

**New York State
First Quarter Project Report
State Planning and Establishment Grants for the
Affordable Care Act's Exchanges**

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I. Project Summary

Below please find narrative project summaries for each of the nine core areas of the Exchange Planning Grant.

1. Background Research. New York continues to generate a strong body of background research relevant to Exchange Planning. In the first quarter, the United Hospital Fund (UHF) and the New York State Health Foundation (NYSHF), two private research entities in New York, each generated substantial reports directly related to Exchange planning within the State. The New York State Departments of Health (DOH) and Insurance (DOI), the lead agencies responsible for Exchange planning, consult regularly with these private entities to generate research that draws from existing agency knowledge and will best benefit planning activities. Each of these reports builds on baseline data specific to New York populations. State policymakers review the research closely to inform decision-making. Two key Exchange-specific publications are attached to this report as Appendix 1 and are as follows:

- P. Newell and R. Carey. Building the Infrastructure for a New York Health Benefit Exchange: Key Decisions for State Policymakers. (2010, United Hospital Fund).
- P. Boozang et al. Implementing Federal Health Care Reform: A Roadmap for New York State (2010, New York State Health Foundation).

Two additional recent publications enhance New York's baseline data. Those publications are also attached to this report in Appendix 1 and are as follows:

- P. Newell and A. Baumgarten. The Big Picture: Private and Public Health Insurance Markets in New York. (2009, United Hospital Fund).
- D. Bachrach et al. "Revisioning" Medicaid as Part of New York's Coverage Continuum. (2010, United Hospital Fund).

All of these publications are now posted on the New York health care reform website and were publicized through an electronic implementation update.

In addition, New York may engage additional contractual services to expand and update existing baseline data consistent with planning grant requirements.

2. **Stakeholder Involvement.** New York has facilitated stakeholder involvement throughout the first quarter of the grant period through the establishment and engagement of the Governor’s Health Care Reform Advisory Committee (“Advisory Committee”). The role of the Advisory Committee is to advise the Interagency Health Care Reform Cabinet on reform provisions and to ensure stakeholder and public engagement. The Advisory Committee includes organizations representing health care providers, consumers, businesses, organized labor, local governments, health plans and health insurers, and health policy experts.

The Advisory Committee includes the following entities:

- 1199 SEIU
- AFL-CIO
- Business and Labor Coalition of New York
- Business Council of New York State
- Centerstate CEO
- Chamber Alliance of New York State
- Children's Defense Fund
- Coalition of New York State Public Health Plans
- Community Health Care Association of New York State
- Community Service Society
- Consumer Directed Choices
- Empire Justice Center
- Family Planning Advocates
- Finger Lakes Health Systems Agency
- Greater New York Hospital Association
- Health Care for All New York
- Healthcare Association of New York State
- Hispanic Federation
- Medicaid Matters
- Medical Society of the State of New York
- Medicare Rights Center
- National Black Leadership Commission on AIDS
- New York Health Plan Association
- New York Immigration Coalition
- New York State Association of Counties
- New York State Association of Health Underwriters
- New York State Conference of Blue Cross Plans
- New York State Council for Community Behavioral Healthcare
- New York State Health Foundation
- New Yorkers for Accessible Health Coverage
- Office of the Mayor of New York City
- P2 Collaborative of Western New York
- Partnership for New York City
- Project CHARGE
- United Hospital Fund

- Visiting Nurse Service of New York
- Young Invincibles

Three monthly meetings of the Advisory Committee were held in 2010. Discussions at the meetings included the overall vision of a Health Insurance Exchange in New York State, the HHS timeline for developing such an Exchange, and the HHS request for comments on Health Insurance Exchanges.

Also in the first grant quarter, the Governor's Office and lead agencies held and continue to hold monthly meetings with State legislative staff to discuss federal health care reform. Discussions in these meetings include the Health Insurance Exchanges and the requirements involved in establishing an Exchange in the State.

In order to share health care reform information with the public, the State created a website focused on implementation—www.HealthCareReform.ny.gov. Electronic implementation updates have also been used to share implementation progress with stakeholders and interested residents. A list of New York's Health Care Reform Implementation Updates are attached to this report as Appendix 2.

