

February 2014 Establishment Grant Request

Project Narrative

The NY State of Health Marketplace is pleased to submit this request to the Cooperative Agreement to Support Establishment of the Affordable Care Act's Health Insurance Exchange for Level 1 funding. New York has successfully launched its Marketplace on October 1, 2013, and as of February 10, 2014, nearly 697,000 New Yorkers had completed applications through NY State of Health and over 412,000 had enrolled in comprehensive affordable coverage. Health plans offered through the Marketplace are on average 53% less expensive than coverage New Yorkers purchased directly last year. With 70% of current QHP enrollees eligible for financial assistance, many New Yorkers are accessing additional financial assistance to help further lower the cost of health plan premiums purchased through the Marketplace.

Sixteen health insurers are offering health plan coverage to individuals and ten health insurers also offer plans to small business through New York's Marketplace. NY State of Health features a state of the art website where New Yorkers can shop and enroll in coverage; a first class customer service center that is answering questions and enrolling people into coverage; and more than 7,500 certified enrollment experts who are available to provide in-person assistance in the community at convenient times and locations across the State.

The funding requested in this application are needed to support the additional costs of development that have resulted from new or changed federal requirements and the increased need for customer support because of the higher than anticipated volume of activity.

The Project Narrative provides a brief overview of the milestones that have been accomplished (Section A), an overview of the Exchange Activities related to this funding request (Section B).

A. Discussion of Existing Exchange Planning and Exchange Establishment Progress

NY State of Health successfully opened its Marketplace on October 1, 2013. As of February 10, 2014, 696,880 New Yorkers have completed applications through the Marketplace and 412,221 have enrolled in coverage through qualified health plans, Child Health Plus or Medicaid.

1. Key Findings of Background Research

New York has completed a significant amount of background research and continues to assess market reform impacts during the Marketplace establishment process. The research findings have been presented at stakeholder meetings and a series of regional advisory committee meetings across New York State. The key research findings to report include:

- Completed ***The Coverage and Cost Effects of Implementation of the Affordable Care Act in New York State***. Based on data from the Urban Institute Health Insurance Policy Simulation Model, estimated the impacts of health reform implementation in New York:
 - One million people will gain insurance, reducing the percentage of uninsured from 16 percent to 10 percent
 - Marketplace enrollment is estimated to be 1.1 million people
 - Premiums are expected to decline in the small group and non-group markets
 - Individuals and small businesses who purchase through the Marketplace will receive \$2.6 billion per year in federal tax credits and cost sharing subsidies
 - Savings of \$2.3 billion per year in state Medicaid spending due to enhanced federal support for coverage of childless adults.

This report also included analysis of the costs, benefits, and impact of the ***Basic Health Program***. The analysis showed the:

- The potential for state savings due to inclusion of immigrants who are covered at state-cost today; and the potential to improve the continuity of coverage as people's income change because many of the same plans could be in both Medicaid and the BHP.
- There would be a modest reduction in Marketplace enrollment.

This report is being updated to reflect new guidance on the Basic Health Plan.

- Completed ***Uninsured New Yorkers After Full Implementation of the Affordable Care Act: Source of Health Insurance Coverage by Individual Characteristics and Sub-State Geographic Area*** and ***Characteristics of Nonelderly New Yorkers Likely to Enroll in the Health Insurance Exchanges Under the Affordable Care Act***. These reports build on data from the Urban Institute Health Insurance Policy Simulation Model and describe additional details about the impact of the Affordable Care Act (ACA) in New York State.
 - The uninsured New Yorkers report details those estimated to gain public or private coverage, including through the Exchange, and those estimated to remain uninsured, by a number of demographic characteristics. These include age, income, race/ethnicity, health status, language, gender, and education. When possible, these data are provided at a county level; otherwise at a regional level.
 - The characteristics report highlights demographic characteristics of individuals who will enroll in Qualified Health Plans in the Individual Marketplace and in the Small Business Health Options Program (SHOP).
- Completed the ***Business Plan of Operations*** report in June 2012 which provided an overview of the business functions that must be established, the type of work that must be undertaken by the Marketplace staff, and a relative timeline for setting up the Marketplace.
- Completed the ***Essential Health Benefits*** analysis and notified CMS of New York's selection of a benchmark plan that meets the EHB requirements:
 - NYS has selected the largest small group plan in the state as the benchmark plan
 - NYS has also indicated the coverage areas in which benefits will be supplemented to meet the ACA requirements. The areas include: (1) Pediatric

Dental/Vision; (2) Habilitative Services; (3) Mental Health/Substance Abuse Parity; and (4) Removal of Annual/Lifetime Dollar Limits

- Completed the **Benefits Standardization Study**, which analyzed the existing range of benefit variation in the state's small group market and offered insight for developing specifications for certifying QHPs in the SHOP:
 - Very broad dispersion of the types of health plans and level of cost-sharing
 - Vast majority of small group market plans are sold through brokers
 - Many different cost-sharing designs in small groups – each of some 14,500 plan designs serve less than 500 employees
 - 48% of enrollment falls within 2% of the four ACA-prescribed actuarial values (e.g., bronze, silver, etc.)
 - Recommended consideration of standardized benefits in the Marketplace around popular plans
- Completed the study, **The Role of Producers and Other Third Party Assistors**. This report evaluated the current role of producers within the small group market, some highlights include:
 - Producers are responsible for 88% of the small group enrollment
 - Individual market is generally not assisted by producers
 - Almost all producers act as a clearinghouse for initial and renewal enrollment applications
 - Small business tax credit usage is very low
- Completed the **Risk Adjustment and Reinsurance Under the ACA** report in June 2012. The report finds that most risk adjustment models produce similar results – there is no clear advantage to one model over another; that many insurers are familiar with the federal model used for Medicare; recommended that New York administer the reinsurance and risk adjustment programs, in part, because of the state's experience with risk mitigation programs. Policy decision was made to defer administration of risk adjustment to the federal government in 2014 and 2015 and to re-evaluate the decision when the state's All Payer Database is operational.
- Completed the **New York Insurance Markets and the Affordable Care Act** study, which describes the current state of New York's individual and small group insurance markets, including the market concentration of insurers, geographic distribution of enrollment, cost sharing and actuarial value of plans offered, and the distribution channels for accessing insurance in these markets.
- Completed the **SHOP Policy Study**, which assesses the needs of employers, producers, insurers, employees and the Small Business Health Options (SHOP) Exchange to assist in planning for the design, implementation, and operation of a successful SHOP Exchange in New York State.
- Completed the **Healthy New York and the Family Health Plus Employer Buy-In Policy Study**. This report provides an overview of the impact of health reform on the state's Healthy New York (HNY) and Family Health Plus-Employer Buy-In (FHP-EBI) programs.

