

# New York Health Benefit Exchange

## Blueprint Summary for Section 2.0 Consumer and Stakeholder Engagement and Support October 26 2012

<u>Item Number</u>	<u>Topic</u>
2.1	Stakeholder Consultation Plan

New York recognizes the importance of engagement with a wide range of stakeholders in the planning and implementation of the New York State Health Benefit Exchange and is fully prepared to meet federal requirements related to these activities.

### Stakeholder Meetings

For the past 18 months, the State has convened meetings with large groups of stakeholders representing all sectors – consumer advocates, health plans, small business, producers (agents and brokers), health care providers, health policy experts, members of Tribal Nations and others. Six topic specific stakeholder meetings were convened on the following topics:

- Simulation Modeling – On February 2, 2012, Urban Institute presented NYS specific modeling results showing the changes in coverage and costs assuming a standard implementation of the ACA, various policy options and the Basic Health Plan.
- Business Operations Plan – On February 16, 2012, Wakely Consulting presented a detailed plan of operation showing the major tasks and core business processes that need to be completed to implement the New York Health Benefit Exchange.
- The Role of Third Party Assistors – On March 14, 2012, Wakely Consulting presented the results of their “landscape” study of the role that insurance agents, brokers, chambers of commerce and business associations play in today’s small group insurance markets.
- Risk Adjustment and Reinsurance Programs – On May 11, 2012, actuaries from Wakely Consulting presented their analysis of various options for implementing the risk adjustment and reinsurance provisions of the ACA in New York. (Two meetings were hosted by the NYS Health Foundation on this topic.)
- Essential Health Benefits – On March 22, 2012, Milliman Consulting provided a primer on the basics of Essential Health Benefits, followed by a presentation of the results of their analysis of the ten Essential Health Benefits benchmarks options available to New York on August 2, 2012.

- Health Disparities – On September 7, 2012, a panel of national experts presented on health disparities based on disability, sex, race and ethnicity and sexual orientation.

### **Regional Advisory Committees**

On April 12, 2012, Governor Andrew M. Cuomo issued Executive Order Number 42 establishing the New York State Health Benefit Exchange within the New York State Department of Health. In that Executive Order, Governor Cuomo called for the convening of Regional Advisory Committees “consisting of consumer advocates, small business consumer representatives, health care providers, agents, brokers, insurers, labor organizations and any other appropriate stakeholders, to provide advice and make recommendations on the establishment and operation of the Exchange, including recommendations about relevant regional factors, and shall provide opportunities for public input on such matters.

In August 2012, over 180 individuals representing various constituencies from across the state were named to serve on one of the following five Regional Advisory Committees:

- Western New York
- Central New York/Finger Lakes Region
- Capital/Mid-Hudson/North Country
- New York City (5 boroughs)
- Long Island

Each of the five committees met during the month of September in meetings that were webcast and open to the public. Committee members were asked to provide advice and make recommendations on the following policy and Exchange related issues:

- Merger of Individual and Small Group Markets
- Small Group Size Starting in 2014
- Risk Adjustment and Reinsurance
- The Role of Insurance Producers
- Criteria for the Navigator Program
- The Basic Health Plan Option
- The Process to Certify Qualified Health Plans
- Essential Health Benefits

The advice and recommendations received during these meetings was compiled and disseminated to Committee Members. This advice has also been considered in developing the many of the documents submitted in this establishment review process. Going forward, Advisory Committees will meet every 4-8 weeks, with flexibility to combine regions for common agenda topics and to host webinars to demonstrate web-based technology. We also anticipate that we will add members to the Committees as new nominations are suggested.

### **Informational Website**

The State's federal health care reform website, [www.HealthCareReform.ny.gov](http://www.HealthCareReform.ny.gov), and implementation update emails continue to serve as a consistent resource for sharing information regarding implementation with stakeholders. The website is updated continuously to include new developments of the Exchange planning process, including information regarding grant applications and awards, as well as available contractual opportunities. These updates are regularly shared with a stakeholder audience of nearly 500, which includes the 180 Regional Advisory Committee members as well as a range of other state and external stakeholders.

With the support of the Robert Wood Johnson Foundation State Health Reform Network, the Exchange has been working to redesign the informational web site to make it more user friendly and focused on the New York Health Benefit Exchange. We are excited to launch this new website in October 2012.

### **Outreach to Tribal Nations**

As discussed in Section 2.2, the State has continued outreach to Indian Tribal governments for their input on the design of the New York Health Benefit Exchange and other related issues of concern. Exchange planning staff has convened meetings with Tribal Health staff and other members of Tribal Nations to seek input on the planning and implementation process for the Exchange and to develop a process for regular convening around Exchange issues, with more planned for the future. Also in attendance at these gatherings were staff from the US Department of Health and Human Services (HHS), the Centers for Medicare and Medicaid Services (CMS), and the New York State Department of Health (DOH).

Finally, numerous organizations and associations within our stakeholder community consistently request one-on-one meetings with state staff or ask state staff to attend their meetings to present on Exchange issues and development. These groups represent the range of stakeholders for the Health Benefit Exchange, including consumers, small business, health care providers, insurance agents and brokers and labor organizations. To the fullest extent possible, Exchange staff attend these meetings and events as an opportunity to further engage with stakeholders and hear sometimes varying perspective on issues related to Exchange planning and implementation. In addition, New York is fortunate to have organizations such as the NYS Health Foundation and United Hospital Fund that contribute to the stakeholder dialogue on various aspects of the Exchange by convening stakeholders to discuss critical issues related to the Exchange.