

New York Health Benefit Exchange
Blueprint Summary for
Section 7.0 Organization and Human Resources
October 26, 2012

<u>Item Number</u>	<u>Topic</u>
7.1	Hiring Strategy

Job Descriptions for Select Positions:

As shown in the attached organization charts, the Executive Director of the Exchange will report to the Commissioner of Health. Given the priority of the Exchange, the Executive Director will also have frequent and direct contact with the senior leadership in Governor Cuomo's Office including the Deputy Secretary of Health. The Executive Director will have close working relationships with the State Medicaid Director who also reports to the Commissioner of Health to ensure program integration and "shared" customer service functions, and with the Deputy Superintendent of the Department of Financial Services (DFS) to ensure appropriate regulation of qualified health plans and insurance producers and to integrate the Exchange into the state's existing insurance markets.

Consistent with the Department of Health's (DOH) overall structure, a dedicated group of attorneys will report to the Department's General Counsel, but their sole client will be the Exchange. Counsel has been and will continue to be fully integrated into planning and operational activities.

DOH's Office of Quality and Patient Safety will support plan quality rating and assist the DFS in implementing risk adjustment requirements. This structure leverages DOH's already robust quality measurement and risk adjustment experience without creating redundancy.

The Exchange Senior Management team will consist of a Deputy Director/Chief Operating Officer, a Director of Outreach and Marketing, Director of Plan Management, Director of Policy and Planning, Chief Information Officer, Director of SHOP, and Director of Administration. Detail describing the Exchange staffing plan is included below.

Exchange Executive Leadership

The Exchange will be operationalized as a new office within the Department of Health with the Executive Director reporting to the Commissioner of Health and the Governor's Secretary of Health. New York has established an Executive Office for the New York Health Benefit Exchange consisting of an Executive Director, a Deputy Director and Chief Operating Officer, Chief Information Officer, and an executive administrative assistant.

Exchange Counsel

The Office of Exchange Counsel is comprised of a Director, two senior attorneys, and an Appeals Unit. The Appeals Unit will report directly to Exchange Counsel, consisting of a Manager of Exchange Appeals and two Appeals Coordinators to provide support and oversight to Exchange customer support and appeals staff on individual eligibility decisions, employee and employer appeals and QHP decertifications. In addition, two attorneys will also be added to ensure that the Department of Health can handle the anticipated increases in appeals related to the requirement that notices inform all Insurance Affordability applicants that they have been denied Medicaid. Funding for these two attorney positions will be cost allocated between Exchange/Medicaid.

Administration

The Director of Administration will serve as the Administrative Officer of the Exchange responsible for human resources, finance and contract/grant management. A Director of Finance will report to the Exchange's Administrative Officer and will be responsible for all financial systems needed to operate the Exchange including billing and collection of premiums for the SHOP Exchange, setting up accounting systems and producing financial reports. Two accountants will report to the Director of Finance. A separate Internal Audit function comprised of an Associate Auditor and two Senior staff level internal auditors will develop and oversee the system of internal controls for the Exchange, measure performance against established financial and performance metrics and serve as liaison with external auditors contracted to perform annual audits of the Exchange.

Policy and Planning

The Policy and Planning Office is comprised of a Director, Assistant Director, two staff level positions for policy research and development, and a position to manage the Exchange website which is currently under redesign. This team will continue the significant policy and planning work accomplished to date with federal grant support and through participation in the Robert Wood Johnson Foundation State Healthcare Reform Network, in the near-term to complete policy development and to take those policies to the operational phase.

Small Business Health Options Exchange

New York's 400,000 small businesses are the state's engines of economic growth accounting for nearly two-thirds of the state's jobs. According to simulation modeling performed by the Urban Institute under the planning grant, 450,000 employees of small businesses will receive coverage through the New York Health Benefit Exchange. In issuing his Executive Order, Governor Cuomo recognized that the Exchange will reduce the cost of providing insurance for small businesses and help them attract and retain qualified employees and improve their ability to compete.

The SHOP Office, including a Director of the SHOP exchange, two representatives to act as regional small business liaisons, two Project Coordinator positions, and a Project Assistant, will be dedicated to the planning, operation and outreach for the SHOP Exchange. In addition to providing subject matter expertise on the development and operation of the Exchange, these individuals will develop training and certification programs for insurance producers, participate in the development of an outreach

campaign to small businesses and serve as the point of contract for insurers, insurance producers, chambers of commerce and others on matters related to the SHOP .

