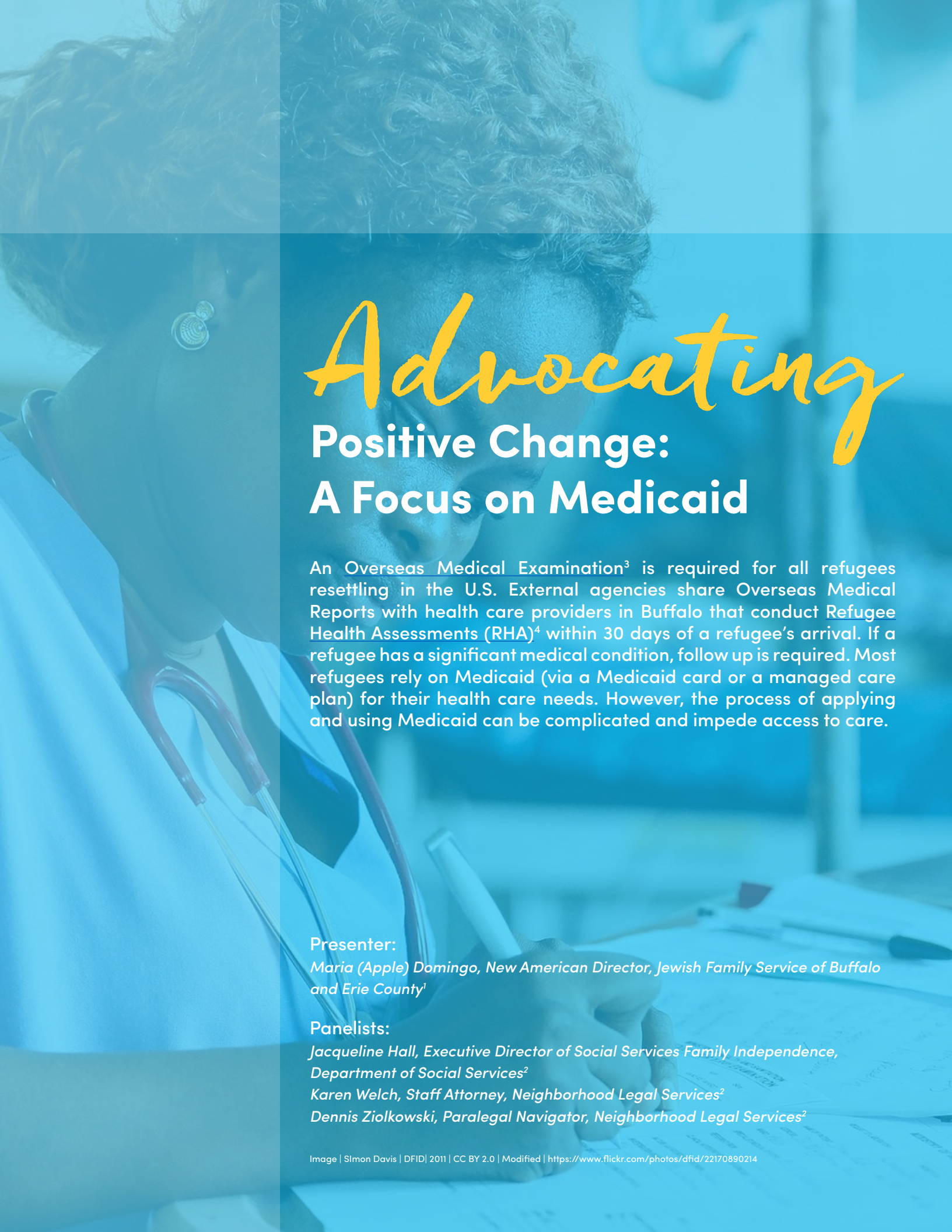
MAKING UB-COMMUNITY

# Connections

TO IMPROVE REFUGEE HEALTH AND WELLBEING

*The 5th Annual Western New York (WNY) Refugee Health Summit Report was co-authored by Jessica Scates, administrative coordinator for the Community for Global Health Equity and Paige Iovine and Chelsea Recor, MPH/MD dual degree students at the University at Buffalo. Graphic design was done by Nicole Little, graduate assistant for the Community for Global Health Equity and dual degree graduate student in Architecture and Planning at the University at Buffalo.*