Both programs were designed to provide health insurance coverage to segments of the population at risk for going uninsured—low to moderate income individuals and small businesses—and overlap significantly with populations that are eligible for subsidized coverage under federal reform.

- Completed the ***Medicaid Benchmark Benefits under the Affordable Care Act: Options for New York*** report to examine four options for New York’s Medicaid benchmark plan selection.
- Completed the ***Employer Health Insurance Preference Research Policy Study*** to inform the design and development of the Small Business Health Options Program (SHOP) Exchange through an interview of a sampling of the state’s small employers regarding health insurance coverage issues. Employers interviewed included those who do and do not currently offer coverage to their employees.
- Completed the ***Reducing Health Disparities Policy Study*** report. In September 2012, the New York Health Benefit Exchange convened a stakeholder meeting to discuss strategies to reduce health disparities through the Exchange. Following the meeting, we requested additional public comment on ways in which the Exchange might be utilized to reduce health disparities. A report prepared by the Center for Popular Democracy summarizes presentations from a panel of policy experts and public comments received at and following the meeting, and recommends strategies the Exchange can implement to reduce health disparities in New York.
- Completed the ***Health Savings Accounts Policy Study***. This study describes requirements and design features of HSAs and High Deductible Health Plans (HDHPs), and reviews current market trends for HSAs nationally, in New York State, and in currently established Exchanges. Finally, it presents options and considerations for New York State that highlight some of the potential advantages and disadvantages of offering HSAs or HSAs and HDHPs through the Exchange.

Several of these and additional Marketplace policy studies have been undertaken with consultant assistance supported by the Robert Wood Johnson Foundation (RWJF) through New York’s participation in RWJF’s State Health Reform Assistance Network. The New York State Health Foundation has also supported Marketplace policy studies, including a report that examines options for designing Navigator and consumer assistance programs to help consumers access and use coverage obtained through the Marketplace. These reports are available at <http://info.nystateofhealth.ny.gov/resources>.

New York’s background research continues to inform the Marketplace on how best to provide coverage options for its residents.

2. Legal Authority and Governance

On April 12, 2012, Governor Cuomo issued an executive order, which authorized the establishment of the Health Benefit Exchange (Marketplace). The Executive Order created the Marketplace within the Department of Health (DOH) and directed the DOH to work in

conjunction with the Department of Financial Services (DFS) and other state agencies to take all steps necessary to effectuate the Marketplace. Further, the Executive Order required the Marketplace to:

- Facilitate enrollment in health coverage and the purchase and sale of qualified health plans
- Enable eligible individuals and small businesses to receive federal tax credits
- Convene regional advisory committees to provide advice and make recommendations
- Become financially self-sustaining by January 1, 2015 as required by the ACA

The Executive Order is available at <http://info.nystateofhealth.ny.gov/resource/governor-cuomos-executive-order-number-42>.

On July 9, 2012, Governor Cuomo submitted a declaration letter to the Centers for Medicare & Medicaid Services confirming New York's intent to establish a State-based Marketplace consistent with the Affordable Care Act. The letter indicated the State's intent to perform advance premium tax credit and cost sharing reduction eligibility determinations and designated Donna Frescatore, Executive Director of the Marketplace. On November 14, 2012, Governor Cuomo submitted an updated declaration indicating deferral to the federal government of the administration of reinsurance and risk adjustment activities. On December 14, 2012, New York received conditional approval from the U.S. Department of Health and Human Services (HHS) to operate a state-based Marketplace.

3. Consumer and Stakeholder Engagement and Support

New York recognizes the importance of engagement with a wide range of stakeholders in the planning and implementation of the Marketplace and is fully prepared to meet federal requirements related to these activities. New York has included stakeholders in the Marketplace planning process since the passage of the law in 2010.

A summary of the Marketplace stakeholder activities is below.

Stakeholder Meetings

Since 2011, 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 to gain further input:

- 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 Marketplace.
- 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 additional 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 in August 2012 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 and New York State experts presented on health disparities based on disability, sex, race and ethnicity and sexual orientation.
- DOH also convenes a workgroup with representatives from consumer groups, health plans, providers and others to examine the Basic Health Program policy option.

Regional Advisory Committees

Governor Cuomo’s Executive Order establishing the Marketplace 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 [Marketplace], including recommendations about relevant regional factors, and shall provide opportunities for public input on such matters.”

In August 2012, approximately 200 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
- Long Island

Since their creation, there have been several well-attended Regional Advisory Committee meetings with robust discussion in both in-person and webinar format.

Each of the five regional committees met during September 2012 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 Marketplace related issues:

- Merger of Individual and Small Group Markets
- Small Group Size definition for 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 was considered in developing the many of the documents submitted in the Marketplace establishment review process.

In November 2012, New York convened the Regional Advisory Committees for two webinars to present the UX 2014 prototype of the user interface for the individual Marketplace. The purpose of the webinar was to solicit feedback from stakeholders on the design of the final website interface.

The Committees also met jointly in November 2012 for a meeting that focused on the small business (SHOP) Exchange. This meeting featured a presentation highlighting findings of research conducted by KPMG (who have been retained by New York State to assist the Marketplace's analysis and decision making related to the design and operation of the Small Business Marketplace) and discussion with KPMG and Marketplace staff. Remote participation via webcast and conference call was available for this meeting.

A webinar was held for the Regional Advisory Committees in January 2013 to discuss important Marketplace developments. The webinar included updates on both the health plan invitation for participation in the Marketplace, as well as the Navigator Program.