Plan Management

As the governance structure for the New York Benefit Exchange, DOH will have primary responsibility for the contractual and programmatic relationship between the Exchange and Qualified Health Plans. These responsibilities will include but not be limited to developing criteria for Qualified Health Plans, issuing solicitations, entering into contractual arrangements, reviewing network adequacy and monitoring compliance with federal, state and contract requirements. DOH will also work closely with DFS (as described below) in the review of policy forms and premium rates.

This office will be comprised of a Director and Assistant Director of Plan Management and four plan management teams each accountable for a portfolio of Qualified Health Plans. This organizational structure has proven successful in planning and implementing New York's Medicaid managed care and Child Health Plus programs. Each team will include a Team Supervisor, two Project Coordinator positions, a Network Adequacy Project Coordinator, and a Project Assistant.

External Affairs, Outreach and Marketing

This Office will be led by a Director of External Affairs, Outreach and Marketing and will include Directors of Marketing, Regional Advisory Committees, and the Navigator Program. There will also be a team of three staff reporting to the Director of Regional Advisory Committees to support the on-going operation of the regional advisory committees.

The five Regional Advisory Committees were established in compliance with Governor Cuomo's Executive Order, to provide advice on the planning and operation of the New York Health Benefit Exchange. The committees are comprised of nearly 200 individuals representing consumers, health care providers, issuers, insurance brokers, small businesses, labor organizations and others across five regions of New York State.

The Navigator program will be overseen by a Manager of the Navigator program who will be responsible for all aspects of the Navigator program including contractual, programmatic and monitoring. This program will build upon the robust experience New York has in this area – long recognizing the important role that community-based organizations and others can play in improving access to health insurance coverage. New York Medicaid's facilitated enrollment program has enrolled hundreds of thousands of adults and children's in affordable comprehensive coverage. New York's Community Health Advocates Program, is an overwhelming success with a statewide network of community assisters working with thousands of clients since the program's inception in every county of the state.

Plan Quality Rating

New York State Department of Health is a leader in measuring and publicly reporting the performance of health plans. The **QARR** (Quality Assurance Reporting Requirements) was developed by the Department of Health to enable consumers to evaluate the quality of health care services provided to New Yorkers

enrolled in commercial, Medicaid managed care and Child Health Plus plans. **QARR** measures are largely adopted from the [National Committee for Quality Assurance's \(NCQA\)](#) Healthcare Effectiveness Data and Information Set (HEDIS®) with New York State-specific measures added to address public health issues of particular importance in New York. QARR also includes information collected from a national consumer satisfaction survey program called [Consumer Assessment of Healthcare Providers and Systems \(CAHPS®\)](#). CAHPS is collected every year for commercial adult enrollees.

This Office will add four staff positions to support Exchange activities, to expand the plan quality rating system to include Qualified Health Plans offered through the Exchange and to develop and assess alternatives for integrating quality ratings into the user experience and plan selection process.

Department of Financial Services, Exchange-Focused Positions

QHP Regulation

Health Program Administrator: The Health Program Administrator will have responsibilities related to the development and implementation of new business processes, including those which enforce compliance with regulations and policies related to data submission, data quality, and data access; transitioning the current Statewide Planning and Research Cooperative System (SPARCS) administration group to one that can also support the All Payer Database (APD); development of the processes which implement the APD sustainability models.

Policy Analyst: The Policy Analyst will coordinate all qualified health plan (QHP) regulation functions for the Department of Financial Services (DFS) and will be responsible for coordinating responsibilities and communication with DOH and the Exchange. The Policy Analyst will supervise examiners, attorneys and actuaries as they perform their duties, ensuring that all plan management functions are carried out in a timely fashion.

Policy Attorney: The Policy Attorney will be responsible for the drafting of insurance regulations and other guidance necessary to implement QHP regulation. The Policy Attorney will provide legal interpretation of federal law, regulations and guidance on regarding plan management functions. The Policy Attorney will also supervise the review of QHP filings performed by the Entry Level Attorneys.

Principal Actuary Life: The Principal Actuary Life will supervise and/or perform the actuarial review for form and rate filings and QHP and non-QHP filings revised to meet standards set forth in the Affordable Care Act (ACA). The Principal Actuary will also provide consultant support for the market reforms.

Senior Insurance Examiner (2 positions): The Senior Insurance Examiners will perform the solvency review necessary for QHP filings. The Senior Insurance Examiners will also assist actuarial staff with the rate adjustment filings.

