



NY State of Health Readiness Report

August 30, 2013

I. Purpose of this Report

This report is submitted as required by Subdivision 1 of Section 206 of New York State Public Health Law enacted as part of the 2013-14 State Budget. The report outlines the progress and preparedness for the State of New York to begin accepting applications for insurance from individuals and small businesses starting on October 1, 2013 for coverage effective on January 1, 2014. The report describes the following:

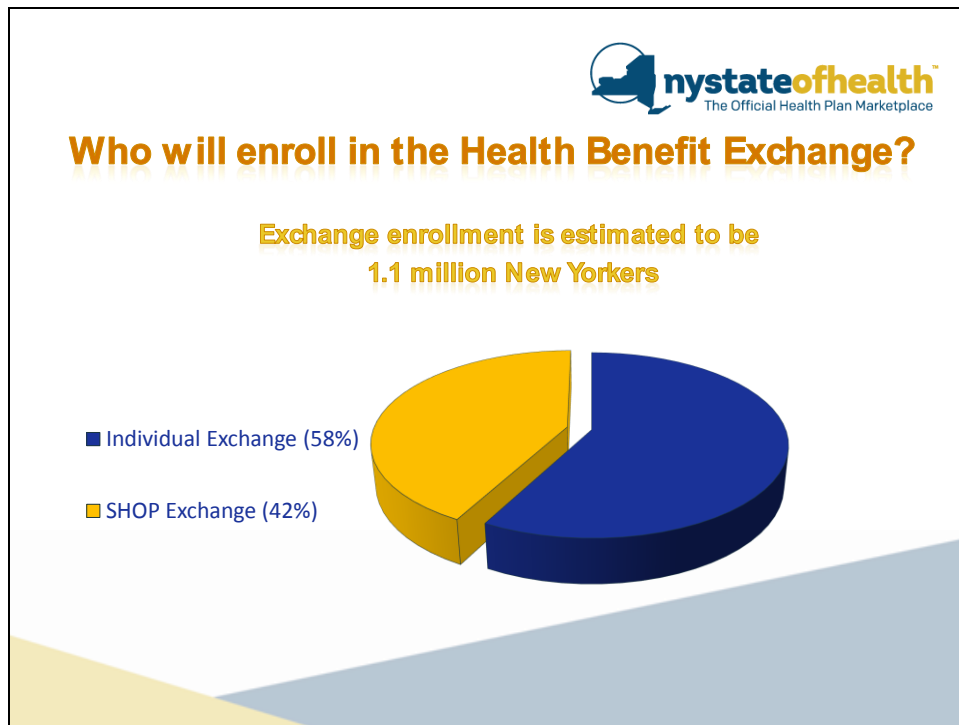
- (i) the process by which the Health Benefit Exchange, state Enrollment Center and state Medicaid Enrollment Center will begin accepting applications on October 1, 2013;
- (ii) the process by which the Health Benefit Exchange, state Enrollment Center, and state Medicaid Enrollment Center will certify qualified health plans;
- (iii) the anticipated cost of individual and small group plans being offered in the Health Benefit Exchange;
- (iv) the number of navigators approved;
- (v) the plan for full operation by January 1, 2014; and
- (vi) the plan to become fiscally self-sustaining by January 1, 2015.

A copy of the Subdivision 1 of Section 206 of Public Health Law is included as Attachment 1 to this report for easy reference.

II. Background

On April 12, 2012, Governor Andrew M. Cuomo issued Executive Order Number 42 establishing a state based Exchange within the New York State Department of Health (DOH) and instructed the DOH to work with other state agencies to take the steps necessary to implement a marketplace that will provide affordable comprehensive coverage to New Yorkers. The goal of the Marketplace is to: (1) lower premium costs for individuals and small businesses; (2) allow individuals and small businesses to access federal tax credits and cost sharing subsidies to help reduce the cost of coverage; and (3) provide one million additional New Yorkers access to affordable, comprehensive health insurance, reducing the percentage of New Yorkers who are without health insurance. Executive Order Number 42 is attached to this report as Attachment 2, and can be found at: (<http://www.governor.ny.gov/executiveorder/42>)

Note: On August 20, 2013, the DOH announced that the state's exchange will be known as NY State of Health: the Official Health Plan Marketplace. Throughout this report, the terms Marketplace and Exchange are used interchangeably to refer to the Exchange established by the Executive Order.



Under Governor Cuomo's leadership, affordable comprehensive health insurance coverage will become a reality for New Yorkers. Five regional advisory committees in New York City, Long Island, the Capital District, Central New York and Western New York comprising over 200 individuals representing health care providers, health plans, consumers, small business, insurance brokers, tribal nations, health policy experts and others have provided input and advice to the planning process. A total of 15 policy studies related to choices New York had with respect to the design and implementation of the Exchange were completed to inform the planning process. On December 14, 2012, after thorough review, New York was

one of the first states to receive conditional approval to operate a state-based Exchange from the United States Department of Health and Human Services.

When the NY State of Health opens on October 1, 2013, it will provide New Yorkers with a new gateway to affordable health care. Comparing and finding the right health plan will be easier for New York's families and small businesses. Here's what New Yorkers can expect:

- A state-of-the-art website that will make it easy to shop on-line, compare and enroll in health insurance coverage;
- A first-class customer service center ready to answer questions and help people enroll;
- A choice of high quality, low cost private health plans;
- Access to financial assistance for those eligible to make coverage even more affordable;
- Certified experts to provide in-person assistance in the community at convenient locations and times and in the languages consumers speak at no cost to the consumer.
- A statewide awareness campaign and a multi-media advertising campaign that will include television, print, radio and "out-of-home" advertising beginning in fall 2013.

III. Process by which the NY State of Health Will Begin Accepting Applications on October 1, 2013

From the start, New York’s vision was to ensure that there would be “no wrong door” for New Yorkers seeking to apply for health insurance coverage. Consistent with this vision, New York set out to build one on-line eligibility and enrollment system for consumers, regardless of their income level and whether they would be eligible for public, subsidized commercial, or unsubsidized commercial health insurance coverage.

Applications for public programs and qualified health plans (QHPs) will be accepted in-person, online, by phone and by mail. Consumers and small businesses will choose the option that works best for them.

A. Online Applications

Individuals and Small Businesses will go to the NY State of Health website where they will be able to select between a landing page for Individuals and Families and a landing page for Small Businesses.

Individual Marketplace: Individuals applying for coverage for themselves and their families will answer a series of questions about the composition of their household and their annual income. The questions the applicant will need to answer will be limited to only those needed to determine eligibility for public insurance or eligibility for tax or cost sharing credits. Information provided by the applicant will be verified against databases, including the federal data hub. Differences, if any, between the information provided by the applicant and the data contained in the databases, will be reconciled. The system will then determine and display eligibility to the applicant, including eligibility for Medicaid, Child Health Plus and in the case of subsidized commercial coverage the amount of the tax credit available to reduce the cost of coverage.

Applicants will then proceed to select a health plan that best meets their needs. Health plans available to the individual based on their eligibility and the county in which they reside will be displayed. Applicants will be able to filter the plans based on premium cost after any applicable tax credit, the provider networks of the health plans, and the quality rating of the plans. The applicant will select a plan and the health plan will be notified through an electronic transaction. The selected health plan will bill the individual for their portion of the premium; the federal government will pay the tax and cost sharing credits directly to the health plan. Navigators or licensed trained brokers will be available to help individuals and families complete the on-line application process. Customer service representatives will also be available to “chat” with the applicant while he or she completes the application on-line.

Small Business Marketplace: The SHOP Marketplace will also have an on-line process for coverage applications, updates, and renewal. Employers can enroll directly, or with the help of a broker of record, who will enroll on their behalf. First, the employer enters basic information to demonstrate eligibility for participation through SHOP such as the location of their business and the number of employees. Next, the employer registers its employees in the system, selects the dollar amount or percent of premium the employer will contribute toward the cost of coverage and selects the health plan(s) to offer their employees. Notice will be provided to employees, either in writing or via email (or both), that their employer has selected health insurance options for them within the SHOP Marketplace, and the employees will be able to enroll in the health plan(s) selected by their employer. Consistent with federal rules, employers will have 30 days to select plans to offer and employees will have 30 days to enroll in coverage.

Unlike the Individual Marketplace, the SHOP Marketplace will issue premium invoices to employers and remit premium payments to the health plans on behalf of the employers. This will make it easier for a small employer to contribute a fixed dollar amount toward the cost of employee coverage and give

employees choice in the health plan they select. In a survey of New York small businesses, 76 percent said that they favor this approach.