3. Program Integration

DOH, the single State agency responsible for New York Medicaid, has begun to catalogue and describe the range of existing mechanisms/pathways for public coverage eligibility determinations in New York and relevant eligibility rules, in reference to the new ACA requirements for Medicaid, CHP and Exchange/subsidy eligibility determinations and enrollment processes. DOH has engaged in intensive, bi-weekly internal meetings devoted to specific ACA/Exchange eligibility and enrollment topics to guide and inform this effort. In addition, DOH staff has worked closely with its State and federal partners, including the New York State Departments of Insurance and Civil Service, other states, CMS, OCIO, HHS and HRSA, NAIC, NASHP, NAMD and others to help analyze ACA provisions regarding Medicaid, CHP and the new Exchanges, and to make recommendations for needed guidance to help ensure successful, timely implementation of the state-based Exchanges. DOH staff has met with external stakeholders interested in and/or working on various aspects of ACA implementation relevant to program eligibility and integration, to solicit their input. In addition, in response to requests, DOH has presented information on lessons learned in New York regarding coverage expansions for Exchange target populations, and participated in a number of ACA roundtables and discussions regarding eligibility, enrollment and program integration mandates and options with various state and federal policymakers, researchers, advocacy organizations, provider associations, and others.

4. Resources & Capabilities

In the first quarter period, DOI and DOH have worked collaboratively as lead implementation planning agencies, coordinated by the Governor's Office, and including NYS Budget, Civil Service, Public Health, Long Term Care and other staff as needed, to identify and secure newly available and existing resources needed for development of a comprehensive Exchange implementation work plan. DOH and DOI have deployed staff to develop estimated budget authority needed in State law in 2011 and to support Exchange implementation planning.

Specifically, DOI and DOH sought and secured approval from the NYS Office of the State Comptroller (OSC) to pursue a single source contract with Health Research, Inc. (HRI). As explained in the planning grant application, HRI, a not-for-profit corporation, will hire new staff dedicated to Exchange planning. The Departments negotiated the terms of the agreement with HRI, drafted the contract and circulated it for review and approval. Job descriptions for four new positions to be hired by HRI were drafted, circulated for approval and are now posted for recruitment. Copies of the postings are attached to this report as Appendix 3. Concurrently, the Departments began researching appropriate external consultant assistance capable of providing comprehensive multi-layered expertise for strategic planning, legislative considerations, market impact analysis, business development, etc.

In the next quarter of the planning grant, the Departments plan to secure final approval of the HRI contract, recruit and hire up to four new contract employees, seek OSC approval to contract with appropriate external consultants and continue using existing staff and resources to plan for the Exchange.

5. Governance

The choice to establish a State-run Exchange will hinge upon receipt of sufficient federal implementation funds to support the initiative. In the first quarter period, New York has been examining establishment of a State-based Exchange which would be tailored to meet the needs of New Yorkers and designed to build upon New York's extensive progress with public health insurance programs and private health insurance markets. New York has been reviewing and evaluating governance model options for the Exchange, including: (1) placing the health insurance Exchange within an existing State agency; (2) establishing a public authority; and (3) establishing a not-for-profit agency. New York enjoys cooperative working relationships with numerous external philanthropic and research organizations, including the United Hospital Fund, which made a substantial financial investment to develop a comprehensive, independent report on Exchange options for New York. The report, also mentioned and attached in the Background Research section above, was released January 4, 2011 and includes an examination of governance options for a New York Exchange. The attached report is based on an analysis of both the federal law and New York laws and regulations, along with interviews with New York officials and market participants, and a review of the experience in Massachusetts and other states. Information from this report was presented for feedback and reaction at a roundtable discussion among key stakeholders

(including State policymakers, academics, providers, insurers and consumer groups) on December 21, 2010 (agenda and attendance list attached hereto as Appendix 4).

