



# **EPIC INSURANCE FOR SENIORS:**

**Many benefits,  
too few participants,  
insufficient outreach**

**City of New York  
Office of the Comptroller  
Office of Policy Management**

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## Executive Summary

EPIC (Elderly Pharmaceutical Insurance Coverage) is the New York State Health Department's Senior Prescription Plan. EPIC provides prescription insurance coverage to seniors in New York State whose income is less than \$35,000 for an individual, or less than \$50,000 for a married couple. Seniors enrolled in the program can save half or more of the cost of medications using their local pharmacies.

The Comptroller's Office conducted a study to determine if there were eligible seniors who had not enrolled in the EPIC program, and to determine why they were not enrolled. We interviewed almost 900 seniors at senior citizen centers or programs in the five boroughs. Although 37 percent were eligible for EPIC, 82 out of every 100 seniors who were eligible were not enrolled in EPIC. In addition, of those seniors who were eligible but not enrolled: 34 percent have never heard of EPIC, 44 percent had no other prescription coverage, 11 percent skipped medication because they could not afford them, and 40 percent did not know that EPIC could be used in addition to other prescription plans.

We conclude from our study that the State Health Department has to do more to promote this program which is currently serving less than 3 percent of New York City's senior population. In order to increase the effectiveness of outreach we recommend that more outreach/enrollment representatives be assigned to New York City. In addition we need more advertising, especially in minority and foreign language media, and new programs targeted to hospitals, physicians and pharmacists who can help seniors enroll in EPIC. Finally, the State should investigate means to directly assist seniors in enrolling (filling out the applications), including the use of specialized EPIC enrollment vans which could travel from site to site within the City to counsel and assist individual seniors. Many of these programs could be handled through Community Based Agencies that have the experience and community ties to maximize the effectiveness of these efforts.

## Summary of Findings

**In New York City there were over 875,000 residents over 65 years of age in 1999, including 610,000 with incomes of less than \$20,000 per year.\* As of September 1999 less than 28,000, or 3% of all New York City seniors, were enrolled in the EPIC program.**

**We interviewed almost 900 of approximately 36,000 seniors who receive lunch each day at senior centers across the City. The results of our survey are summarized in the following tables. It should be noted that our figures are conservative because we interviewed seniors in senior centers where people are better informed about benefits and programs targeted to seniors.**

Seniors in the EPIC Survey	
Total Interviewed	897
Taking Prescription Medication	754 (84%)
Skipping Medication because they can't afford them	81 (9%)
Have No Prescription Insurance	167 (19%)
Eligible for EPIC after January 1, 2001 based on age, income, and other insurance coverage	331 (37%)
Eligible but not enrolled in EPIC	270 (82% of 331)

Of the 270 seniors <b>eligible</b> after January 1, 2001 but <b>not enrolled</b> :	
34% (92 of 270)	Have never heard of EPIC
44% (119 of 270)	Have NO prescription insurance coverage
11% (30 of 270)	Are skipping medications because they cannot afford them
40% (107 of 270)	Don't know that EPIC can be used in addition to their present prescription coverage

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\* INFOSHARE Data System of Community Studies of New York, Inc. utilizing 1999 Housing Vacancy Survey, U.S. Census Bureau.

## Introduction and Background

### ***A: Introduction***

In the summer of 2000 the Comptroller's Office of Policy Management contacted the New York State Health Department Elderly Pharmaceutical Insurance Coverage Plan (EPIC) to investigate how we could assist in increasing participation rates in New York City, and thus assist the Department in maximizing the benefit of the EPIC program enhancements scheduled to take effect on January 1, 2001.

The Comptroller has an interest in the promotion of this program because seniors without prescription coverage, especially those in poor health, use fewer needed drugs than those with drug coverage. This could have a negative effect on their health.<sup>1</sup> A study by the EPIC Advisory Committee found that enrollees in EPIC have lower hospital and nursing home admission rates than non-enrollees; and that when hospitalized they have shorter lengths of stay and lower hospital bills.<sup>2</sup> The City of New York, through its Health and Hospitals Corporation, provides health care to many of the City's poor and frail elderly residents. Therefore, the City benefits financially as well as socially from programs such as EPIC that improve the health of its citizens.