The Marketplace then held a series of Regional Advisory Committee (RAC) meetings in May 2013. These meetings focused on a discussion of outreach and communication strategies to raise awareness about the Exchange among New York's individuals, families and small businesses.

Additionally, Marketplace staff provide regular updates to Advisory Committee members electronically. The Marketplace invited Advisory Committee members to a special announcement releasing our brand identity and health plan certification results in August 2013, which was also open to the public. Over 12,000 people viewed the special announcement.

Going forward, the Marketplace will continue to convene the Regional Advisory Committees to provide updates and solicit feedback on future policy decisions including but not limited to the health plan certified process for calendar year 2015.

Informational Website

With the support of the Robert Wood Johnson Foundation State Health Reform Network, in November 2012 New York launched a revamped informational Marketplace website to provide consumer-focused and user-friendly information. When the Marketplace launched on October 1, 2013, content from the informational website was integrated into the new enrollment website. A variety of tools and resources for information are available on the website, which is regularly updated with new content, and accessible without logging into an account. These include the following:

- Tax Credit and Premium Estimator
- Benefit summaries for standard health plans
- Plan provider networks
- County-specific list of In-Person Assistors/Navigators/Brokers
- County-specific list of Marketplace health plans

- Fact sheets, rack cards, and posters in English, Spanish, Haitian Creole, French, Korean, Russian, Italian, and Chinese
- Newsletter inserts
- Regional fact sheets
- Application demonstration videos for individuals/families and small businesses
- Advertising campaign videos

Consumers and stakeholders are also able to sign up for email updates on the website. To date, over 25,000 subscribers have signed up for these email updates. Subscribers include the Regional Advisory Committee members, other state and external stakeholders and consumers.

Outreach to Tribal Nations

New York has eight federally recognized tribes within its borders as well as the American Indian Community House (AICH), which offers services to American Indians and Alaska Natives (AI/AN) from all areas of the country.

Since 2011, Marketplace staff has been in individual and large group discussions with health directors and other representatives from several of the tribal nations and AICH. These meetings have focused on rights afforded AI/ANs under the ACA (increased cost-sharing protections, exemption from mandate penalties, special enrollment periods) and the systems implications for the Marketplace as it seeks to make sure that these benefits are easily attainable by tribal members. Meetings have also focused on the Nations' interest and concerns regarding the establishment of a Navigator program that meets the needs of tribal members and that Essential Community Providers for QHP networks include tribal health organizations. Conversations on systems issues regarding how the Marketplace will verify membership in a federally recognized tribe have also taken place. Representatives from the nations and AICH have been named to serve as committee members in all five Regional Advisory Committees to ensure that these discussions include the perspectives of tribal members. The Marketplace has also held tribal consultation meetings and conference calls with tribal representatives. The Marketplace submitted its tribal consultation policy and plan to HHS in February 2013. The policy is available at <http://info.nystateofhealth.ny.gov/resource/tribal-consultation-policy>. The plan is available at <http://info.nystateofhealth.ny.gov/resource/tribal-consultation-plan>.

New York's RFA for In Person Assistors/Navigators specifically encouraged Federally Recognized Tribes and Urban Indian Organizations to apply for enrollment assistance funds. AICH was selected to be a Navigator and serves the AI/AN population in New York City.

Other Stakeholder Consultation and Outreach Activities

New York launched its marketing campaign on October 1, 2013. We executed two flights of advertising during the first half of open enrollment including television, print, and on-line mediums. October 1 also featured launch events in 7 cities around the state, featuring state representatives, Navigators, stakeholder partners, and consumers. Marketplace advertising will continue in print and online, and will target diverse communities throughout the State.

Numerous organizations and associations within our stakeholder community consistently meet one-on-one with state staff or ask state staff to attend their meetings to present on Marketplace issues and development. These groups represent the range of stakeholders for the Marketplace, including consumers, small business, health care providers, insurance agents and

brokers and labor organizations. To the fullest extent possible, Marketplace staff attends these meetings and events as an opportunity to further engage with stakeholders and hear sometimes varying perspective on issues related to Marketplace planning and implementation. To date, staff have conducted nearly 300 presentations and will continue to meet with potential partners to expand its reach and to educate potential enrollees.

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 Marketplace by convening stakeholders to discuss critical issues related to the Marketplace.

4. Long-term operational costs

New York has prepared a detailed five-year budget of Marketplace activities for the 2011 to 2015 period, as well as estimates for 2016. This budget is essential as we prepare for self-sustainability beginning in 2015 and examine options for Marketplace revenues.

The total five-year (2011-15) estimated operating budget for New York's Marketplace is \$428 million, comprised of:

- Information technology systems costs: \$125 million
- Staff and staff-related costs: \$67 million
- Non-IT contractual costs: \$236 million
 - Customer Service and Back-End Operations
 - Outreach and Marketing
 - In Person Assistors
 - All Payer Claims Database
 - Consumer Assistance Activities
 - IT consultants
 - Third Party Assistor Training
 - Other Contractual Costs

Governor Cuomo released the SFY 2014-15 Executive Budget on January 21, 2014. The Governor's proposed budget provides \$54.3 million for the Marketplace and Marketplace-related costs for the Department of Financial Services and Medicaid in 2014-15, growing to \$148.3 million in State funding, as well as a proposal to sustain its continued operations. Additional details regarding the Governor's budget proposal are available at <http://www.governor.ny.gov/budget2014/home>. (Note that costs described in this grant application are not reflected in these budget numbers. These numbers will be updated to reflect new costs, to the degree they are recurring costs, if the funding is awarded.)

5. Program Integration

Program integration continues to be a cornerstone for the Marketplace IT system. New York has taken a holistic view and successfully launched a new Information Technology (IT) infrastructure and business operations that ensures a seamless and coordinated experience for the consumers.

The Marketplace continues to hold regular operational meetings with DOH, DFS and Marketplace staff in furtherance of New York's ongoing commitment to ensuring a high level of coordination and integration of its public and commercial health coverage responsibilities and efforts through the Marketplace.