New York's new Governor, Andrew M. Cuomo, was sworn in on January 1, 2011. Key decisions regarding governance of the Exchange will be made in the context of the new Administration's examination of relevant issues including the possible merger, consolidation and streamlining of existing government agencies in an effort to modernize State government while increasing efficiency and accountability during fiscal crisis.

6. Finance

In the first quarter grant period, New York began evaluating pathways to meet required financial planning milestones by September 2011. As set forth in New York's grant application, financial planning for a State-based Exchange includes:

- financial needs assessment of management structures and tools to be used internally by the Exchange;
- assessment of New York's current accounting and auditing standards and procedures to determine their applicability to the operations of the Exchange and to meet its statutory obligations under ACA Section 1313(a) to ensure accurate accounting of all activities, receipts, and expenditures and annually submit to the Secretary a report concerning such accountings; and
- transparency of Exchange operations as outlined in ACA section 1311(d)(7) (regarding publication of the average costs of licensing, regulatory fees, and any other payments required by the Exchange and the administrative costs of such Exchange on an Internet website).

To meet these milestones, New York plans to hire an external consultant to provide, among other deliverables, an initial financial assessment and budget analysis to determine financial resources required to establish an Exchange. This assessment will also strengthen New York's application for Exchange Establishment Grant funds. New York is currently in the process of identifying options to retain a consultant to perform this work.

In order to gain federal financial support to assess and improve relevant information technology (IT) infrastructures in New York, the State applied for \$39M in Early Innovator grant funds. A decision regarding New York's Early Innovator grant application is expected in mid-February 2011. In addition, the New York State Health Foundation, under a project developed in collaboration with DOI and DOH, funded the national organization Social Interest Solutions (SIS) and the Lewin Group to conduct an eligibility and enrollment systems inventory, examining New York's existing IT assets and gaps. The assessment will address key questions such as:

- What are the functional requirements needed to meet Federal eligibility and enrollment mandates?

- What are the key Federal reform priorities that should guide the systems decisions and what are the tradeoffs in selecting certain directions over others?
- What is the best and most realistic design for a seamless, integrated eligibility and enrollment system?
- What are the strengths, weaknesses, and disconnects among the systems currently in use or under development in New York State?
- How could systems used by public insurance programs and systems used by private insurers be integrated into a common Exchange?
- To what extent can New York's existing eligibility and enrollment systems be adapted to meet the functional requirements of Federal reform and become integrated?
- How are other states responding to the eligibility and enrollment challenges presented by Federal reform?
- What types of capacity, levels of effort, and costs would be required to adapt existing systems?
- What functional requirements cannot effectively be met by current systems?
- What are the alternatives for meeting those requirements and associated strengths and weaknesses?
- What resources and costs would be required to design and build new systems?

The current planning grant budget allocated \$131,250 for consultants to assist the State in Exchange planning. When New York secures required approval to approach an external contractor to develop a financial plan, current grant funds may require reallocation to be best utilized. Should such reallocation be required, New York will follow the processes specified by OCIIO.

If, in the next grant cycle, New York receives an award of Exchange Establishment funds, the State anticipates hiring one or more external consultant(s) to perform tasks related to Exchange establishment. New York anticipates that the external contractor(s) would, among other tasks, provide multi-year financial projections to estimate funds necessary to establish and sustain the Exchange consistent with federal requirements. New York intends to use current planning grant funds to retain an outside vendor to draft an RFP for services to be procured using Exchange Implementation grant funds. It is valuable to prepare the RFP in the planning grant stage in order to streamline the procurement process and avoid unnecessary delay in hiring a contractor the following year.

7. Technical Infrastructure

Working collaboratively with DOH and SID in support of the State's Exchange planning efforts, the New York State Health Foundation (NYSHF) is deploying significant resources to secure an independent assessment and evaluation of existing systems capabilities and functionalities, along with a gap analysis and recommendations for possible path(s) to develop, revise or procure the needed technical infrastructure to support an Exchange, in light of new ACA requirements and federal IT guidance. The scope of that project is described above.

As previously stated, DOH prepared and submitted an "Early Innovator" grant application, seeking \$39 million over two years to help expedite development and deployment of needed technical infrastructure components for an Exchange, including a new, integrated eligibility and enrollment system for the public and private coverage options available through an Exchange.