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# Advocating

## Positive Change: A Focus on Medicaid

An Overseas Medical Examination<sup>3</sup> is required for all refugees resettling in the U.S. External agencies share Overseas Medical Reports with health care providers in Buffalo that conduct Refugee Health Assessments (RHA)<sup>4</sup> within 30 days of a refugee's arrival. If a refugee has a significant medical condition, follow up is required. Most refugees rely on Medicaid (via a Medicaid card or a managed care plan) for their health care needs. However, the process of applying and using Medicaid can be complicated and impede access to care.

### Presenter:

*Maria (Apple) Domingo, New American Director, Jewish Family Service of Buffalo and Erie County<sup>1</sup>*

### Panelists:

*Jacqueline Hall, Executive Director of Social Services Family Independence, Department of Social Services<sup>2</sup>*

*Karen Welch, Staff Attorney, Neighborhood Legal Services<sup>2</sup>*

*Dennis Ziolkowski, Paralegal Navigator, Neighborhood Legal Services<sup>2</sup>*

## Advocating Positive Change: A Focus on Medicaid

# Townhall Discussion

According to Apple Domingo,<sup>1</sup> director of new Americans at Jewish Family Services of Buffalo and Erie County, a gap in coverage can last months due to the complicated and extensive application process. This delay reduces a patient's access to important, sometimes life-saving care. Applicants apply via [paper application](#)<sup>5</sup> (public assistance applicants) or the [NY State of Health Marketplace](#)<sup>6</sup> (refugees who do not access public assistance; Medicaid only). The process of obtaining a Medicaid card can be lengthy. In the Marketplace, it takes 2 weeks to get a letter with CIN (Client Information Number), 2 months to submit proof of social security, and 2-3 weeks to get a card from Albany. However, coverage can be retroactive to the 1<sup>st</sup> of the month of application. For the paper application, the state has 30 days (for singles, 45 days) to make a determination on a case. Coverage can be issued retroactively 3 months from the date of application. To receive coverage as soon as possible, many applicants apply through both the marketplace and via paper application.



## Advocating Positive Change: A Focus on Medicaid

# Townhall Discussion



Provider acceptance of Medicaid complicates matters. Although it is the ethical and moral responsibility for the Buffalo community to provide adequate health care to the refugees settled here, many specialists do not see Medicaid patients, others deny Medicaid patients whose applications are pending, and some refuse to offer interpreting services to patients with Limited English Proficiency. Instead of utilizing preventive care services, patients go to the emergency room or an urgent care facility – more expensive care that employs providers who are rarely prepared to care for the needs of refugees.

Because of the complicated application process, organizations like [Neighborhood Legal Services](#)<sup>7</sup> employs paralegal navigators to assist clients with applications. Trained navigators understand New York State of Health requirements and can ensure there is not a gap in coverage. With use of a patient navigator, clients usually receive Medicaid approval within a couple of days.

## Advocating Positive Change: A Focus on Medicaid

# Recommendations

1



It is clear there is a disconnect about the availability of retroactive coverage for Medicaid. Complaints can be filed with the [Office of Civil Rights](#)<sup>8</sup> if providers refuse treatment to refugees and LEP patients. Health care facilities must educate their employees on the ethical and moral responsibilities to provide care for patients with Medicaid, as well as [interpreting services](#)<sup>9</sup> to patients with limited English proficiencies<sup>6</sup>.

2



Neighborhood Legal Services patient navigators walk clients through the application, and have had a great deal of success working with refugees. Ideally, companies should hire patient navigators from diverse communities, thereby improving their ability to relate to and develop trust with refugees seeking services.

3



Community health advocates employed by clinics can ensure patients' needs are being met. This is especially important for refugees with disabilities, a portion of the population for which the Medicaid system lacks accommodations.

4



The community must advocate for more specialists to take pending Medicaid patients.



## Advocating Positive Change: A Focus on Medicaid

# References

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2018 Planning Committee

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Coordinators: Maria Chavan and Jessica Scates

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