In addition to agency participation in policy matters, the Marketplace also has a multi-faceted strategy for IT coordination with other state and federal agencies and other entities in administering Insurance Affordability Programs (IAPs) and the Small Business Marketplace. This coordination strategy has included direct participation of agencies in the design process, the Marketplace IT system becoming the system of record for the MAGI eligibility determination and cross agency data sharing agreements and Memorandums of Understanding (MOUs) have been established leveraging HIPAA, MITA and NIEM standards and interoperability.

A high-level summary of data-sharing entities includes:

- Health Plan(s)
- NYS Tax & Finance
- NYS Department of Financial Services
- NYS Department of Civil Service
- NYS Department of Labor
- NYS Office of Temporary Disability Assistance (*MOU developed and awaiting signature)
- NYS Department of Corrections and Community Supervision
- Federal Data Hub (IRS, SSA, DHS, CMS)
- NYS Office of Mental Health

New York has also worked on issues of program integration through work on eligibility and enrollment redesign activities. New York had to redesign its previous eligibility and enrollment systems and processes, in conjunction with the design and development of new Marketplace system(s), to meet the requirements of the ACA. The redesign has resulted in real-time eligibility determinations and automated processes to the maximum extent possible. This effort has been successful due to joint application design sessions; ongoing work of DOH staff and outside consultants; and participation in HHS User Groups on Eligibility, Income Verification, and Application Language and Application/Eligibility Flows.

New York completed development and testing on the eligibility and enrollment system, including the single streamlined application, in time to begin taking applications and determining eligibility for coverage on October 1, 2013. We will continue to add functionality to the system to expand its capabilities. The Marketplace has built controls into the Individual Marketplace eligibility system to verify the identity and eligibility of individuals for coverage. New York is using all required federal data hub services made available to states for Marketplace eligibility determinations and verifications.

New York's Marketplace Customer Service Center is also fully integrated, serving both the Marketplace and public programs. Specifically, the Customer Service Center serves the MAGI Medicaid and CHIP population groups, as well as individuals and employers seeking subsidized or non-subsidized coverage through Qualified Health Plans (QHPs). The Customer Service Center responds to a wide range of inquiries, including the topics of eligibility, premium payments, partial payments, grace periods, Advance Premium Tax Credits and cost-sharing

reductions (CSR). Customer Service Center staff are also available to assist with Individual and Small Business Marketplace enrollment including but not limited to application submission and updates, plan selection and shopping, application information verification, renewal processing, exception processing, enrollment/disenrollments, screening, appeals, and case management. As of February 1, 2014, Customer Service Center representatives have answered more than 520,000 calls from New Yorkers since the launch of the Marketplace.

6. Business Operations

The Marketplace required several business functions to be developed or integrated within existing State business functions. The Marketplace created several business flows to understand the technical requirements that support each of the business functions. The eligibility and enrollment; consumer assistance; and plan management business functions were a primary focus during the design phase.

Since June 2011, New York has operated a consolidated call center, which is responsible for the Medicaid, Child Health Plus, and Family Health Plus helplines. The call center initiated operations for the Child Health Plus helpline in December 2010; the Medicaid and Family Health Plus helplines were implemented by the call center in June 2011. The call center is a component of the statewide Enrollment Center, *New York Health Options*, and offers centralized application assistance and information on all of New York's public health insurance programs. *New York Health Options* is operated by MAXIMUS.

With the launch of the Marketplace, New Yorkers seeking health care coverage are now able to apply for and enroll in health insurance, learn more about their options, and get assistance online, by phone, by mail, or in person.

Plan Management

Plan Management is one of the six key business areas of the Marketplace IT solution. Plan management encompasses all of the business processes which certify, decertify, renew, manage, and administer health plans offered by the Marketplace.

A key component of the plan management solution is the System for Electronic Rate and Form Filing (SERFF) from the National Association of Insurance Commissioners (NAIC). SERFF was initially developed in the early 1990s to provide a cost-effective method for handling insurance policy rate and form filings between regulators and insurance companies. After several technology iterations, SERFF today is a feature rich Web portal through which both insurance companies and state regulators process filings for health, accident, life, and property and casualty insurance coverage. It facilitates communication, management, analysis, and electronic storage of documents and supporting information required for review and approval of regulatory filings.

Prior to the launch of the Marketplaces, NAIC worked with a collaboration of over twenty states, including New York, to enhance SERFF to support the plan management functionality required by states. New York decided to utilize the SERFF enhancements to support its plan management solution. As a result, SERFF is used by the QHP issuers, state regulators, and the Marketplace administrators to support the QHP certification/decertification, renewal, monitoring, and

administration processes. This approach leverages and expands upon the existing processes that were currently in place and used by both the issuer and state regulator community.

New York leveraged the existing health plan quality rating system (QARR) to develop a quality rating system for QHPs. New York also leveraged the existing Provider Network Data System (PNDS), from which the provider network directors are drawn and displayed on the web portal. Additionally, New York has developed standards and policies regarding certification, recertification, and decertification of QHPs. The Marketplace has followed these steps in certifying health plans:

Step 1: Notice of Intent, Receipt of Proposals and Issuance of Agreement

Step 2: Rate, Benefit, Actuarial Value, Essential Health Benefit, and Market Reform Rules compliance analysis

Step 3: Provider Network Data Collection and Network Adequacy Review

Step 4: Quality Data Collection and Transparency Data Collection

Step 5: Certification (for QHPs) or Recommendation of Deeming to CMS and subsequent acceptance (for CO-Ops)

The same process was followed for QHPs offered in the individual and Small Business Marketplace, as well as for qualified dental plans. DFS announced approved rates for NY State of Health individual and small group market premiums for the 2014 plan year on July 17, 2013. The Marketplace made certification decisions in late July and began testing data on the Marketplace IT portal in August. Plan selection was ready for consumers at the start of open enrollment on October 1. New York is now preparing for the 2015 plan year and will revisit key operational and policy issues pertaining to QHP certification in the Marketplace.

7. IT Gap Analysis and Marketplace IT Systems

IT Infrastructure GAP Analysis New York, Selections from the Executive Summary **Prepared by Social Interest Solutions**

Options and Recommendations

In light of IT assessment findings, the report calls out five options for New York to consider in moving towards the 2013 deadline.