8. Business Operations

At this early stage, New York recognizes that the Business Operations strategy will be multi-faceted. Planning must incorporate findings and suggestions relating to Stakeholder Involvement and Technical Infrastructure as well as other elements. Business Operations planning and development requires the input and coordination of involved agencies, including DOH and DOI among others. Critical Business Operations planning decisions hinge on Exchange structure and governance as well as an assessment of technical infrastructure capabilities and needs. As a result, detailed planning involving Business Operations, including a budget, will be conducted as overall Exchange planning progresses.

9. Regulatory or Policy Actions

DOI is in the process of reviewing model legislation from other states and the National Association of Insurance Commissioners (NAIC) to draw on relevant outside expertise. DOI has also identified New York State laws and regulations that may create barriers to Exchange planning and therefore require special consideration (e.g. lengthy procurement requirements). DOI will consult with legislative leaders, policymakers at other State agencies including DOH, as well as academics and policymakers outside of State government for feedback regarding the best governance structure for a New York Exchange with the intent of presenting legislation in the 2011 legislative session.

II. Barriers, Lessons Learned, and Recommendations to the Program

Procurement and Hiring Requirements:

NY's State Finance Law sets out highly prescriptive guidelines for the purchase of services, technology and commodities by State agencies. Major purchases in excess of \$50,000 require a lengthy, competitive and detailed procurement process that does not lend itself to the federally mandated timeframes to establish contracts with vendors to assist with the federal competitive process for the Exchange Establishment Grant. Efforts to work more closely with the Office of the State Comptroller are being undertaken to improve communications about ACA and better facilitate contract approvals.

Likewise, New York's Civil Service Law for the hiring of staff can be complex and time-consuming. While both Laws are necessary for a fair and competitive government structure, they challenge the Departments' abilities to move as quickly with Exchange planning as required by the grant process. New York's deficit reduction exercises over the past few economically difficult years have led to Departments doing more with less while also implementing the mandates of ACA. No dedicated funding source was available in NY for planning for the Exchange prior to the receipt of planning grant funding; however, the planning grant has provided New York with the opportunity to recruit dedicated staff to assist in the planning for the Exchange.

III. Technical Assistance

Outside Technical Assistance

Outside expertise in certain areas may be desired. Those areas may include: actuarial analysis; health plan strategic and financial planning; health plan certification; enrollment and customer service functions; provider network development and contracting; use of predictive modeling and risk adjustment methodologies; premium billing; administration of subsidies and cost sharing assistance; individual responsibility compliance and enforcement; and certain data transfer requirements.

In the first quarter period, New York has made progress toward identifying and obtaining needed services while complying with State procurement and applicable federal requirements.

IV. Draft Exchange Budget and Budget Narrative

Consistent with and contingent upon funding of New York State's grant applications, spending for Exchange Planning and IT Systems (Early Innovator Grant) would be expected to total \$15,695,410 for FFY 2011, \$19,593,881 for FFY 2012 and \$4,898,470 for FFY 2013. Of the \$39,187,761 budgeted for IT systems from FFY 2011-2013, approximately 70% (\$27,431,433) would be related to Medicaid systems and 30% (\$11,756,328) for Exchange systems.

New York anticipates seeking and spending at least \$500,000 per year for Exchange Establishment contractual services for 2012-2014. Spending estimates for additional contractual services and other activities necessary for Exchange implementation across all functional areas are still being developed and will continue to be refined throughout the Planning phase.

Based on preliminary calculations, the State estimates costs of \$10,000,000 over four years to help support independent health consumer assistance for about 40,000 New Yorkers, extending through Exchange planning, implementation, and phase-in of navigators, to Exchange sustainability by 2015. This would not include costs for the internal Exchange consumer assistance function/front end needed in place by mid-2013, Call Center, or any Exchange consumer-focused outreach, education, and media. An additional \$500,000 for planning, RFP development and selection of navigators is anticipated for FFY 2013.