In reviewing what role we could play in increasing outreach efforts, we discovered that only 2.9 percent of New York City's population over 65 years of age was enrolled in the EPIC program.<sup>3</sup> (The rate for New York State is 4.6 percent.) Although senior enrollment in Medicaid in the City may partially explain this low rate, it did not appear to account for the entire discrepancy.<sup>4</sup> We determined that a study should be done to determine why New York City seniors were not enrolling in the program.

The study was designed with the input and cooperation of the Council of Senior Centers and Services (CSCS). CSCS and the New York City Department for the Aging (DFTA) provided input on the selection of sites to be sampled, and assisted us in obtaining access to the Senior Centers. Staff members of the Comptroller's Office of Policy Management conducted interviews with nearly 900 seniors at 27 sites in the five boroughs.

In addition to, and concurrent with the study, the Office of the Comptroller developed an informational flyer on the improvements in the EPIC program that was included in October 2000 pension checks of more than 190,000 retired employees of New York City. The Comptroller also joined the EPIC Outreach Staff for an on-site enrollment event in Manhattan, promoted

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<sup>1</sup> "Medicare and Prescription Drugs," The Medicare Program Newsletter, The Kaiser Family Foundation, March 2000.

<sup>2</sup> As quoted in the New York StateWide Senior Action Council Issue Platform, 1997

<sup>3</sup> "Epic Annual Report to the Governor and Legislature, October 1998-September 1999" p. A-2, and US Census Bureau Population Estimates, 1999.

<sup>4</sup> Seniors enrolled in Medicaid receive medications free under that program and are therefore ineligible for EPIC. New York City also has a higher percentage of Medicaid enrollees than the remainder of the State.

throughout the borough to Senior Centers and advocates. Flyers were distributed to businesses and apartment buildings throughout the neighborhood the EPIC Program selected for the event. More than 50 seniors and their families attended the event. Fifteen seniors completed applications on-site, with the assistance of the staff of the Comptroller's Office and of the EPIC program.

## ***B: Background***

### The growing cost of prescription drugs.

The need for prescription insurance for seniors has been widely recognized by health policy experts and Congress, and has been reported extensively in the press. In July 2000, Families USA, an advocacy organization, published a report on prescription medication expenses for seniors. The report states that prescription drugs are the fastest-growing component of health care spending, and that the elderly bear the brunt of this burden. Seniors have seen the cost of their prescription medication double in the last eight years, and it is expected to double again in the next ten years. The elderly represent 13 percent of the U.S. population, but they account for 42 percent of total prescription medication expenditures. According to the Families USA study, nearly half (47%) of seniors nationwide lack year-round prescription coverage, and almost 30 percent have no coverage at all for prescriptions.<sup>5</sup>

The Congressional Budget Office estimated in February 2001 that one-third of the 39 million Medicare beneficiaries have no prescription insurance coverage. It estimated that spending on prescriptions averaged \$1,525 for each Medicare beneficiary in 2000, and that this average would triple by 2011.<sup>6</sup>

### Utilization rates of EPIC.

Although the above problem has not yet been addressed on the national level, 22 states currently have prescription assistance for seniors. The state programs vary in the number of seniors eligible, in the medications covered, and in the amount of assistance they offer. New York State established the EPIC program in 1987. Over the years the program has increased both eligibility thresholds and benefits. The program reports annually to the Governor and State Legislature. The latest available report, issued in August 2000, covers October 1998 to September 1999 (program year 1999). According to this report, the program served 118,400 seniors during that year. Participants paid \$119.4 million for 3.7 million prescriptions, and saved \$141.9 million on those medications by participating in EPIC. The report estimates that 1.1 million New York State residents are eligible for EPIC based on age and income. In New York City in 1999 there were over 610,000 individuals who were over 65 and had incomes less than \$20,000 per year.<sup>7</sup> However, some of those individuals have other insurance coverage that is better than EPIC, or do not have sufficient prescription expenses to make the program attractive to them.

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<sup>5</sup> *Cost Overdose: Growth in Drug Spending for the Elderly, 1992 – 2010*, Families USA, July 2000.

<sup>6</sup> Pear, Robert, "Budget Office's Estimates for Drug Spending Grow," *The New York Times*, February 24, 2001.