Option #1 - Utilize the New York assets identified in this assessment to cobble together a solution that would work for New York (note that many assets identified were functional assets.)

Option #2 - Look at what other states or organizations might have developed that could be leveraged for re-use in New York (note this option still must address the data structure and associated issues that arise because of WMS.)

Option #3 – Participate in the recently announced User Experience Project. This is a project funded by national philanthropies and conducted in partnership with the Centers for Medicaid and Medicare Services (CMS) and the Center for Consumer Information and Insurance Oversight (CCIIO) to help states design state of the art, consumer-mediated, Web-based front-end interfaces to Marketplaces. The project involves conducting human factors research on the

consumer “psychology” in accessing health coverage and will draw on the ability of an established design firm, IDEO, in creating the blueprint for the consumer-mediated front-end system envisioned through ACA. (Note: this option would still need to address considerations for supporting commercial insurance and the SHOP Marketplace and dealing with the significant database issues associated with the eligibility and enrollment management.)

Option #4 - Build everything from scratch and not leverage assets or projects supported by others.

Option #5 - Leverage the most capable components of options #1 - #3, with the knowledge that many of these assets are functional. The report ultimately recommends Option #5, in which New York would leverage valuable functional assets (Option #1) and build its own Marketplace front-end leveraging the User Experience work (Option #3). While much of the needed functionality for the Marketplace will come through this effort, it will still require New York to build robust templating capabilities to be able to consume what is set forth by the User Experience effort. It will be critical for New York to be active participants in the project.

The contribution from Option #1 in this scenario is more about the rich functional assets in New York rather than the technical assets, though certain technical assets should not be ruled out, as described in Section H. The value of the functional assets is found in the significant experience and knowledge of those who have been thinking about and working for years to develop MyBenefits, MyWorkSpace, WMS, FEEA, ACCESS NYC and learnings from the work done on the Functional Road Map. The functional expertise of these groups should be tapped as subject matter experts in the work that lies ahead while the State makes the best and most informed decisions about leveraging, building and sharing assets to meet the 2013 timeline.

Finally, the State must still address two remaining gaps: (1) New York State’s need to handle the gap created by the fact WMS is not a re-usable or leveragable asset (yet it contains data for millions of individuals known to Medicaid, SNAP, TANF and more); and (2) the need for the SHOP Marketplace functionalities in the Marketplace. Options for filling these two gaps were not assessed as part of this project.

(The full gap analysis has been included in previous grant applications and is available at <http://info.nystateofhealth.ny.gov/resource/preparing-new-yorks-information-technology-infrastructure-health-reform-gap-analysis-social>.)

IT System

New York contracted with the Computer Sciences Corporation (CSC) as its IT systems integrator in mid-2012 to design, develop and deliver to DOH an operational ready New York Marketplace IT system based upon the requirements defined in the ACA and the requirements set forth herein. This work included upgrades to the State’s previous IT system and transitions of the legacy IT system components to the new IT system. The Systems Integrator and the Quality Assurance vendors worked intensely along six tracks to build the Exchange IT system in time for open enrollment in October 2013. The IT activities are primarily associated with eligibility, verification, enrollment, plan management, privacy and security, monitoring and reporting.

Data security for the Marketplace is focused on the confidentiality, integrity and availability of Personally Identifiable Information (PII), Protected Health Information (PHI), and Federal Tax

Information (FTI). NYSTEC serves as the security and privacy information officer for the Marketplace. NYSTEC's IT Security services include, but are not limited to, the following: business continuity & disaster recovery planning and assessments, vulnerability assessments, identity and access management, data classification, information security policy, processes, standards, and procedures, and security application and system development. New York has developed clear, transparent policies and processes for informing consumers about authorizing access to data. Authorization to access and data use intentions are provided to the consumer in a Privacy Notice, presented to all consumers accessing the Marketplace.

8. Reuse, Sharing, and Collaboration

Per our agreements with HHS, all Marketplace systems and system components financed with federal funds are non-proprietary, utilize open architecture standards, and permit re-use by other states and jurisdictions. New York, as an Early Innovator state, produces requirement specifications, analysis, design, code, and testing that can be easily shared with other interested and authorized parties and stakeholders, including other states.

Guidance is intended to enable states to promote, share, leverage and re-use technologies within and among states. We have presented our lessons learned and progress at conferences and make deliberate attempts to inform and assist other states through various means, including HHS Learning Collaboratives and User Groups.

Beyond reuse and sharing of IT, New York is committed to leverage existing infrastructure and re-purpose business functions and processes to maximize state resources.

9. Organizational Structure

Federal establishment grant support has allowed New York to establish an organizational structure needed to plan and establish the Marketplace. In addition to Executive Leadership, the organizational structure includes the following functional areas:

- Administration
- Counsel
- Policy and Planning
- Plan Management
- External Affairs, Outreach and Marketing
- Small Business Marketplace

As of February 1, 2014, 71 full-time Marketplace staff have been hired and numerous additional staff work on information systems and eligibility and enrollment which benefit both the Marketplace and public programs. Federal grant funds have been received to support 149 staff, including full-time Marketplace, Marketplace and Medicaid, All Payer Database, and Department of Financial Services

10. Program Integrity

New York's program integrity efforts are two-fold: 1) ensuring program integrity of the Marketplace and 2) ensuring that federal grant dollars are expended as designated in the terms

of our grants and contracts.

New York is committed to preventing fraud, waste, and abuse in its Marketplace. To this end, the Marketplace contracted with KPMG to assist the State in creating work plans to guide the implementation of the Financial Management, Oversight, Monitoring and Reporting, and select SHOP responsibilities of the Marketplace. The work plans are the result of identifying the requirements, key tasks and target dates for completion. In addition, the Marketplace has completed an audit plan. Finally, both NY State of Health and the Department of Financial Services have posted consumer fraud alerts to our websites ([NYSOH Consumer Fraud Alert](#)).

With regard to ensuring the integrity of federal grant dollars, New York has instituted an audit function for each of its contractors that are conducting Marketplace planning activities or studies. All consultants hired by the Marketplace provide regular reports and describe how their time has been spent on each project. The quality and timeliness of all deliverables is closely monitored. Through these consultant reports, the State is monitoring the work of its consultants and ensuring that each is meeting the requirements of their respective contracts.