Spending for Exchange implementation is contingent upon federal funding and the State anticipates providing more complete estimates and detailed descriptions of Exchange-related costs as part of its subsequent grant applications.

Function	FFY 2011	FFY 2012	FFY 2013	FFY 2014
Exchange Planning	\$1,000,000			
Personnel	\$0			
Fringe	\$0			
Travel	\$63,004			
Equipment	\$0			
Supplies	\$0			
Contractual	\$873,916			
Other (stakeholder meetings)	\$63,080			
Innovative Exchange IT Systems	\$14,695,410	\$19,593,881	\$4,898,470	
Personnel	\$1,992,428	\$2,656,571	\$664,143	
Fringe	\$868,095	\$1,157,460	\$289,365	
Travel	\$69,750	\$93,000	\$23,250	
Equipment	\$937,500	\$1,250,000	\$312,500	
Supplies	\$4,463	\$5,950	\$1,488	
Contractual	\$10,354,050	\$13,805,400	\$3,451,350	
Indirect	\$469,125	\$625,500	\$156,375	
Exchange Implementation	TBD	TBD	TBD	TBD
Personnel	TBD	TBD	TBD	TBD
Fringe	TBD	TBD	TBD	TBD
Travel	TBD	TBD	TBD	TBD
Equipment	TBD	TBD	TBD	TBD
Supplies	TBD	TBD	TBD	TBD
Contractual	TBD	\$500,000	\$500,000	\$500,000
Other	TBD	TBD	TBD	TBD
Indirect	TBD	TBD	TBD	TBD
Other Business Operations Estimates:				
Consumer Assistance	\$1,000,000	\$3,000,000	\$3,000,000	\$3,000,000
Navigators			\$500,000	TBD
Sub-total of Current Estimates	\$17,195,410	\$23,093,881	\$8,898,470	\$3,500,000

V. Work Plan/ Milestones

1. Core Area: Background Research

- a. Milestone 1: Update New York's baseline data.
 - Timing: 2011
 - Description: New York intends to engage an outside vendor to update existing baseline data. Such data includes (but is not limited to) the number of uninsured in the State, the size of the current individual and small group markets, the number of carriers in each market and market shares for the ten largest carriers, those potentially eligible for the Exchange, coverage and eligibility patterns for Medicaid and employer-sponsored coverage. Data will also track coverage shifts as health reform is implemented.
- b. Milestone 2: Engage data for key decision-making on Exchange Planning.
 - Timing: December 2013
 - Description: Distribute New York's own updated data and related external research to State policymakers, State legislature and stakeholders. Consult research for purposes of key Exchange decision-making throughout planning process.

2. Core Area: Stakeholder Involvement

- a. Milestone 1: Establish a stakeholder advisory committee to solicit input on Exchange design and function by stakeholder groups.
 - Timing: 2010
 - Description: A Health Care Reform Advisory Committee was established in 2010 that includes 37 organizations representing health care providers, consumers, businesses, organized labor, local governments, health plans and health insurers, and health policy experts.
- b. Milestone 2: Include stakeholders from diverse sectors and perspectives, including consumers, in implementation process.
 - Timing: 2011
 - Description: This stakeholder involvement milestone has been met in Quarter 1 through the occurrence of meetings with the Health Care Reform Advisory Committee and legislative staff. Information has also been shared with stakeholders through the State's health care reform website and electronic implementation updates.

3. Core Area: Program Integration

- a. Milestone 1: Perform detailed business process documentation to reflect current State business processes, and include future State process changes

to support proposed Exchange operational requirements (pending federal guidance regarding, rules, processes, access to data, applications etc.).

- Timing: June 2011

- b. Milestone 2: Initiate communication with the State HIT Coordinators, State Departments of Insurance and Health, and the State's human services agencies as appropriate, and hold regular collaborative meetings to develop work plans for collaboration.