<sup>7</sup> INFOSHARE Data System of Community Studies of New York, Inc. utilizing 1999 Housing Vacancy Survey, U.S. Census Bureau. \$18,500 was the maximum eligible income for an individual, \$24,400 for a couple; the actual number of eligible individuals would be larger due to this higher income limit for couples.

Eligibility for EPIC is based on age, income, and whether the senior has other prescription coverage which is better than EPIC. EPIC can be used as a payer of last resort for seniors who have prescription coverage that is not as comprehensive as EPIC or, they can enroll after they have reached the maximum benefit of their primary prescription insurance. Unlike other prescription plans that have a maximum benefit amount, EPIC has a maximum co-payment amount. If the individual senior reaches this total out-of-pocket amount (approximately 6 to 8% of annual income under the 2001 plan) the remainder of prescriptions for the calendar year are free. This is referred to as a stop-loss provision.

#### EPIC Program Enhancements.

The latest enhancements to the EPIC program took effect in January 2001, when the income eligibility limits nearly doubled from \$18,500 to \$35,000 for an individual and from \$24,400 to \$50,000 for a married couple. In addition to these increases, the legislature reduced fees and co-payments to increase the benefits each participant receives. Based on these increases in the benefit package, the EPIC program estimates that 215,000 seniors will be enrolled statewide by program year 2003.

## **Methodology**

### **A. Survey Design**

We conducted anonymous interviews with 897 seniors at 27 sites during the period August 2000 to March 2001. All participation was voluntary. We assured participants that no personal information would be recorded, and that no unwanted contacts, such as sales calls from prescription plans or other health related businesses, would follow.

A questionnaire was designed and field-tested in a senior center in Manhattan. (See Appendix A) The survey was also translated into Spanish and Chinese. (The EPIC program at the time had printed information available in seven languages, but applications were available only in English, Spanish, and Chinese. The brochure was available only in English and Spanish. There was a flyer available in Chinese, Russian, Yiddish, Polish, Italian, and Korean.)

In addition to information on prescription medication use, expense, and coverage, the questionnaire asked about knowledge of EPIC; current participation in, and satisfaction with, the program; reasons for not participating; and demographic information (i.e., age, gender, marital status, income, and race). From this information we were able to establish eligibility for the EPIC program before and after January 1, 2001, when EPIC was expanded. We determined eligibility to use EPIC as secondary insurance by using a list provided by the EPIC program, *Benefit Guide for the Year 2000*.

We primarily interviewed seniors attending lunch programs at senior centers. In choosing this population we recognized that individuals in our sample would most likely be better informed about social programs, more independent, and healthier than the Citywide senior population. The result of this limitation is that our findings are conservative in estimating the proportion of the City's senior citizens that do not understand or take advantage of the EPIC program.

### **B. Participating Agencies**

The Comptroller's Office of Policy Management contacted the Council of Senior Centers and Services (CSCS) to request their assistance in identifying sites for the survey. After reviewing the project plan and the questionnaire, CSCS agreed to assist the project by recommending participation to their members. The Comptroller and the Executive Director of CSCS mailed a joint letter to the CSCS membership describing the project and requesting their participation. (See Appendix B)

In addition, the Comptroller's Office notified Herbert W. Stupp, Commissioner of the New York City Department for the Aging (DFTA) of the project. DFTA responded by offering advice on site selection by their Office of Management and Policy. DFTA forwarded a sample of locations that they had used in a recent study for our consideration.

A decision was made to combine the samples, the volunteers from CSCS, and the recommended sites from DFTA to develop a geographically and racially balanced sample. As a result we interviewed seniors in 27 locations in the five boroughs. Ten of these locations were recommended by DFTA, 15 were CSCS sites (two sites were both). The remaining sites either asked to be included in the study, or were asked to participate based on location.<sup>8</sup> In selecting sites we considered the size of the program to ensure sufficient participants in the survey to make inclusion practical.

Comptroller's office staff members were trained in using the questionnaire and in answering questions that might arise regarding the EPIC program. In two cases, staff members from a senior center were used to translate for Chinese clients. The 23 members of the Comptroller's staff who participated in the project included three Spanish speakers and one Chinese speaker.