B. Telephone Applications

Consumers will be able to apply, update information, and renew coverage by calling the Customer Service Center where trained representatives will accept phone applications and gather the information to complete an application. The process will essentially mirror the on-line application process, except that a specially trained customer service representative will complete the application on behalf of the caller.

The Customer Service Center will have a toll-free telephone number and will open in mid-September 2013 to start answering questions about the Marketplace and will begin accepting applications on October 1, 2013.

The Marketplace's Customer Service Center will be accessible for applicants and enrollees who have disabilities or limited English proficiency. Center representatives will be proficient in 13 languages and provide materials to the public in many languages. Additional service details include:

- **Oral Translation Services:** When an applicant or an enrollee speaks a language other than those spoken by the Customer Service Representatives, the Customer Service Center will assist them through Language Line translation services. This service is available during all operating hours and all callers are provided this service free of charge. The process for using Language Line services is simple: the Customer Service Representative (CSR) stays on the line with the caller and conferences in the Language Line interpreter, so the caller never has to hang up and call another number for translation assistance. Language Line currently interprets more than 170 languages.
- **TTY Capability:** Individuals with special communication needs will be provided an equal opportunity to interact with the CSRs. The Customer Service Center provides accessibility for hearing- and speech-impaired callers through the use of a software-based Teletype (TTY) system. A separate, dedicated toll-free number is maintained for TTY calls, which transfers these calls directly to the TTY system. Incoming TTY calls are announced with a screen-pop and audible ring alert to the CSR. Designated CSRs communicate with TTY callers through an intuitive, user-friendly on-screen "chat window" interface facilitating effective response to callers. CSRs are trained to follow appropriate TTY etiquette and use industry-standard abbreviations, such as *SK* for "stop keying" used by both parties to end the call. With the exception of this and other abbreviations commonly used and accepted by the TTY community, all other conversational content is spelled out fully by the CSR to avoid introducing any confusion.
- **Other Translation Services:** The Customer Service Center will respond to requests for materials by mailing out program brochures and other materials in English, Spanish and other languages required for New York population groups, such as Chinese, French Creole and Russian. As requested, materials will also be distributed in the appropriate languages in audio format. DOH will also work with the Maximus Center for Health Literacy to provide culturally and linguistically appropriate translations of written materials as well as call center scripts.

The Exchange web portal will also take into account usability and accessibility by individuals living with disabilities as well as individuals with limited English proficiency. The on-line portal will contain taglines in other languages informing consumers that language assistance is available at no cost.

C. In-Person Applications

While the website and Customer Service Center will be available to all New Yorkers applying for coverage, the Marketplace recognizes that some people will prefer to work with an in-person assistor who is specially trained and certified by the Marketplace. Applications, updates, and coverage renewals will be accepted in person by In-Person Assistors/Navigators, brokers and a wide range of other certified application counselors. These assistors will work with the consumer or small business in the community, but will submit applications to the Exchange via our on-line system. Section IV of this Report provides details about in-person assistors and navigators.

D. Mail Applications

New York intends to minimize the amount of applications, updates and determinations it receives by mail, but mail will always be an option for a consumer. A uniform paper application will be used for all programs including Medicaid, Child Health Plus and Marketplace coverage. All mail will be delivered to a centralized processing unit where it will be scanned and uploaded into the Marketplace system and processed to completion.

IV. Certification of Qualified Health Plans

Federal law and rule require state-based Exchanges to certify Qualified Health Plans (QHPs) for participation on the Marketplace. On January 31, 2013, after consulting with the Regional Advisory Committees and other interested stakeholders, the Marketplace issued an invitation for insurers to participate in the New York Health Benefit Exchange. The complete invitation is available at www.HealthBenefitExchange.ny.gov/invitation.

The Invitation was open to all insurers licensed by the state and required that the insurer meet all federal minimum participation standards, including state licensure and solvency, as well as the following New York-specific participation requirements:

- Agree to participate in either the individual market, SHOP market, or both;
- Agree to provide Exchange coverage in the plan's entire rate region unless granted an exception from this requirement by the Exchange;
- Agree to offer any standardized plans developed by the Exchange at each metal tier (platinum, gold, silver and bronze);
- At its option, offer non-standard plans in each metal level, but no more than a specified number of non-standard plans determined by the Exchange in each level;
- Offer a catastrophic plan only in the Individual Exchange;
- Adhere to network adequacy requirements established by the Exchange;
- Submit data needed to measure quality and enrollee satisfaction; and
- Adhere to processes established for the Individual and SHOP Exchange.

Insurers that demonstrated a willingness to meet federal and state participation standards would be approved to offer QHPS on the Marketplace.

In April 2013, the Exchange began to accept applications for QHP Certification. As part of the certification process, insurers submitted rate and benefit information through the National Association of Insurance Commissioners (NAICs) System for Electronic Rate & Form Filing (SERFF). Under its state prior approval authority, the Department of Financial Services (DFS) was responsible for approval of benefit forms (also referred to as the subscriber contract) and prior approval of premium rates for health plans offered on the Marketplace. DFS, in collaboration with Exchange staff, performed the following:

- reviewed benefits to ensure the Essential Health Benefits requirements were met
- ensured the cost-sharing limitations were in place for each plan
- reviewed the service areas for each plan
- ensured actuarial value/metal level requirements were met for each plan
- reviewed the plan to ensure standard plan(s) are being offered at each metal level
- reviewed the product designs to ensure they were not discriminatory

Simultaneously, Exchange staff reviewed the provider networks submitted by the applicant health plans to ensure adequacy and also reviewed the application for adherence to other requirements. The network requirements for reviewing the QHPs were the same as the requirements that DOH uses to measure adequacy of plan health maintenance organization networks for commercial and Medicaid markets.

On July 17, 2013, the Department of Financial Services announced the insurer premium rates for the health plans that would be offered on the Marketplace subject to certification of the QHPs. Those rates are discussed in Section V of this Report. On August 20, 2013, the Marketplace announced that the following insurers' QHPs would be offered on the Marketplace:

- Affinity Health Plan, Inc.
- American Progressive Life & Health Insurance Company of New York
- Capital District Physicians Health Plan, Inc.
- Health Insurance Plan of Greater New York (EmblemHealth)
- Empire BlueCross BlueShield
- Excellus (Excellus Blue Cross Blue Shield in Central NY and Univera in Western NY)
- Fidelis Care
- Freelancers Co-Op
- Healthfirst New York
- HealthNow New York, Inc. (Blue Shield of NENY; Blue Cross Blue Shield of Western NY)
- Independent Health
- MetroPlus Health Plan
- MVP Health Plan, Inc.
- North Shore LIJ
- Oscar Insurance Corporation
- United Healthcare of New York, Inc. (United, Oxford)

The Marketplace also announced that the following dental insurers would offer stand-alone dental plans on the Marketplace:

- Delta Dental Insurance Company
- Dentcare
- Dentegra Insurance Company
- Emblem
- Empire BlueCross BlueShield (Empire Health Choice Assurance)
- Guardian
- Healthplex
- MetLife
- Solstice

A press release announcing approval of these insurers can be found as Attachment 3 to this Report, or at (<http://www.healthbenefitexchange.ny.gov/news/press-release-new-york-health-benefit-exchange-announces-new-name-and-health-and-dental-plans-0>). An interactive map showing the plans available by county can be found at: (www.nystateofhealth.ny.gov/PlansMap).

V. Anticipated Cost of Individual and Small Group Plans Being Offered in the Health Benefit Exchange

On July 17, 2013, Governor Cuomo announced that the Department of Financial Services (DFS) had approved insurance plan rates for insurers seeking to offer coverage through the Exchange. On average, the approved 2014 rates for the health plans with the highest level of coverage – platinum and gold – represent a 53 percent reduction compared to last year's direct pay individual premium rates because a far greater number of people will be buying insurance through the Marketplace.

Premium rates will be further reduced for individuals and families with incomes below 400 percent of the federal poverty level (\$45,960 for individuals and \$94,200 for a family of four) because of financial assistance in the form of federal tax credits only available through the Exchange. Federal tax credits limit the amount a person will pay for insurance each month. Monthly payments will be far below the cost of buying insurance today. For example, if a silver level plan is selected:

- An individual with annual income of \$17,000 will pay \$55 per month.
- An individual with annual income of \$28,000 will pay \$183 per month.
- An individual with annual income of \$40,000 will pay \$252 per month.
- A family of 4 with annual income of \$35,000 will pay \$114 per month.
- A family of 4 with annual income of \$59,000 will pay \$457 per month.
- A family of 4 with annual income of \$82,000 will pay \$739 per month.