11. Affordable Care Act Requirements

Pre-existing Condition Insurance Plan (PCIP) Transition Plan

New York transitioned Bridge Plan members to the federal PCIP program on July 1, 2013. CMS will develop and implement the transition plan for federal PCIP enrollees in New York.

Six-Month Reforms

New York has successfully implemented the six-month insurance market reforms that took effect beginning on September 23, 2010. This legislation conformed state law with ACA-related insurance market reforms implemented to date, including prohibitions on lifetime limits and rescissions, restricting annual limits, eliminating cost-sharing for preventive services, eliminating pre-existing condition exclusions for children up to age 19, dependent coverage up to age 26 on parent's plan, direct access to OB/GYN services, disallowing discrimination based on salary, coverage of out-of-network emergency services without pre-authorization, enhanced disclosure and transparency, and enhanced appeal rights. The legislation, which was fully vetted with consumers, health insurers, health care providers and other stakeholders, strengthens New York's already extensive body of consumer protections and, where appropriate, preserves state law that exceeds federal requirements, such as providing an option for young adults through age 29 to purchase coverage through their parent's employer plan.

Premium Rate Review New York received a \$1 million Cycle I Rate Review Grant from HHS in August 2010 to enhance its rate review processes and a Cycle II Rate Review Grant of \$4.4 million in September 2011. The DFS has used those funds to: improve rate filing requirements; enhance IT capacity and activities, including working with the National Association of Insurance Commissioners (NAIC) to upgrade the System for Electronic Rate and Form Filing (SERFF); increase public access to the rate review process and information on rate increases; partner with FAIR Health, Inc., a not-for-profit organization which manages a database of health care claims; and hire two actuaries and one examiner. New York received a \$4.5 million Cycle III Rate Review Grant in September 2013. These grant funds will support incorporating health pricing data into rate review, IT and other technology based improvements and improving transparency with consumer interfaces.

This grant funding has provided New York with key resources to enhance its rate review activities under New York's new prior approval law, which was enacted in June 2010. Additional details about these awards are available at <http://www.cms.gov/ccio/Resources/Rate-Review-Grants/ny.html>.

12. SHOP

There are over 400,000 small businesses in New York State accounting for two-thirds of the jobs in the State. Based on Urban Institute Simulation modeling, New York has the opportunity to bring comprehensive affordable health insurance coverage to small businesses through the Small Business Marketplace. To realize this goal, New York has designed a Small Business Marketplace that:

- Meets the requirements of the ACA as it pertains to SHOP establishment, operations and management encourages small businesses to purchase coverage for their employees;
- Minimizes disruption to the small group health insurance market while promoting innovation;
- Provides a first class user experience for employers, employees and brokers;
- Leverages the knowledge and expertise of current market players (brokers, providers, carriers, third party administrators, Chambers of Commerce) regarding the needs of New York State's Small Business Marketplace through Regional Advisory Committees and specific outreach efforts;
- Ensures that whatever route an employer, employee or individual comes into the Marketplace, they will be routed to the appropriate area/entity to facilitate obtaining health insurance coverage.

The Marketplace has leveraged research results from the Urban Institute, KPMG, and Wakely Consulting, including employer surveys to develop key value propositions for small business to enroll in the Marketplace. These are choice, administrative simplicity, tax credits, and flexible contribution options.

New York utilized consultant services to meet the many design requirements for SHOP, including:

- Conducting an environmental scan of existing services available to small employers;
- Facilitating stakeholder engagement, including focus groups;
- Working with the System Integrator to identify opportunities to integrate SHOP functions with Exchange functions (e.g., consumer assistance, marketing, etc.) and to develop processes and procedures to verify eligible employers and employees;
- Providing options of SHOP models including mandatory functions and value added functions;
- Proposing marketing strategy and associated messaging.

The Small Business Marketplace was fully launched on October 1, 2013 as a full choice model that supports enrollment via a broker distribution channel and enrollment assistants or directly by the employer groups either online or telephonically. The Small Business Marketplace also supports online enrollment for employees and an anonymous shopping experience for

employers who are looking to shop and compare pricing for multiple QHP's in their service area. In addition to offering robust choice across most major insurance carriers we also provide strong stand alone dental options with dental carriers across New York.

The Small Business Marketplace has developed standard procedures for applications, updates, and redeterminations. When employers enter the Marketplace and are approved for participation, they are able to select plans for employee choice or have a producer (i.e., broker or agent) complete this process for them. After employees are entered into the system, either manually or via roster upload, they are able to begin selecting their insurance option and completing the application process. Notice is provided to employees, either in writing or via email (or both) that their employer has selected health insurance options for them within the Marketplace, and they are provided with instructions on how to proceed.

Producers can choose to be certified to assist consumers in the Individual Marketplace, Small Business Marketplace or both. In order for producers to receive compensation directly from an insurer, they must be licensed in good standing by the DFS. In addition, the NY State of Health requires that the producer complete a training course and pass an examination. In New York, the course and examination are administered by a DFS Continuing Education Provider. The producer also receives continuing education credits for the successful completion of the course and passing the examination. To date, more than 4000 brokers have been trained and certified.

Finally, the Small Business Marketplace performs premium aggregation for enrolled small businesses. The Marketplace implemented PeopleSoft successfully to meet the accounting and reporting needs. To date, premiums have been billed for Small Business Marketplace participants for January and February coverage.

Consumer and Stakeholder Engagement and Support

New York's In-Person Assister/Navigator program has successfully provided thousands of New Yorkers with one-on-one enrollment assistance. But IPA/Navigators are already reporting that many of the consumers they enrolled are returning to them for post-enrollment assistance. These consumers are judging the success of the New York State of Health Marketplace not only on their experience enrolling in coverage, but on their experience using that coverage.

New York anticipated this need for post-enrollment consumer assistance, requesting and receiving funding in Establishment Level One grants to support the statewide independent Community Health Advocates (CHA) initiative administered by the Community Services Society of New York (CSS). CHA provides post-enrollment assistance to individuals and small businesses.