### **C. Sampling**

Interviewing was done before and after lunch at the senior centers. Interviewers asked individual seniors to participate in a study conducted by the New York City Comptroller of prescription medication coverage. The interviews took between two and five minutes to complete, and each participant was offered information on the EPIC program at the end of the interview. (See Appendix C for the EPIC Brochure.) No EPIC enrollments were completed as part of this project. Interested seniors who wanted assistance in registering for the program were referred to the EPIC brochure, the EPIC Helpline, or the senior center staff if they wanted assistance in registering for the program.

Some seniors refused to participate; others refused to answer one or two questions (usually about income). Wherever possible, information provided by the senior was included in the tabulation of results. Ten questionnaires, with only one or two responses, were eliminated.

### **D. Limitations of the Sample**

As stated above, the sample is not representative of the senior citizen population in the City because it is drawn primarily from the participants in lunch programs at senior centers. Although our study attempted to correct for this by choosing centers in a wide variety of neighborhoods, the participants appear to be better off than the general senior population. For example, although most sources estimate that one-third of the Medicare population has no prescription insurance, only 19 percent of the participants in our study reported that they had no

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<sup>8</sup> Two other organizations participated in the project. These were two NORC (Naturally Occurring Retirement Community) Homebound programs. The results of these interviews were not included in the final sample because, although geographically similar, the programs were very different in nature to the remainder of the sites, and the samples were so small that the results would not be significant in the overall study.

coverage for medications. In addition, almost 20 percent of our sample reported incomes over \$24,000 per year, and more than 8 percent had incomes of more than \$35,000. This compares to the median individual income of \$10,000 for City seniors.<sup>9</sup> Because of these limitations, the results of our survey have to be seen as a conservative estimate of the number of seniors citywide who do not know about, or fully understand their eligibility for the EPIC program.

Furthermore, although our sample is not exactly proportionate to the city racially, members of all racial groups were included.

Race/Ethnicity	Distribution in EPIC Sample
Black/African American	14.8%
Hispanic	17.8%
Asian	4.0%
White (non-Hispanic)	62.5%
Other	.2%
N/A	.7%

The following chart represents the borough breakdown of our sample.

Borough	Distribution in EPIC Survey	Distribution of Senior Population <sup>10</sup>
Bronx	14.8%	13.7%
Brooklyn	19.7%	28.8%
Manhattan	33.8%	21.3%
Queens	26.5%	30.2%
Staten Island	5.1%	6.0%

<sup>9</sup> INFOSHARE Data System of Community Studies of New York, Inc. utilizing 1999 Housing Vacancy Survey, U.S. Census Bureau

<sup>10</sup> INFOSHARE, Housing Vacancy Survey 1999.

## Findings

### **A. Seniors cannot afford needed medications.**

Although participants in our survey appear better off than the general public, they face significant problems in paying for prescription medications. The first part of our survey explored issues of drug utilization and prescription coverage.

Eighty-four percent of the respondents to our survey are taking prescription medications. Of these, 25 percent are using four or more prescriptions per day, 10 percent are using six or more, and 2 percent are using between 10 and 16 prescriptions per day.

One of the most disturbing problems for seniors facing staggering drug prices is having to skip doses or decide not to take medications entirely because they cannot afford them. Therefore we asked, "Is there any medication you are not taking, or taking less than you should, because you can't afford it?" In our sample, 9 percent said "yes" to this question. In contrast, *Kaiser Public Opinion Update*, The Kaiser Family Foundation, September 2000, found 16 percent of the elderly had not filled prescriptions because of the cost. However, we were interviewing in a group setting in which the participant could often be heard by other seniors and therefore may have not responded truthfully to this potentially embarrassing question. In addition to those who responded that they were skipping medications, several seniors were hesitant to answer, and a few even responded, "Not now that I am on EPIC."

We determined that 11 percent of the seniors, who were eligible for EPIC but had not enrolled, were not taking medications because they could not afford them.

We asked the participants how much they were spending out-of-pocket per month on medications (i.e., after any insurance coverage). The answers ranged from \$2.00 to \$1,000 per month. Twenty percent of the respondents were spending \$70.00 or more and 10 percent were spending \$150.00 or more. When we questioned respondents who were eligible for EPIC, we found that 30 percent of those not taking all their medications spent more than \$300 per month on prescriptions.