A New York specific Tax Credit and Premium Calculator is available at www.nystateofhealth.ny.gov/PremiumEstimator. By entering the number of people in the household, annual income and county of residence, individuals and families can see an estimate of their tax credit and the resulting cost of coverage.

Over 15,000 different small group plans are offered in today's small group insurance market making a direct comparison of this year's small group premium rates to the 2014 Small Business Marketplace premium rates more challenging. However, the small group rates approved by DFS for plans on the Small Business Health Plan Marketplace are generally lower than anticipated by the estimates of independent forecasters. The average approved small group rate in New York for the benchmark "silver plan" is well below (nearly 32 percent lower) than the national average previously forecast by the independent, non-partisan Congressional Budget Office (CBO). Moreover, the Marketplace will be the only place that small businesses with 25 or fewer employees and average wages of \$50,000 or less per year may qualify for tax credits to reduce the cost of providing coverage to their employees starting in 2014.

IV. Number of Navigators Approved

The Affordable Care Act requires Marketplaces to award grants to organizations to serve as Navigators. On February 13, 2013, the New York Health Benefit Exchange released a Request for Applications (RFA) for the In-Person Assistors (IPAs)/Navigators Program, which will provide in-person enrollment assistance to individuals, families, small businesses and their employees who apply for health insurance through the Exchange. All types of organizations permitted in federal rules were eligible to compete for this RFA. The program intended to provide grants to a diverse group of organizations that will provide high-quality enrollment assistance, in a manner that is linguistically and culturally appropriate to the populations being served, and to ensure availability of assistors in all counties of the State. The RFA is available at www.HealthBenefitExchange.ny.gov/IPA-navigator.

On July 12, 2013, the DOH announced the names of organizations that have been awarded conditional grants totaling \$27 million per year to serve as IPAs/Navigators for the Health Benefit Exchange. The conditional grantees are displayed on an interactive map available at www.HealthBenefitExchange.ny.gov/IPANavigatorMap. The list is also included as Appendix B of this report.

Conditional grants were awarded to 50 organizations, including one Urban Indian organization; these 50 organizations will be supported by 96 subcontractors. Grantees represent a diverse group of organizations that will provide high-quality enrollment assistance in all 62 counties of the state and include more than 430 individual IPAs/Navigators who will provide services in a total of 48 languages. Every county in the state, except Yates County, has at least two IPAs/navigators and some counties have eight or more organizations depending on the county and the number of uninsured individuals.

Modeled on successful community assistance programs in New York, the IPA/Navigator program is designed to meet the needs of New Yorkers by providing assistance in convenient, community-based locations. IPAs/Navigators will provide culturally competent, linguistically appropriate, and disability accessible enrollment services. They will be available at convenient times, including evenings and weekends, at no cost to enrollees.

IPAs/Navigators will:

- Provide in-person assistance to those applying for health insurance coverage at the time of initial application and at annual renewal;
- Offer information on the types of health insurance programs available through the Exchange;
- Provide application assistance for private and public health insurance programs and advance premium tax credits and cost-sharing reductions;
- Refer consumers to other organizations for help with grievances, complaints or questions regarding health coverage or a determination related to coverage; and
- Supply information in a fair and impartial manner which is culturally and linguistically appropriate, and disability accessible, including for individuals with limited English proficiency.

Training and certification of Navigators began in August 2013. Each individual navigator will complete a five day training course including two days of on-line training and 3 days of in-person training to be held in New York City, Albany and other convenient locations throughout the state. The training will consist of a nine-part curriculum that includes:

- 1) Introduction to the ACA and the New York Marketplace

- 2) Privacy and Security, including the standards of CFR 155.260. Recommendations provided by the IRS during their July 2013 site visit have been incorporated into the module
- 3) IPA/Navigators Roles and Responsibilities, including conflicts of interest, linguistic and cultural competency, disability accessibility, and best practices for providing high quality customer service
- 4) Basic health insurance terms and understanding the range of QHP options and Insurance Affordability Programs available through the NY Marketplace
- 5) The Individual Marketplace, including eligibility and enrollment rules and procedures
- 6) Helping Consumers Select a Health Plan
- 7) SHOP Marketplace, including eligibility and enrollment rules and procedures
- 8) IPA/Navigator Resources for navigating the New York Marketplace portal
- 9) Appeals and Complaints

A monthly site schedule of hours and locations will be available on the Exchange's website. As required by federal law, the IPA/Navigator program will be an ongoing feature of the Exchange. IPAs/Navigators will be ready to provide assistance by October 1, 2013.

In addition to Navigators, two other types of in-person assistors warrant discussion. First, New York State licensed insurance brokers will be allowed to assist individuals and small businesses in applying for coverage through the Marketplace consistent with their agreements with insurers. A study conducted by the Marketplace showed that licensed insurance brokers serve as trusted advisors to 88 percent of New York's small businesses who purchase health insurance coverage for their employees. The Marketplace will enter into agreement with licensed brokers who have completed a specially designed Continuing Education Course for the Marketplace. The course provides 8 hours of continuing education. It was released in August 2013 and has already been administered to approximately 400 interested brokers, with many additional courses already scheduled for September and October.

In July 2013, the United States Department of Health and Human Services issued new guidance on Certified Application Counselors (CACs). CACs will perform the same duties as navigators, but do not receive compensation for their services and are not subject to the same conflict of interest requirements. Training for CACs will begin in August 2013 on a prioritized basis starting with hospitals and other health care providers and health plans that participate in the Marketplace similar to today's health plan facilitated enrollment program for public programs.

V. Plan for Full Operation by January 1, 2014

The Center for Consumer Information and Insurance Oversight (CCIIO) within HHS has outlined 12 core areas of Exchange development activities and milestones that a state must meet in order for its state-based Marketplace to be fully operational and receive certification from CCIIO. These core areas form the basis of the operational plan and are described below. A Calendar of Milestones that summarizes the accomplishments to date of each required areas is attached as Appendix A of this Report.

1. Legal Authority and Governance

Governor Cuomo issued Executive Order 42 establishing New York's Health Benefit Exchange in the Department of Health. The order directs DOH to work in conjunction with the Department of Financial Services and other State agencies to take all steps necessary to effectuate the Exchange. It also requires the Exchange to convene Regional Advisory Committees consisting of consumer advocates, small business representatives, health care providers, agents, brokers, insurers, labor organizations and other appropriate stakeholders, to provide advice and recommendations on the establishment and operation of the Exchange. Finally, the order requires the Exchange to be financially self-sustaining by January 1, 2015.

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 Health Benefit Exchange 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 a primary point of contact for the State's Exchange Blueprint Application. On November 14, 2012, Governor Cuomo notified HHS of the state's decision to defer to the federal government 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 Exchange.

2. Consumer and Stakeholder Engagement and Support

Since 2011, the State has convened meetings with large groups of stakeholders representing all sectors—consumer advocates, health plans, small business, insurance brokers, health care providers, health policy experts, members of Tribal Nations and others. In August 2012, five Regional Advisory Committees were established with participation from consumer advocates, small business consumer representatives, health care providers, agents, brokers, insurers, labor organizations and others, 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. Since the creation of the Regional Advisory Committees (RAC) in September 2012, the RAC has served as a primary communication venue for stakeholder consultation. The RAC currently includes over 200 individuals representing various constituencies from across the state who 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

The full list of RAC members is available at www.HealthBenefitExchange.ny.gov/RegionalAdvisoryCommittees. Meetings of the RAC are webcast

and open to the public. In-person meetings and webinars are held. A full list of recent RAC events, including meeting materials and archived video, is available at www.HealthBenefitExchange.ny.gov/news.

The State has been increasingly engaging current and new stakeholder partners as we approach open enrollment for the Exchange. The Exchange regularly meets with potential partners that represent or serve consumers who may be eligible for Exchange coverage. These organizations include, the state networks for food banks, pharmacies, consumer groups, libraries, farming associations, and many others. These partners are engaged in a variety of activities such as educating staff, issuing consumer-focused newsletter articles, distributing information to their clients/customers, and planning processes to refer clients to the Exchange after October 1st. Meetings with tribal leaders have focused on rights afforded to members of tribal nations under the ACA, as well as the systems implications for the Exchange as it seeks to make sure that these benefits are easily attainable by tribal members. The Exchange will continue this partnership engagement process throughout the open enrollment period and beyond. The Exchange has conducted over 100 partnership meetings to raise awareness with organizations that serve the Exchange population. And, the Exchange has specifically convened insurance agents and brokers via webinars with over 1400 individuals participating in one or more programs.