- Timing: 2011

4. **Core Area: Resources and Capabilities.** Develop work plan to secure and deploy available and needed resources related to Exchange by mid-2013.
 - a. Milestone 1: Apply for first opportunity (Early Innovator Grant) to support implementation planning for IT infrastructure for Exchange.
 - Timing: 2010
 - b. Milestone 2: Complete the review of current assets with respect to product feasibility, viability, and alignment with Exchange program goals and objectives.
 - Timing: 2011

5. **Core Area: Governance**

- a. Milestone 1: Develop a governance model by working with stakeholders to answer key questions about the governance structure of the Exchange. Key questions include: (1) Will the State pursue a Regional Exchange? (2) Will the Exchange be housed in a State agency, quasi-governmental agency, or non-profit? (3) How will the governing body be structured?
 - Timing: 2011
- b. Milestone 2: Establish governance structure for Exchange.
 - Timing: June 2011

6. **Core Area: Finance**

- a. Milestone 1: Evaluate ACA requirements for financial accounting, auditing and reporting; develop pathways for compliance, including but not limited to establishing a financial management structure.
 - Timing: September 2011
 - Description: Section 1313 of the ACA sets forth the financial integrity requirements for Exchanges, including accounting and auditing standards. Section 1311(d)(7) requires Exchanges to publish administrative costs of the Exchange, as well as average costs for licensing, regulatory fees and other payments. New York will review its own accounting standards and the requirements of the ACA to determine New York's current capabilities, the Exchange future legal requirements and the infrastructure needs to meet those requirements.
- b. Milestone 2: Identify and estimate the funding requirements to develop the Exchange.

- Timing: June 2011
- Description: New York will analyze the funding necessary to set up and run the Exchange. This process will provide the basis for New York's Exchange Establishment Grant application, for developing requests for proposals for consultants and/or contractors to help establish or run the Exchange, and for developing a model of self-sustainability for the Exchange. New York is identifying a consultant help achieve this milestone.

7. Core Area: Technical Infrastructure

- a. Milestone 1: Conduct a gap analysis of existing systems and the end goal for systems development by 2014.
 - Timing: March 2011
- b. Milestone 2: Complete preliminary business requirements and develop an IT architectural and integration framework.
 - Timing: June 2011

8. Core Area: Business Operations

- a. Milestone 1: Assessment of federal quality rating requirements to determine key data collection points.
 - Timing: 2011
 - Description: In order to fulfill quality rating scoring, certain elements will be required. Consideration of the requisite data is necessary for development of quality measures.
- b. Milestone 2: Analyze data collected by consumer assistance programs and report on plans for use of information to strengthen qualified health plan accountability and functioning of Exchanges.
 - Timing: 2011/12

9. Core Area: Regulatory or Policy Actions

- a. Milestone 1: Draft enabling legislation, implementing regulations, or other mechanism that provides the legal authority to establish and operate an Exchange that complies with Federal requirements.
 - Timing: 2011
- b. Milestone 2: Introduce enabling legislation.
 - Timing: 2011

VI. Collaborations/ Partnerships

United Hospital Fund (UHF)

As discussed in the narrative, critical work on a State-operated Exchange in New York was directed and supported by the United Hospital Fund (UHF). The United Hospital Fund is a nonprofit health services research and philanthropic organization whose mission is to shape positive change in health care for the people of New York. UHF's work on the Exchange included input from State policymakers as well as a range of stakeholders including providers, insurers, legislators, academics and consumer groups.

New York State Health Foundation (NYSHF)

NYSHF is a private, statewide foundation that aims to improve New York's health care system by expanding health insurance coverage, containing health care costs, increasing access to high-quality services, and addressing public and community health. As outlined above, in support of the State's implementation planning efforts, NYSHF has funded Social Interest Solutions (SIS) and the Lewin Group to do an inventory and gap analysis of New York's eligibility systems and IT capabilities and needs, in terms of Exchange and related requirements under the ACA. SIS and Lewin have begun interviews with key staff and stakeholders, reviewing existing IT systems and assets, and the assessment is underway.

Maximus

DOH has been working with a new Enrollment Center contractor, Maximus, to develop and launch a statewide consolidated call center for public coverage options in New York, and to handle telephone renewals for self-attesting populations, starting in 2011. Deliverables and lessons learned from this effort will help inform and support Exchange implementation in New York