As stated earlier, 81 percent of the seniors we interviewed stated that they had some form of prescription insurance. The coverage is described in the following table.

### Types of Insurance Coverage

<b>Insurance</b>	<b>Percent</b>
Medicaid	17%
Medicare HMO	26%
Medicare Supplemental	14%
Union Prescription Plans	10%
EPIC	6%
Private Insurance	3%
Other <sup>11</sup>	4%
No Insurance	19%
No Answer	1%
<b>Total</b>	<b>100%</b>

#### ***B. Seniors are Unaware of New York State's Senior Prescription Plan***

The next portion of our survey instrument dealt with the participants' familiarity with the EPIC program. We used the simplest form of inquiry: "Have you heard of the EPIC program?" This question did not evaluate the extent of knowledge about the EPIC program, but merely whether they had heard of it. We will show later that many seniors do not understand critical features of the program. If their answer to our question was, "What's that?" we told them it was the New York State Senior Prescription Plan. If they needed more information, we considered this a negative response. If they said they had heard of it, regardless of how much they had heard, we accepted this as a "yes."

Thirty-five percent of all the seniors responding said they had never heard of the EPIC program, although it should be noted that many of them had other insurance coverage or would be ineligible for EPIC based on income. Thirty-four percent of the seniors we determined were eligible for the program after January 1, 2001, but were not enrolled, had never heard of EPIC.

The percentage of eligible minority seniors who had never heard of EPIC was twice the percentage of eligible white seniors, and the percent of Asian seniors was four times the percent of white seniors. See table below.

#### **Percentage of Eligible Seniors who have Never Heard of EPIC by Race**

<b>Race/Ethnicity</b>	<b>% of Eligible Who Never Heard of EPIC</b>
Black/African American	47%
Hispanic	44%
Asian	80%
White	23%

<sup>11</sup> This includes Drug Company Discount plans, NYC Health and Hospitals Corp., and non-union retirement plans.

We asked the participants who had heard about EPIC how they had heard about it. Most of those responding had heard about it at the senior center (30%), the next most-frequent response was through friends (17%), followed by television (13%), and newspapers (9 %). Very few respondents said they had heard of the program from their pharmacists (7%), doctor (3%) or hospital (1%).

### ***C. Even When Seniors are Aware of EPIC, They don't Always Know They are Eligible.***

More than half (53%) of those who had heard of EPIC did not know that it could be used with other insurance (co-insurance provision). Of those who were eligible for EPIC after January 1, 2001 although they had other insurance, 40 percent did not know that EPIC could be used in addition to their insurance coverage.

More importantly, those most in need were unaware of EPIC. Of those eligible for the program before January 1, 2001, *who had no other insurance coverage for prescriptions* 44 percent had never heard of EPIC. The percentage was lower for those without insurance who were eligible after January 1—only 34 percent had never heard of EPIC. This indicates that lower-income seniors are less informed about the program than those with higher incomes.

Although there were no questions on our survey about the stop-loss provision, (i.e., that there is a maximum co-payment amount based on income) we asked some of the participants about this provision. We did not find a single senior who had heard about this provision. This is one of the unique features of EPIC: whereas typical insurance policies cover prescriptions up to a specific amount, EPIC picks up the entire cost of prescriptions once the senior has spent between 6 and 8 percent of his or her gross income in the program (combined fee/deductible and co-payment amounts).

### ***D. Significant Numbers of Eligible Seniors are not Enrolled in EPIC***

The EPIC Program's annual report estimates that 10.6 percent of New York State's seniors were eligible in the 1999 program year, and 4.7 percent of seniors were enrolled—a difference of 6 percentage points.<sup>12</sup> In our sample, 26.4 percent were eligible for the program before January 1, 2001, (based on age, income, and prescription coverage) and 36.9 percent were eligible for the program after January 1, 2001. However, only 6.1 percent of all the seniors we interviewed were enrolled in the program—a difference of 20 to 30 percentage points.

There is also a significant difference in our sample between those who are eligible and those who are enrolled. The State estimates that 43 percent of the eligible seniors Statewide are enrolled, but in our study only 23 percent of those eligible before January 1, 2001, and 18 percent of those eligible after January 1, 2001, were enrolled in the program.