Exchange staff continues to regularly post updates to the Exchange's informational website (www.HealthBenefitExchange.ny.gov) that serves as a consumer-friendly tool to share Exchange establishment progress with stakeholders. Resources include print-on-demand fact sheets for individuals and small employers, newsletter articles and FAQs.

3. Eligibility and Enrollment

As described earlier in this Report, New York has developed an integrated public program-Exchange eligibility and enrollment system to maximize the coordination of processes across the coverage continuum. New York has also aligned the eligibility rules across health insurance programs to the greatest extent possible so that consumers can move between Medicaid and tax credit eligibility without experiencing gaps in coverage.

The Exchange is deferring to the federal government administration of consumer requests for determination of exemption from the individual responsibility mandate or payment exemption. The Exchange is developing an automated approach to request an appeal. The consumer will be provided with the option to make such a request, and drop down menus will provide available options, with appropriate options to verify via attestation or documentation, if unable to verify against a trusted data source electronically. New York has expanded upon the existing contract with MAXIMUS, the call center operator. Exchange and state staff have been working closely with MAXIMUS to develop and update policy manuals and training materials for customer service representatives and eligibility workers. The state has also facilitated collaboration with the Systems Integrator (CSC) to build interfaces needed between the call center and the Exchange IT system. Finally, the state has developed a plan to support the application and renewal processing for MAGI-Medicaid, CHIP and APTC eligible consumers.

4. Plan Management

As described in Section II, through collaboration between the Exchange and Department of Financial Services, and with extensive input from New York's health plans and our Regional Advisory Committees, New York issued an invitation for participation (January 2013), reviewed health plan submissions of rates and forms (April-July 2013), approved health plan rates (July 2013), and approved health plans for participation in the Exchange (July 2013).

The Exchange 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 SHOP Exchange, as well as for qualified dental plans.

5. Risk Adjustment and Reinsurance

After careful analysis and consideration of issues and options associated with state and federally-administered risk adjustment and reinsurance, and in consultation with the Exchange's Regional Advisory Committees, New York determined that it would leverage the federal models for risk adjustment and reinsurance.

6. Small Business Health Options Program (SHOP)

New York has the opportunity to bring comprehensive affordable health insurance coverage to 450,000 members of small businesses through the SHOP Exchange. To realize this goal, New York has created a SHOP Exchange that:

- Meets the requirements of the ACA as it pertains to SHOP establishment, operations and management in New York State (45 CFR (H));
- Encourages small businesses to purchase coverage for their employees;
- Minimizes disruption to the current small group health insurance market while promoting innovation;
- Provides a first class user experience for employers, employees and brokers;
- Has leveraged 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 SHOP Exchange through Regional Advisory Committees and specific outreach efforts;
- Ensures that however an employer, employee or individual comes into the Exchange, they will be routed appropriately to facilitate obtaining health insurance coverage.

New York's SHOP Exchange will allow employers to compare multiple plans and carriers on-line and, if desired, work with the help of a trained and certified broker or other assistor to select a plan or plans to offer employees and enroll in coverage. Small business owners will have the flexibility to define the coverage tier and contribution level toward coverage, and allow their employees to choose from the plan options that best meet their needs. The Exchange will provide a single monthly bill to employers to relieve the administrative burden of providing coverage. Finally, certain small businesses may be eligible

for tax credits to reduce the cost of offering coverage; the Exchange will offer a tax calculator to determine the value of tax credits, if applicable.

The Exchange will perform the following functions related to premium payment administration:

- Provide each qualified employer with a bill on a monthly basis that identifies the employer contribution, the employee contribution, and the total amount that is due to the QHP issuers from the qualified employer;
- Collect from each employer the total amount due and make payments to QHP issuers
- Maintain books, records, documents, and other evidence of accounting procedures and practices of the premium aggregation program for each benefit year for at least 10 years.

7. Organization and Human Resources

The Executive Director of the Exchange reports to the Commissioner of Health. Given the priority of the Exchange, the Executive Director also has frequent and direct contact with the senior leadership in Governor Cuomo's Office. The Executive Director has 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.

The Exchange Senior Management team consists of a Deputy Director; a Director of External Affairs, Outreach and Marketing; Director of Plan Management; Director of Policy and Planning; Chief Information Officer; Director of SHOP; and Director of Administration. Consistent with the Department of Health's overall structure, a dedicated group of attorneys report to the Department's General Counsel, but their sole client will be the Exchange. The DOH's Office of Quality and Patient Safety will support plan quality rating. This structure leverages DOH's already robust quality measurement and risk adjustment experience without creating redundancy.

8. Finance and Accounting

New York State will provide premium payment administration for small employers on the SHOP Exchange. The Exchange will set up invoices, create billing data files, collect premium payments from the employer group and transmit ACH payments to the Issuers.

The Exchange will perform the following functions related to premium payment administration:

- Provide each qualified employer with a bill on a monthly basis that identifies the employer contribution, the employee contribution, and the total amount that is due to the QHP issuers from the qualified employer;
- Collect from each employer the total amount due and make payments to QHP issuers
- Maintain books, records, documents, and other evidence of accounting procedures and practices of the premium aggregation program for each benefit year for at least 10 years.

Once an employer group has been established in the SHOP portal, a data file containing the billing data will be transmitted to Financial Management on the first day of the month prior to the coverage month. This data will include the plan the employee selected, the employee name, the employee ID number, the contract type (single, family, etc.), the plan type (platinum, gold, silver or bronze), the coverage date,

employer contribution, employee contribution and the total dollar amount. For employers whose employees participate in more than one QHP, the billing will provide a detailed breakdown of the aggregated amount due to each participating plan. The invoice will have a coupon attached to be included with payments made to the Exchange and employers will be advised to call Customer Service if they have questions about their invoice.

9. Technology

In June 2012, the DOH contracted with Computer Science Corporation, to build the fully-integrated information technology system to operate the Marketplace. Design work has been completed on five tracks: eligibility and enrollment, plan management, customer service, financial management, and post-production reporting. The system is now undergoing rigorous testing. Cognosante acts under contract as DOH's quality assurance vendor for the system build and testing of the system.

In addition, New York played an active role in the Enroll UX 2014 project, a public-private partnership charged with creating a first-class user experience for health insurance exchanges operated by state and federal governments under the ACA. New York has leveraged components of the UX 2014 design specifications. In addition, through the State's participation in the Robert Wood Johnson Foundation's State Health Reform Assistance Network, New York has also worked with Forum One to design the look and feel of the website.

10. Privacy and Security

Data Security for the Exchange is focused on the confidentiality, integrity and availability of Personally Identifiable Information (PII), Protected Health Information (PHI), and Federal Tax Information (FTI). NYSTEC will serve as the security and privacy information officer for the Exchange. 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 will be provided to the consumer in a Privacy Notice, presented to all consumers accessing the Exchange.

11. Oversight, Monitoring, and Reporting

The Marketplace has identified areas of risk and has documented an Audit Plan to audit certain processes pre- and post-implementation of the Exchange. These audits will commence the third week of August and anticipate completing the initial audit pre-go live date of October 1, 2013. The Marketplace will also engage the services of an independent auditor.

A standard set of reports has been developed and will be produced starting after "go-live" on October 1, 2013. The reports will include detailed metrics about the number of applications received, the number of enrollments, website statistics and customer service performance. A dashboard will allow for continuous performance measurement and improvement.

12. Contracting and Outsourcing

Operation of the Marketplace will involve the services of four primary contractors:

- Computer Science Corporation (CSC) for the information systems technology build and operation

- Cognosante for the quality assurance oversight of CSC as well as independent verification and validation (IV&V) of the IT system
- Maximus for Customer Service Center, which includes the call center and back-end operations for the Marketplace
- DDB Worldwide for development and execution of the advertising and marketing campaign

VI. Plan to Become Fiscally Self-Sustaining by January 1, 2015

The Affordable Care Act and Governor Cuomo's Executive Order require the Marketplace to be self-sustaining starting on January 1, 2015. Planning and operation of the Marketplace is supported by over \$370 million in Exchange planning, Early Innovator, and Exchange Establishment grants through December 31, 2014. In large part, these grants fund the development costs of information technology systems, customer service functionality, policy development, staff and the initial marketing and advertising campaigns. Post 2014, the costs of operating the Marketplace will consist largely of IT system operation and required modifications, customer service operations, navigator grants, adjudication of appeals, staff salaries and benefits, and marketing and outreach costs.