Establishment Grant funds have enabled CHA to reach consumers by:

- Designing, preparing, and field testing training curricula and materials to educate advocates, small businesses, and consumers about the Exchange and consumer protections;
- Reviewing and assessing the secure internet-based CHA database to design a robust quality assurance protocol for consumer engagement with Exchange enrollment and other activities, and;

- Mining the CHA data to evaluate and determine what kind of assistance consumers will need in 2014 and beyond.

CHA also operates a Small Business Assistance Program to assist small businesses with coverage questions, including regarding federal small business tax credits.

Since October 2010, CHA has served consumers in more than 160,000 cases with a mix of health insurance coverage types and statuses. CHA's toll-free helpline is available to consumers in all 62 New York counties and its network of community-based organizations (CBOs) conduct additional local outreach. This network of CBOs ensures that CHA consumers reflect the geographic, racial, and income diversity of the state. CHA serves consumers in a number of languages in-person, through a language line, and makes most CHA materials available in six languages. Three Specialist Agencies - Medicare Rights Center, The Legal Aid Society, and Empire Justice Center - provide technical assistance and training for CBOs, represent consumers on complex cases, and take referrals of complex cases from the CBOs.

CHA serves a mix of consumers with commercial and public coverage as well as the uninsured. Over time, CHA has served an increasing proportion of consumers with commercial coverage, with significantly increased call volume through its helpline after New York commercial plans began listing CHA's helpline on all explanation of benefits letters.

B. Proposal to Meet Program Requirements

1. Information Technology

A.) Computer Science Corporation

Funding is requested to support additional capacity for system development needs that result from new or changed federal requirements since the issuance of the Systems Integrator Request for Proposals. Funding would support a series of IT system development needs, including web page changes, eligibility rule changes, interface changes that are mandatory for compliance with Federal and New York State policies for the Affordable Care Act as well as Medicaid and the Child Health Insurance Program.

Development of numerous components of New York's IT system was delayed because of changing federal rules during 2012-13. As a result, New York had to prioritize the development of its IT system for "must have" items only for October 1, 2013, and the design and development of other elements of the system had to be delayed. Because certain system components had to be re-built or revised due to changing federal rules, other items that would have otherwise been built for October 2013 are now in queue for 2014.

The system development work is in the areas of plan management, customer service, and back-end operations (eligibility determination and enrollment processing), to allow

the system to handle higher workloads and improve account transfers between the Marketplace and the legacy Medicaid eligibility determination system. Other changes will enable the Marketplace to operate more efficiently and improve customer service. Details of the development work are described below.

Issuer Portal. Funding would allow the development of improved tools to manage electronic data interchange submissions from health plan issuers to NYSOH. Currently health plan issuers can only manage their plan and benefit submissions on the NYSOH portal, but cannot manage group enrollments, individual enrollments, functional acknowledgements, or claims and encounter submissions. With such functionality, Issuers would be able to more quickly and easily resolve issues with these data exchanges and more efficiently process enrollments and claims/encounter submissions.

Translation of Website. NYSOH seeks additional funding to support the development of our website into 5 additional languages: Spanish, Chinese, Haitian Creole, Korean, and Russian. Work will begin with a Spanish language website. We estimate that 19 percent of our enrollees speak Spanish as their primary language. The Hispanic population in New York and nationally has been historically among those hardest to reach and enroll into health insurance coverage. This work will include translation of both the static and dynamic content of the website and application for coverage. The same process would be followed for other languages.

Provider Network Data System.

We seek funding to replace New York's legacy provider network data system, which supports network data collection for qualified health plans, Medicaid, Child Health Plus. We estimate that network data changes at a rate of 24 percent annually, and an improved system will enable us to accurately collect, analyze, and report provider network data for these programs.

Extended Enrollment Capabilities. To support the eligibility and enrollment system for individuals with behavioral health issues into Behavioral Health Organizations, Special Needs Health and Recovery Plans, and Children's Behavioral health. This would be fully funded by Medicaid.

Non-MAGI Eligibility Rules. Incorporates non-MAGI Medicaid eligibility rules for Medicaid so that these individuals may be enrolled directly through the Marketplace. Currently the non-MAGI enrollments are handled by the Local District Social Services offices. This would be fully funded by Medicaid.

Additional Verification Sources Shared Services. New York has identified 40 additional electronic verification interfaces to be developed. These include Talx Work Number for income verification and the Office of Mental Health for incarceration data. These interfaces will improve NYSOH's operations efficiency by replacing manual verifications with electronic verifications.

Operations and Maintenance. NYSOH's larger application footprint results in the need to increase the Operations and Maintenance staff. This would include: computer facility and data center; operations support; software/hardware/network maintenance; systems change management; help desk support; configuration management; business continuity and backup recovery; security; and reporting.

Supplemental Hours. The Computer Science Corporation contract contains 200,000 supplemental hours per year for unplanned activities. Due to the changing landscape of federal requirements and because changes are often identified after experience is gained in order to improve the customer experience, the allowance for supplemental hours is important. As always, these hours will not be charged unless the need can be justified and documented.

2. Customer Service

A) Maximus

Consulting Services for Call Center and Back-End Operations

Call Center

Since June 2011, New York has operated a consolidated call center for the Medicaid, Child Health Plus, and Family Health Plus helplines. The call center is a component of the statewide Enrollment Center, *New York Health Options*, is operated by MAXIMUS and offers centralized application assistance and information on all of New York's public health insurance programs. MAXIMUS works closely with NY State of Health to implement, train, and test the Customer Service solution for the NY State of Health. The highlights of MAXIMUS' responsibilities are summarized below.

MAXIMUS has expanded the *New York Health Options* call center function to include responding to inquiries about Advance Premium Tax Credits (APTC), cost-sharing reductions (CSR), and providing customer support to employers and employees with respect to the Small Business Marketplace (SBM).

Back-End Operations New York has centralized the back end operations for eligibility determinations for all APTCs and new enrollments for MAGI Medicaid and Child Health Plus (CHP). Medicaid renewals are processed through a combination of the centralized processing center staffed by MAXIMUS and State staff and the local departments of social services. MAXIMUS assists with enrollment processing for the individual and SMB applications submitted on-line, by phone, and by mail. The type of assistance varies by modality, including co-browsing for those applying on-line and data entering application information for those applying by phone or by mail. The Marketplace Customer Service Center was fully-functional by October 2013 and supports consumers for both the Individual and SBM components of the Marketplace.