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<sup>12</sup> "EPIC Annual Report October 1998-September 1999" p.5 and A-2

We asked why seniors were not enrolled in the program. The most frequent response (53.6%) was "I have other coverage;" 16 percent responded that their income was too high (although this was not always the case); 10 percent said they did not need insurance; and 5 percent said they did not know enough about the program. Although the fees and deductibles are substantial at the higher income levels, only 2 percent of respondents said they were not enrolled because EPIC was too expensive.

Of those seniors who were eligible after January 1, 2001 although they had other coverage, 40 percent did not know that EPIC could be used in addition to that coverage.

We did not find a relationship (using Chi Square Tests - a measure of statistical significance) between either race or borough and enrollment in EPIC.

### ***E. Outreach Results have not Improved Since January 1, 2001***

When we met with representatives of the EPIC program in August 2000, they described in general terms increased outreach efforts to inform the public of enhancements in the EPIC program that would take effect January 1, 2001. Since we interviewed seniors between August 2000 and March 2001, we reviewed the results based on whether the seniors were interviewed before or after the enhancements took effect. The EPIC program's goal was to reach more seniors with information about the program changes before they took effect. We did not find that this had happened.

The percentage of seniors in our sample who had never heard of EPIC *increased* from 34 percent for those interviewed before January 1, 2001, to 38 percent for those interviewed afterward. The percentage of respondents who did not know EPIC could be used in addition to other insurance *increased* from 53 to 56 percent. Of those sampled who were eligible although they had other insurance, the percentage who had never heard of EPIC increased from 42 to 53.

## Conclusions

We have drawn the following conclusions from the data we accumulated.

- ◆ The EPIC program is a tremendous help to the seniors who have taken advantage of it. However, too many of New York City seniors who need it are not being reached by the program.
- ◆ Even among seniors who are regularly exposed to information about social programs (i.e., senior center participants), there remains a significant lack of information about the EPIC Program.
- ◆ The knowledge gaps of most concern include eligibility, how to apply for the program, the co-insurance feature of the EPIC Program, and the stop-loss provision.
- ◆ Based on our survey and on our experience with the EPIC Enrollment Event in November, we found that many seniors, although they recognize that they need assistance with prescriptions, are unable to obtain and complete the EPIC application without help. They require assistance on a one-to-one basis in completing the EPIC application.

## Recommendations

In order to enroll more eligible New York City residents, we recommend:

- ◆ **A significantly increased outreach effort in New York City to meet the demands of the new program.** This could be accomplished by a combination of increased State staffing\* and subcontracting with Community Based Organizations serving the elderly. Current State staffing includes three outreach representatives for the entire Metropolitan Area. We recommend that this be increased to provide each Borough in the City with an outreach representative to provide information and assist the elderly in completing applications for 2001.
- ◆ **Increased advertising in both major media and foreign language publications.** New York City is home to hundreds of ethnic groups, and EPIC outreach must be targeted to reach at least such major groups as: Asian, Caribbean, Former Soviet Union, and Middle Eastern. For example, the EPIC brochure and application for 2001 were only available in English and Spanish until February 2001. Flyers in Russian, Chinese, Korean, Polish, and Italian are currently available; however, information and applications should also be in French, Creole, Arabic, and other languages. The assistance of community-based organizations in this effort would be helpful, and the Office of the Comptroller would provide assistance in this effort.
- ◆ **Develop new outreach programs.** These programs should be developed to reach sources that are currently under-utilized, such as hospitals, physicians, and pharmacists.
- ◆ **Provide assistance to seniors in enrolling.** The State should investigate the use of mobile enrollment vans, such as the City is now using for Child Health Plus. These vans could increase outreach in targeted neighborhoods and assist seniors who have difficulty completing the application. Community-based organizations used in the outreach campaign should be required to address how they will provide assistance with the application process in their applications for funding.
- ◆ **Continue to promote the program through outreach to community groups.** The Comptroller's office is currently planning to mail out flyers describing the program to religious leaders throughout the City so that they can inform their congregations.

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\* The New York State Department of Health subcontracts with First Health, Inc., a pharmacy benefit management company for administration of the program, including outreach staffing.