States have examined various mechanisms to achieve self-sustainability of their state-based marketplaces. These approaches range from more narrow financing strategies to broad based strategies. Significant analysis and discussion is needed to determine the best mechanism or combinations of mechanisms to achieving self-sustainability of the Marketplace. As New York examines these mechanisms, the following should be considered:

- The funding source must be stable and predictable to support on-going operations of the Marketplace.
- A portion of the operating costs will be fixed, while other costs will vary with enrollment levels. The self-sustainability mechanism must be sensitive to the volume of Marketplace enrollment.
- The Marketplace will be the only place that individuals and small businesses will be able to receive tax credits to help them afford coverage. The mechanism should help ensure that options are available to consumers throughout the state.
- The mechanism must comply with any applicable governing provider tax rules and consideration should be given to the impact, if any, on state Medicaid spending.
- The mechanism should consider, to the extent possible, the impact of the ACA on existing programs and financing streams for the provision of health care in the state.

Attachments and Appendices

Attachment 1: Public Health Law Citation

Attachment 2: Executive Order No. 42

Attachment 3: Press Release for Approved Insurers

Appendix A: Calendar of Milestones

Appendix B: Awardees and Subcontractors by Counties and Boroughs

Attachment 1. Public Health Law

§ 206. Commissioner; general powers and duties. 1. The commissioner shall:

(s) issue a readiness report to the legislature, detailing the status of the statewide health benefit exchange, state enrollment center, and state Medicaid enrollment center established under executive order number forty-two of two thousand twelve, by August thirtieth, two thousand thirteen. The readiness report may be provided in electronic format and shall be distributed to the temporary president of the senate, the speaker of the assembly, the chair of the senate standing committee on health, and the chair of the assembly health committee. The readiness report shall outline the progress and preparedness of the health benefit exchange, state enrollment center, and state Medicaid enrollment center and detail how the exchange, state enrollment center, and state Medicaid enrollment center will carry out their respective functions including but not limited to:

(i) the process by which the health benefit exchange, state enrollment center, and state Medicaid enrollment center will begin accepting applications on October first, two thousand thirteen;

(ii) the process by which the health benefit exchange, state enrollment center, and state Medicaid enrollment center will certify qualified health plans;

(iii) the anticipated cost of individual and small group plans being offered in the health benefit exchange;

(iv) the number of navigators approved;

(v) the plan for full operation by January first, two thousand fourteen; and

(vi) the plan to become fiscally self-sustaining by January first, two thousand fifteen.

Attachment 2.Executive Order No.42

No. 42

EXECUTIVE ORDER

ESTABLISHING THE NEW YORK HEALTH BENEFIT EXCHANGE

WHEREAS, the implementation of a Health Benefit Exchange and other reforms in New York will: (1) result in lower premiums for individuals and small businesses; (2) allow individuals and small businesses purchasing coverage through such Exchange to receive \$2.6 billion in federal tax credits and cost sharing subsidies; and (3) provide one million additional New Yorkers access to affordable, comprehensive health insurance, reducing the percentage of New Yorkers who are without health insurance;

WHEREAS, a state that chooses to operate its own Exchange must demonstrate to the federal government, by January 1, 2013, that its Exchange will be able to begin accepting applications by October 1, 2013, and will be operational by January 1, 2014, and if the state does not demonstrate operational readiness of its own Exchange, its residents will be required to participate in a federal Exchange;

WHEREAS, the State of New York is best positioned to: (1) understand the ramifications of operating an Exchange within New York’s commercial insurance market; (2) consider the unique regional and economic needs of the State’s individual and small business health insurance markets; (3) account for the diversity of its population, with its ethnic, cultural and language differences; and (4) decide what benefits will be provided to enrollees in the Exchange, which health plans can participate in the Exchange, what rules should apply to the marketing of products by health plans, and how to operate the Small Business Health Option Program (“SHOP...#157;) for small businesses;

WHEREAS, the Affordable Care Act requires an Exchange to evaluate the eligibility of individuals for Medicaid and other public health coverage and enroll them if eligible, meaning that it will be essential to coordinate the operations of the Exchange with the State's administration of these programs;

WHEREAS, the taxpayers of this State subsidize the costs associated with care for the 2.7 million New Yorkers without health insurance, who frequently forego preventive care and other needed treatment, putting them at risk of being sicker throughout their lives and dying sooner than those who have health insurance, which diverts funds from other public uses and costs state and county taxpayers more than \$600 million annually just to pay for a portion of the services rendered by hospitals to people without insurance;

WHEREAS, New York's uninsured working families often earn too much to qualify for public health insurance, but not enough to purchase coverage that costs, on average, over \$1,200 per month for an individual and \$3,450 per month for a family of four;

WHEREAS, small businesses, without assistance, cannot afford to purchase health insurance coverage for their workers, nearly 800,000 of whom have lost employer-sponsored coverage over the last decade, and thus face a major competitive disadvantage that inhibits their ability to grow, create jobs and otherwise support the State's economic development;

WHEREAS, the costs associated with care for the uninsured are shifted through increased premiums to those individuals and groups that purchase health insurance coverage, causing working families with health insurance to pay \$800 more in premiums on average each year;

WHEREAS, the development and operation of an Exchange in New York will impose no cost on the State, but will be funded entirely with federal funds until January 1, 2015, at which time the Exchange will be wholly self-funded, meaning that no State or county taxpayer dollars will be used for such purposes; and

WHEREAS, it is therefore critical that the State of New York establish and operate its own Exchange, and that it do so expeditiously;

NOW, THEREFORE, I, Andrew M. Cuomo, Governor of the State of New York, by virtue of the authority vested in me by the Constitution and the Laws of the State of New York, do hereby order as follows:

1. There is hereby established within the Department of Health, in conformity with the Affordable Care Act, the New York Health Benefit Exchange (the “Exchange...#157;). The Department of Health, in conjunction with the Department of Financial Services and other state agencies, shall take all necessary steps to effectuate the Exchange, and expedite its ability to perform those functions necessary to carry out the requirements and serve the goals of the Affordable Care Act.
2. The Exchange shall, among other things, facilitate enrollment in health coverage and the purchase and sale of qualified health plans in the individual market in this state, and enroll individuals in health coverage for which they are eligible in accordance with federal law.
3. The Exchange shall, among other things, take such actions necessary to enable eligible individuals to receive premium tax credits and cost-sharing reductions and to enable eligible small businesses to receive tax credits, in compliance with all applicable federal and state laws and regulations.
4. The Exchange shall, among other things, enter into agreements with appropriate entities, including but not limited to federal, state and local agencies, to the extent necessary to carry out its duties and responsibilities, provided that such agreements incorporate adequate protections with respect to the confidentiality of any information to be shared.
5. The Exchange shall, among other things, convene 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.
6. The Exchange shall, among other things, become financially self-sustaining by January 1, 2015, as required by the Affordable Care Act.
7. Nothing in this Order shall be construed to duplicate, preempt, supersede, limit or otherwise restrict the statutory authority, duties and functions of the Department of Health, the Department of Financial Services or any other agency of this State.

G I V E N under my hand and the Privy Seal of the State in the City of Albany this twelfth day of April in the year two thousand twelve.

BY THE GOVERNOR

Secretary to the Governor

Attachment 3.Press Release.Approved Insurers

Aug 20, 2013

ALBANY, N.Y. (August 20, 2013) – State Health Commissioner Nirav R. Shah M.D., M.P.H., today announced the new name for the New York Health Benefit Exchange, ‘NY State of Health.’ The launch of the new name and logo is an important milestone for communications around the exchange, which will open for enrollment on Oct. 1, 2013.

“The NY State of Health name reflects our commitment to deliver what the exchange is all about –a marketplace that will provide quality, affordable health insurance for individuals and small businesses across the state,” said Commissioner Shah.

The brand and logo were developed by advertising agency, DDB New York, and is the first reveal in a campaign that will air across New York media beginning Oct.1. The brand is anchored in a mantra that defines what it is to be a New Yorker; visit www.nystateofhealth.ny.gov.

“In creating a name, we wanted it to be meaningful, memorable and capture the essence of what it is to be a New Yorker – that unique ‘can do’ attitude and state of mind,” said Donna Frescatore, NY State of Health’s executive director. “Across the state, there’s a growing sense of excitement as we move closer to enrollment. We’re confident the ‘NY State of Health’ name and campaign will inspire New Yorkers who are uninsured or underinsured to explore the options and choose the plan that fits their needs.”

Also announced today were the insurers that will offer health and dental plans to individuals and small business owners when NY State of Health opens for enrollment on Oct. 1. The New York State Department of Financial Services announced on July 17 the approved health insurance plan rates for insurers seeking to offer coverage in New York’s exchange marketplace.