Entry Level Actuary: The Entry Level Actuary will perform the actuarial review for form and rate filings and the QHP filings and the non-QHP filings revised for ACA compliance. Actuarial review of filings includes initial filings and rate adjustment filings.

Entry Level Attorney (3 positions): The Entry Level Attorneys will perform the legal review for form and rate filings and the QHP filings. The filing review includes review of comprehensive health insurance coverage and stand-alone dental coverage issued inside and outside the Health Benefit Exchange for compliance with federal and state requirements. The Entry Level Attorneys will also assist with legal research and drafting of guidance for the Health Benefit Exchange.

Market Reform

Market Reform Policy Attorney: The Policy Attorney will work closely with two Entry Level Attorneys to ensure a thorough review of governing statutes and regulations for the existing markets and possible impacts from the Affordable Care Act and federal regulations. The Policy Attorney will work closely with both attorneys to draft necessary statutes, regulations and policy recommendations to ensure minimal disruptions and market parity inside and outside the Exchange. The Policy Attorney will coordinate with other units in DFS, DOH, and the Exchange as well as Insurance Companies to minimize market disruptions.

Entry Level Attorney: Under the supervision of the Policy Attorney, the Entry Level Attorney will be responsible for determining the impact of the Exchange on the direct pay individual market, Healthy NY market and Bridge Plan enrollees. The Entry Level Attorney will need to review current state and federal statutes and regulations to determine what legislatives and regulatory amendments are necessary and what impacts the changes will have on these existing markets. The Entry Level Attorney will also need to review and make recommendations on current risk adjustment and reinsurance mechanisms in these markets the impact on these mechanisms due to risk adjustment, reinsurance and risk corridors under the Affordable Care Act. The Entry Level Attorney will need to develop recommendations on new forms that will be necessary in this market to comply with Affordable Care Act QHP requirements.

Entry Level Attorney: The Entry Level Attorney will be responsible for determining the impact on the small group markets inside and outside the Exchange including differing definitions of employers and employees, possible different group sizes, the role of brokers and possible sources for adverse selection. The Entry Level Attorney will have to review federal and state statutes and regulations on group formation and rules to ensure minimum market disruptions and avoid adverse selection. The Entry Level Attorney will need to develop recommendations on how to ensure market parity inside and outside the Exchange and will also need to develop recommendations on new forms that will be necessary in this market to comply with Affordable Care Act QHP requirements.

Risk Adjustment

Project Actuary: The Project Actuary will oversee the design, implementation and maintenance of New York's Risk Adjustment Process as described in Part 153 of the ACA. The Project Actuary will perform research as necessary in order to stay current with the ACA. The Project Actuary should be a Fellow of the Society of Actuaries and have knowledge of Risk Adjustment and Healthcare Reform.

Business Systems Analyst 2: The Business Systems Analyst 2 will have a background in information systems to work with our software vendor to implement and maintain a temporary distributed based system. The Business Systems Analyst 2's skills will also be needed for planning a transition from a distributed based system to a centralized system and to implement and maintain that system on an ongoing basis. The Business Systems Analyst 2 will be required to perform research as needed.

Senior Auditor: The Senior Auditor with a background in accounting will implement the auditing requirements as outlined in Section 153.350 of Part 153 of the Affordable Care Act. Duties would include but not be limited to providing assistance to the Project Actuary in carrying out the data validation responsibilities of that Section. Senior Auditor will also be required to perform research as is necessary to stay current with the Affordable Care Act.

Senior Insurance Examiner: The Senior Insurance Examiner with a background in accounting will implement the auditing requirements as outlined in Section 153.350 of Part 153 of the Affordable Care Act. Duties would include but not be limited to providing assistance to the Project Actuary in carrying out the data validation responsibilities of that Section. The Senior Insurance Examiner will also be required to perform research as is necessary in order stay current with the Affordable Care Act.

Broker Program

Policy Analyst: The Policy Analyst will determine the best means of utilization of brokers in the Exchange by monitoring developments on the federal level as well as other state implementation efforts. The Policy Analyst will be responsible for development of broker certification requirements and continuing education program standards that will be required of brokers selling coverage in the Exchange.

Senior Insurance Examiner: The Senior Insurance Examiner will set standards and monitor broker commission practices currently in place as well as those evolving inside and outside the Exchange. The Senior Insurance Examiner will be responsible for developing metrics by which to measure the impact of broker involvement in various insurance markets and regions of the State. The Senior Insurance Examiner will work with the Policy Analyst to develop and complete an annual report on broker activity, compliance, compensation models, and metrics.