MAXIMUS provides planning assistance to the design, testing and implementation of the Exchange Customer Service solution. As part of this effort, MAXIMUS provides staff with specific knowledge in the areas of Individual and SBM Eligibility and Enrollment including but not limited to application submission and updates, plan selection and shopping, application information verification, renewal processing, exception processing, enrollment/disenrollments, screening, appeals, and case management.

MAXIMUS has also implemented the customer service and communications components of the Marketplace Customer Service solution:

- The first part of implementation of customer services operations, included defining an organizational structure; developing policies, procedures, and other program information needed to operate the Marketplace Customer Service Center; hiring and training staff; and providing the physical infrastructure needed to house the Marketplace Customer Service Center, including MAXIMUS and State staff.
- The second focus was the implementation related to the provision of the technical infrastructure needed to support the Marketplace Customer Service Center, including the telephone solution, the Customer Relationship Management (CRM) system, and outbound correspondence functions for materials requests, inbound mail, inbound fax, and Marketplace Customer Service reporting. MAXIMUS has also provided planning support for the design, development, testing, and implementation of the systems that provide capabilities needed for uploaded documents, portal-based notifications, automated online help, click to chat, and co-browsing.
- MAXIMUS provides technology assets to enable the work of the Marketplace Customer Service Center. In order to accomplish what is necessary to support all operational processes, a systems integration process must be completed. That integration requires the analysis, design and development of a CRM system, and all other related modules, that will interact on a real time basis with the systems components that manage the eligibility, enrollment, plan, and financial processing functions of the Exchange. Features that are needed to interact with customers via various methods have been developed utilizing a standard System Development Life Cycle (SDLC) and will utilize the required design standards, including the use of Web Services Architecture (using XML, SOAP and WSDL or REST) and a Service Oriented Architecture approach.

Customer Service Expansion

Funding is requested to support 549 additional Customer Service Center and Eligibility and Enrollment staff and the associated rent and equipment needs to support these staff. Additional staff are needed to manage the volume of calls and enrollment into New York's Marketplace, which have been far greater than anticipated. Call volumes are over 12,000 answered calls per day, and enrollment volumes are over 412,000 as of February 10, 2014. In addition, the additional staff are necessary to support the transition of Medicaid enrollees, the continuation of higher volume through the

Maximus Customer Service Center and back-end operations, such as document processing, and would include some contingency for 2014 Open Enrollment.

The 549 additional staff are above what has been previously supported by Marketplace grant and public program support. The cost for the additional staff have been budgeted in such a way to allow Maximus to move staff from one area to another, as needed to allow flexibility to respond to changes in workload. For example, if back-office enrollment processing volumes are lower than anticipated, staff can move to the Customer Service Center and vice versa. In addition, this budget includes the rent costs for space these new staff.

B) Consumer Services Society

Funds are requested to support the Community Health Advocates (CHA) program in order to provide post-enrollment assistance for NY State of Health consumers as well as New Yorkers with other kinds of coverage. New York would subcontract to Community Service Society (CSS) to operate the CHA program, in collaboration with three Specialists agencies—The Legal Aid Society; Empire Justice Center; and Medicare Rights Center.

With this funding, CHA would be able to serve approximately 16,000-22,000 post-enrollment health consumer assistance cases per year. These estimates are based on the following:

- The CHA Helpline would serve approximately 200 cases per week, or 10,000 cases per year
- The Specialists would serve 1,800 cases per year
- The 15-20 individual- and small business-serving network agencies collectively would serve approximately 5,000-10,000 cases per year

Services provided by CHA are unique and will not be redundant of the services provided by Navigator groups. Navigator groups provide enrollment counseling services only. They do not help individuals and small businesses with using coverage, once they are enrolled or with handling formal disputes around marketplace eligibility. Funding for CHA would enable consumers to access the following post-enrollment services, including: accessing health care services; informing and educating consumers about appeal rights for services through commercial health plans; helping empower consumers to be able to access their health coverage and be their own advocates; and providing policy feedback to policymakers and other stakeholders. Some examples of these services include:

1. Educating consumers seeking to appeal eligibility determinations or carrier denials of coverage or payment about their rights and providing do-it-yourself appeals materials;
2. Assistance with using insurance and maximizing coverage, including: understanding the cost-sharing provisions of QHPs, identifying in-network providers, negotiating

- billing disputes and out-of-network claims, handling issues around prior-approvals and referrals, and understanding plan formularies;
3. Assistance resolving problems involving premium tax credits (including reconciliation appeals);
 4. Educating small employers about the small business tax credits and assisting them with employees' post-enrollment issues (described in greater detail in number 2 above);
 5. Providing a sentinel function which helps regulators and carriers track and resolve systemic or carrier-specific problems as they arise; and
 6. Helping consumers ineligible for or transitioning out of Marketplace-based coverage access low-cost health care options.

Operations/Organizational Structure. CSS employs a “hub and spokes” model for CHA, and serves as the program’s “hub.” As the central “hub,” CSS operates a live-answer toll-free helpline with professional and volunteer advocates (a number of whom are attorneys). CSS also provides technical assistance and back up on difficult cases to the CHA network. The 18-23 network agencies will provide on-the-ground assistance to consumers in the communities where they live and work. CSS ensures that network agency staff is well-trained and capable of providing services. CSS also conducts quality assurance, case audits, and database management for the program, while operating the program’s toll-free helpline for direct consumer assistance. Through this model, CSS also contracts with three Specialist agencies – Empire Justice Center (EJC), Legal Aid Society (LAS), and Medicare Rights Center (MRC) – to provide effective, independent health advocacy for consumers with more complex issues, and training and technical support to the CHA network.

Ongoing Cooperation with State Agencies. CHA will continue to build relationships with state agencies that administer and regulate health coverage. CHA will engage in planning activities with the agencies and the NY State of Health to ensure that CHA’s work is smoothly integrated into the work of these bodies.