“By assuring access to quality, affordable health insurance, NY State of Health will play an essential role in making New York the healthiest state in the nation,” said Commissioner Shah. “As a result of Governor Cuomo’s leadership, individuals and small businesses will soon be able to choose from a variety of plans to suit their needs.”

The health plans that will be offered in NY State of are:

Affinity Health Plan, Inc.

- American Progressive Life & Health Insurance Company of New York (Today’s Options of NY, Inc.)

Capital District Physicians Health Plan, Inc.

Health Insurance Plan of Greater New York (EmblemHealth)

Empire BlueCross and Empire Blue Cross Blue Shield

Excellus (Excellus Blue Cross Blue Shield in Central NY and Univera in Western NY)

Fidelis Care

Freelancers Co-Op (Health Republic Insurance)

Healthfirst New York

HealthNow New York, Inc. (Blue Shield of NENY; Blue Cross Blue Shield of Western NY)

Independent Health

MetroPlus Health Plan (Market Plus)

MVP Health Plan, Inc.

North Shore LIJ

Oscar Insurance Corporation

United Healthcare of New York, Inc. (United, Oxford)

The dental plans that will be offered in NY State of Health are:

Delta Dental Insurance Company

Dentcare

Dentegra Insurance Company

Emblem

Empire BlueCross and Empire Blue Cross BlueShield

Guardian

HealthNow New York, Inc. (Blue Shield of NENY; Blue Cross Blue Shield of Western NY)

Healthplex

MetLife

Solstice

An interactive map that shows health plans by county is available at:

www.nystateofhealth.ny.gov/PlansMap

Plans offered in NY State of Health will be available in four easy-to-compare metal tiers (platinum, gold, silver and bronze). Plans on the Marketplace will cover doctor's visits; hospital stays; emergency care; maternity and newborn care; mental health and substance abuse disorder services; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services, chronic disease management and pediatric dental and vision. Some plans will offer additional benefits such as adult dental and vision coverage.

Individuals and families with incomes below certain levels (\$45,960 for individuals and \$94,200 for a family of four) may be eligible for financial assistance in the form of federal tax credits only available through NY State of Health. Federal tax credits limit the amount a person pays for insurance each month. Monthly payments will be far below the cost of buying insurance today. For example, if a silver level plan is selected, an individual with an annual income of \$17,000 will pay \$55 per month; a family of four with an income of \$35,000 will pay \$114 per month.

In addition, starting today, New Yorkers may use the calculator on the NY State of Health website (nystateofhealth.ny.gov) to estimate their eligibility for tax credits; see: www.nystateofhealth.ny.gov/PremiumEstimator

NY State of Health will offer New York's small businesses with 50 or fewer employees a range of coverage options and ease the administration of employee benefits for owners. Moreover, NY State of Health will be the only place where small businesses with 25 or fewer employees and average wages of \$50,000 or less per year may qualify for tax credits to reduce the cost of providing coverage.

Insurance coverage begins Jan.1, 2014. It is estimated that at full enrollment nearly 1.1 million New Yorkers will obtain insurance through NY State of Health, including 615,000 individuals and 450,000 employees of small businesses.

For more information, visit the NY State of Health website at nystateofhealth.ny.gov and on Facebook, Twitter or Google+.

Appendix A. Calendar of Milestones

Blueprint Activity	Progress Benchmark	NY Anticipated Date for Action
1.1	Enabling authority for Exchange and SHOP established	Complete
1.2	Board and governance structure established	n/a
2.1	Stakeholder consultation sessions (initiated)	Spring 2011
2.3	Exchange branding and media/marketing campaign launched	06/01/2013
2.3	Outreach and education materials dissemination begins	Complete
2.4	Call center contract awarded	Complete as of 2010 (used existing contract)
2.4	Call center training begins	Underway
2.4	Call center live	09/16/2013
2.5	Website launched	10/01/2013
2.6	Navigator application released	Complete
2.6/2.7	Navigator and marketplace assisters selection completed	Conditional awards announced July 12, 2013
2.6/2.7	Navigator/ marketplace assisters begin work	09/01/2013
2.8/2.9	Agent/brokers policy established	Complete
2.8/2.9	Agent/brokers begin work	09/01/2013
3.1	Exchange and SHOP application approved (<i>if not using HHS-developed application</i>)	Individual Exchange Application sent to HHS in July, SHOP Application to be sent on August
3.2	Coordination Strategy with State Agencies, Insurance Affordability Programs and SHOP implemented	Complete
3.3	Eligibility application published	see 3.1
3.4	Notices finalized	08/19/2013
3.5	Data sharing agreements signed	Underway
3.11	Appeals SOPs adopted	09/30/13
3.11	Appeals business process model/functional capabilities established	March 2014
4.1	Authority to certify and oversee QHPs	Complete
4.2	QHP application available	Complete
4.2	Certification of QHPs completed	August 20, 2013

Blueprint Activity	Progress Benchmark	NY Anticipated Date for Action
4.2	Plan options posted online	09/23/2013
4.3	Develop plan management system(s) or processes to support collection of QHP issuer and plan data, facilitate QHP certification process, manage QHP issuers and plans, and integrate with other Exchange business areas	Complete
4.3	Test and determine readiness of Plan Management IT system(s)	09/20/2013
4.3a	Establish capacity to collect and analyze information on plan rates, covered benefits, and cost-sharing requirement	Complete
4.3b	Establish capacity to use plan rate data and rules	Done
5.1	Notice of benefit and payment parameters published	n/a
5.2	Establish or contract with an eligible nonprofit reinsurance entity	n/a
5.2	Notice of benefit and payment parameters published if electing to: modify HHS payment parameters or contributions collection schedule, collect contributions, or use more than one reinsurance entity	n/a
6.2	SHOP premium aggregation functional capabilities established	Complete
7.1	Core Exchange Staff hired	Complete
7.1	Organizational chart(s) & staffing plan for 2013 through 2015 created	Complete
8.1	Acquisition of legal authority to generate revenue to ensure operational sustainability	09/16/2013
9.2	Functionality demonstrated and code verified for PM Exchange Components (e.g. QHP Evaluation and Certification, Issuer Portal)***	Complete
9.2	Functionality demonstrated and code verified for E&E Exchange Components (e.g. enrollment processing, verification interfaces, rate calculator) ***	Complete
9.2	Functionality demonstrated and code verified for FM Exchange Components (APTC/CSR data reporting, SHOP and individual premium billing) ***	Complete
9.2	Functionality demonstrated for systems supporting Consumer Assistance functions (e.g. call center integration, call center)***	08/15/2013
9.2	Development of PM Exchange components completed*	08/15/2013
9.2	Development of FM Exchange components completed*	08/15/2013
9.2	Development of E&E Exchange components completed*	08/15/2013
9.2	Development of CA Exchange components completed*	08/15/2013
9.2	Systems Testing complete and results submitted to CMS for	08/23/2013

Blueprint Activity	Progress Benchmark	NY Anticipated Date for Action
	all Exchange components	
9.2	IV&V Testing complete and results submitted to CMS	08/23/2013
9.2	Data Use Agreements for state and agency data sources in place and submitted to CMS	09/13/2013
9.2	Connectivity established for all required Data Services Hub services	6/1/2013
9.2	Hub and partner testing on all Data Services Hub services completed	08/23/2013
9.2	Communications and security certification testing of all Data Services Hub services completed	08/23/2013
9.2	Preproduction testing of all Data Services Hub services completed	08/23/2013
9.2	Production environment setup completed	09/23/2013
9.2	End-to-end testing completed	9/1/2013
9.2	State test summaries and results of CMS-developed test scenarios submitted to CMS	9/1/2013
9.3	IV&V results submitted to CMS	9/1/2013
10.3	IRS Safeguard Procedures Report approved	9/1/2013
11.1		06/01/2013
12.1	RFP issued for systems integrator	Complete
12.1	RFP Issued for Exchange platform	Complete
12.1	Systems Integrator selected	Complete
12.1	Exchange Platform(s) selected	Complete
12.1	IV&V contractor selected	Complete as of 12/19/2012

Appendix B: Awardees and Subcontractors by Counties and Boroughs

Appendix B: Awardees and Subcontractors by Counties and Boroughs

RFA #1301300317 - Awardees and Subcontractors - Boroughs and Counties Services Areas

Consumer Assistance for the New York Health Benefit Exchange: In-Person Assistors and Navigators

Albany	Prime	Subcontractors
	Community Service Society of New York	Capital District Black Chamber of Commerce
	Community Service Society of New York	Guilderland Chamber of Commerce
	Community Service Society of New York	Public Policy and Education Fund of New York
	Community Service Society of New York	University at Albany School of Social Welfare/Community Service Society Navigator Network
	Healthy Capital District Initiative	None
Allegany	Prime	Subcontractors
	Community Service Society of New York	Greater Olean Chamber of Commerce
	Community Service Society of New York	S2AY Rural Health Network, Inc.
	Southern Tier Independence Center	AIM Independent Living Center
Bronx	Prime	Subcontractors
	American Indian Community House	None
	Bronx-Lebanon Hospital Center	None
	BronxWorks	None
	Coalition for Asian American Children and Families (CACF)	Kalusugan Coalition
	Coalition for Asian American Children and Families (CACF)	Mekong
	Community Health Project, Inc.	None
	Community Service Society of New York	Northern Manhattan Improvement Corporation
	Community Service Society of New York	Emerald Isle Immigration Center
	Hispanic Federation	PRFI
	Hispanic Federation	Urban Health Plan
	Metropolitan Council on Jewish Poverty	None
	Morris Heights Health Center, Inc.	None
	Public Health Solutions	None
	Single Stop USA	Center for Urban and Community Services
	Structured Employment Economic Development Corporation (Seedco)	Food Bank – Bronx
	Westchester County Department of Health	None
Broome	Prime	Subcontractors
	Community Service Society of New York	Greater Binghamton Chamber of Commerce
	Community Service Society of New York	Small Business Development Center at SUNY Binghamton
	Community Service Society of New York	Young Invincibles (Fiscal Sponsor: Center for Community Change)
	Mothers & Babies Perinatal Network of SCNY, Inc.	None

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Cattaraugus	Prime	Subcontractors
	Community Service Society of New York	Greater Olean Chamber of Commerce
	Healthy Community Alliance, Inc.	None
Cayuga	Prime	Subcontractors
	Cayuga/Seneca Community Action Agency, Inc.	Cayuga County Chamber of Commerce
	Community Service Society of New York	AIDS Community Resources
Chautauqua	Prime	Subcontractors
	Chautauqua Opportunities, Inc.	None
	Community Service Society of New York	Neighborhood Legal Services, Inc.
	Community Service Society of New York	Small Business Development Center at Jamestown Community College
Chemung	Prime	Subcontractors
	Mothers & Babies Perinatal Network of SCNY, Inc.	None
	Southern Tier Independence Center	AIM Independent Living Center
Chenango	Prime	Subcontractors
	Community Service Society of New York	Young Invincibles (Fiscal Sponsor: Center for Community Change)
	Southern Tier Independence Center	None
Clinton	Prime	Subcontractors
	Community Service Society of New York	Adirondack Health Institute
	Glens Falls Independent Living Center, Inc. operating as Southern Adirondack Independent Living Center (SAIL)	None
Columbia	Prime	Subcontractors
	Columbia County Community Healthcare Consortium, Inc.	None
	Community Service Society of New York	AIDS Council of Northeastern New York
	Community Service Society of New York	Public Policy and Education Fund of New York
	Community Service Society of New York	University at Albany School of Social Welfare/Community Service Society Navigator Network
	Community Service Society of New York	Young Invincibles (Fiscal Sponsor: Center for Community Change)
Cortland	Prime	Subcontractors
	Community Service Society of New York	Cortland County Chamber of Commerce
	Southern Tier Independence Center	None
Delaware	Prime	Subcontractors
	Community Service Society of New York	AIDS Council of Northeastern New York
	Community Service Society of New York	Young Invincibles (Fiscal Sponsor: Center for Community Change)
	Mothers & Babies Perinatal Network of SCNY, Inc.	None

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Dutchess	Prime	Subcontractors
	Community Service Society of New York	AIDS Council of Northeastern New York
	Community Service Society of New York	Public Policy and Education Fund of New York
	Community Service Society of New York	Young Invincibles (Fiscal Sponsor: Center for Community Change)
	Maternal Infant Services Network of Orange, Sullivan, & Ulster	None
Erie	Prime	Subcontractors
	Community Service Society of New York	Neighborhood Legal Services, Inc.
	Community Service Society of New York	Public Policy and Education Fund of New York
	Kaleida Health	None
Essex	Prime	Subcontractors
	Community Service Society of New York	Adirondack Health Institute
	Glens Falls Independent Living Center, Inc. operating as Southern Adirondack Independent Living Center (SAIL)	None
Franklin	Prime	Subcontractors
	Community Service Society of New York	Adirondack Health Institute
	Massena Independent Living Center, Inc.	None
Fulton	Prime	Subcontractors
	Community Service Society of New York	AIDS Council of Northeastern New York
	Community Service Society of New York	Young Invincibles (Fiscal Sponsor: Center for Community Change)
	Nathan Littauer Hospital	None
Genesee	Prime	Subcontractors
	Community Service Society of New York	Neighborhood Legal Services, Inc.
	Lake Plains Community Care Network, Inc.	None
Greene	Prime	Subcontractors
	Columbia County Community Healthcare Consortium, Inc.	None
	Community Service Society of New York	AIDS Council of Northeastern New York
	Community Service Society of New York	Public Policy and Education Fund of New York
	Community Service Society of New York	University at Albany School of Social Welfare/Community Service Society Navigator Network
Hamilton	Prime	Subcontractors
	Community Service Society of New York	Adirondack Health Institute
	The Family Counseling Center of Fulton County, Inc.	None
Herkimer	Prime	Subcontractors
	Mary Imogene Bassett Hospital	None
	Community Service Society of New York	AIDS Community Resources

RFA #1301300317 - Awardees and Subcontractors - Boroughs and Counties Services Areas
Consumer Assistance for the New York Health Benefit Exchange: In-Person Assistors and Navigators

Jefferson	Prime	Subcontractors
	North Country Prenatal/Perinatal Council, Inc.	None
	Community Service Society of New York	AIDS Community Resources
	Community Service Society of New York	Greater Watertown North Country Chamber of Commerce
Kings	Prime	Subcontractors
	American Indian Community House	None
	Brooklyn Alliance, Inc.	None
	Brooklyn Perinatal Network, Inc.	Brooklyn (Kings County) Hispanic Chamber of Commerce
	Brooklyn Perinatal Network, Inc.	Community Service Center of Greater Williamsburg
	Brooklyn Perinatal Network, Inc.	St. Greene Strategic Neighborhood Partnership
	Coalition for Asian American Children and Families (CACF)	Adhikaar
	Coalition for Asian American Children and Families (CACF)	Arab American Family Service Center
	Coalition for Asian American Children and Families (CACF)	Center for Immigrant Health & Cancer Disparities (IHCD)
	Coalition for Asian American Children and Families (CACF)	DREAM: Diabetes, Research, Education and Action for Minorities
	Coalition for Asian American Children and Families (CACF)	Kalusugan Coalition
	Coalition for Asian American Children and Families (CACF)	United Chinese Association of Brooklyn
	Coalition for Asian American Children and Families (CACF)	United Sikhs
	Community Health Project, Inc.	None
	Community Service Society of New York	Make The Road New York
	Community Service Society of New York	The Actor's Fund
	Community Service Society of New York	Unite Jewish Organizations of Williamsburgh, Inc.
	Hispanic Federation	PRFI
	Joseph P. Addabbo Family Health Center	None
	Public Health Solutions	None
	Structured Employment Economic Development Corporation (Seedco)	Council Of Peoples Org. Inc. (COPO)
	Structured Employment Economic Development Corporation (Seedco)	CPC - Brooklyn
	Structured Employment Economic Development Corporation (Seedco)	Cypress Hills Local Devt. Corporation
	Structured Employment Economic Development Corporation (Seedco)	Food Bank – Brooklyn
	Structured Employment Economic Development Corporation (Seedco)	St. Nicks Alliance
	Yeled V'Yalda Early Childhood Center, Inc.	None

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Consumer Assistance for the New York Health Benefit Exchange: In-Person Assistors and Navigators

Lewis	Prime	Subcontractors
	North Country Prenatal/Perinatal Council, Inc.	None
	Community Service Society of New York	AIDS Community Resources
Livingston	Prime	Subcontractors
	Coordinated Care Services, Inc.	Livingston Co. Dept. of Health
	Community Service Society of New York	Legal Assistance of Western New York (Monroe County Legal Assistance Center)
Madison	Prime	Subcontractors
	Mohawk Valley Perinatal Network, Inc.	None
	Community Service Society of New York	AIDS Community Resources
Monroe	Prime	Subcontractors
	Coordinated Care Services, Inc.	Anthony Jordan Health
	Coordinated Care Services, Inc.	Unity Health Systems
	Community Service Society of New York	Legal Assistance of Western New York (Monroe County Legal Assistance Center)
Montgomery	Prime	Subcontractors
	Nathan Littauer Hospital	None
	Community Service Society of New York	AIDS Council of Northeastern New York
Nassau	Prime	Subcontractors
	Community Service Society of New York	Community Development Corporation of Long Island
	Community Service Society of New York	LaGuardia Community College's Business Services Program
	Community Service Society of New York	Retail Action Project
	Community Service Society of New York	South Asian Council of Social Services
	Nassau-Suffolk Hospital Council	None
	Public Health Solutions	None

RFA #1301300317 - Awardees and Subcontractors - Boroughs and Counties Services Areas
Consumer Assistance for the New York Health Benefit Exchange: In-Person Assistors and Navigators

New York	Prime	Subcontractors
	American Indian Community House	None
	APICHA Community Health Center	Harlem United
	Coalition for Asian American Children and Families (CACF)	Adhikaar
	Coalition for Asian American Children and Families (CACF)	Center for Immigrant Health & Cancer Disparities (IHCD)
	Coalition for Asian American Children and Families (CACF)	DREAM: Diabetes, Research, Education and Action for Minorities
	Coalition for Asian American Children and Families (CACF)	Kalusugan Coalition
	Coalition for Asian American Children and Families (CACF)	United Sikhs
	Community Health Project, Inc.	None
	Community Service Society of New York	Asian Americans for Equality
	Community Service Society of New York	Center for the Independence of the Disabled, New York
	Community Service Society of New York	The Actor's Fund
	Community Service Society of New York	Manhattan Chamber of Commerce Foundation
	Community Service Society of New York	New York Women's Chamber of Commerce
	Community Service Society of New York	Northern Manhattan Improvement Corporation
	Community Service Society of New York	Restaurant Opportunities Center of New York
	Community Service Society of New York	Retail Action Project
	Community Service Society of New York	South Asian Council of Social Services
	Hispanic Federation	Dominican Women's Development Center
	Hispanic Federation	PRFI
	Hispanic Federation	Ryan-NENA Community
	Lesbian & Gay Community Services Center, Inc.	Voces Latinas, Corp.
	Morris Heights Health Center, Inc.	None
	NADAP, Inc.	Exponents, Inc.
	Public Health Solutions	None
	Single Stop USA	Center for Urban and Community Services
	Structured Employment Economic Development Corporation (Seedco)	CPC - Manhattan
	Structured Employment Economic Development Corporation (Seedco)	GMHC Main Office
	Structured Employment Economic Development Corporation (Seedco)	GMHC Testing Center
Niagara	Prime	Subcontractors
	Niagara Falls Memorial Medical Center	The Dale Association
	Community Service Society of New York	Neighborhood Legal Services, Inc.
	Community Service Society of New York	Public Policy and Education Fund of New York

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Oneida	Prime	Subcontractors
	Mohawk Valley Perinatal Network, Inc.	None
	Community Service Society of New York	AIDS Community Resources
Onondaga	Prime	Subcontractors
	Central New York Health Systems Agency, Inc.	Benefits Specialist of NY
	Central New York Health Systems Agency, Inc.	Northside Urban Partnership
	Central New York Health Systems Agency, Inc.	Salvation Army - Syracuse Area
	Central New York Health Systems Agency, Inc.	Southside Innovation Center
	Community Service Society of New York	AIDS Community Resources
	Community Service Society of New York	Syracuse Northeast Community Center
Ontario	Prime	Subcontractors
	Thompson Health System	None
	Community Service Society of New York	S2AY Rural Health Network, Inc.
Orange	Prime	Subcontractors
	Maternal Infant Services Network of Orange, Sullivan, & Ulster Counties	Kiryas Joel Social Service Org.
	Maternal Infant Services Network of Orange, Sullivan, & Ulster Counties	Village of Kiryas Joel
	Community Service Society of New York	Public Policy and Education Fund of New York
	Community Service Society of New York	Young Invincibles (Fiscal Sponsor: Center for Community Change)
Orleans	Prime	Subcontractors
	Community Service Society of New York	Neighborhood Legal Services, Inc.
	Lake Plains Community Care Network, Inc.	Orleans County Community Partners
Oswego	Prime	Subcontractors
	Oswego County Opportunities, Inc.	Northern Oswego County Health
	Community Service Society of New York	AIDS Community Resources
Otsego	Prime	Subcontractors
	Mothers & Babies Perinatal Network of SCNY, Inc.	None
	Community Service Society of New York	Small Business Development Center at SUNY Binghamton
Putnam	Prime	Subcontractors
	Community Service Society of New York	Westchester Disabled on the Move, Inc.
	Maternal Infant Services Network of Orange, Sullivan, & Ulster Counties	

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Queens	Prime	Subcontractors
	American Indian Community House	None
	Coalition for Asian American Children and Families (CACF)	Adhikaar
	Coalition for Asian American Children and Families (CACF)	Arab American Family Service Center
	Coalition for Asian American Children and Families (CACF)	Center for Immigrant Health & Cancer Disparities (IHCD)
	Coalition for Asian American Children and Families (CACF)	DREAM: Diabetes, Research, Education and Action for Minorities
	Coalition for Asian American Children and Families (CACF)	Kalusugan Coalition
	Coalition for Asian American Children and Families (CACF)	United Sikhs
	Coalition for Asian American Children and Families (CACF)	YWCA of Queens
	Community Health Project, Inc.	None
	Community Service Society of New York	Center for the Independence of the Disabled, New York
	Community Service Society of New York	Emerald Isle Immigration Center
	Community Service Society of New York	LaGuardia Community College's Business Services Program
	Community Service Society of New York	Korean Community Services
	Community Service Society of New York	Make The Road New York
	Community Service Society of New York	South Asian Council of Social Services
	Hispanic Federation	PRFI
	Hispanic Federation	Urban Health Plan
	Joseph P. Addabbo Family Health Center	None
	Public Health Solutions	None
	Safe Space NYC, Inc.	Charles B. Wang Community Health Center
	Safe Space NYC, Inc.	Queens Jewish Community Council, Inc.
	Structured Employment Economic Development Corporation (Seedco)	CPC – Queens
	Structured Employment Economic Development Corporation (Seedco)	ERDA Annex
	Structured Employment Economic Development Corporation (Seedco)	ERDA Astoria
	Structured Employment Economic Development Corporation (Seedco)	ERDA Federal Credit Union
	Structured Employment Economic Development Corporation (Seedco)	ERDA Long Island City Headquarters
	Structured Employment Economic Development Corporation (Seedco)	ERDA Workforce1 Center

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Rensselaer	Prime	Subcontractors
	Healthy Capital District Initiative	None
	Community Service Society of New York	Capital District Black Chamber of Commerce
	Community Service Society of New York	Public Policy and Education Fund of New York
	Community Service Society of New York	University at Albany School of Social Welfare/Community Service Society Navigator Network
Richmond	Prime	Subcontractors
	American Indian Community House	None
	Community Health Center of Richmond, Inc.	None
	Community Service Society of New York	Make The Road New York
	Community Service Society of New York	Staten Island Chamber of Commerce
	Hispanic Federation	El Centro del Immigrante
	Jewish Community Center of Staten Island	Community Health Action of Staten Island
	Jewish Community Center of Staten Island	Staten Island Economic Development Corporation
	Public Health Solutions	None
	Single Stop USA	Project Hospitality
	Structured Employment Economic Development Corporation (Seedco)	Food Bank – Staten Island
	Yeled V'Yalda Early Childhood Center, Inc.	None
Rockland	Prime	Subcontractors
	Rockland County Department of Health	Community Outreach Center, Inc.
	Community Service Society of New York	Young Invincibles (Fiscal Sponsor: Center for Community Change)
Saratoga	Prime	Subcontractors
	Saratoga Hospital	None
	Community Service Society of New York	Adirondack Health Institute
Schenectady	Prime	Subcontractors
	Healthy Capital District Initiative	None
	Community Service Society of New York	Center for the Independence of the Disabled, New York
	Community Service Society of New York	Public Policy and Education Fund of New York
	Community Service Society of New York	University at Albany School of Social Welfare/Community Service Society Navigator Network
Schoharie	Prime	Subcontractors
	Southern Tier Independence Center	Catskill Center for Independent Living (CCFI)
	Community Service Society of New York	AIDS Community Resources
	Community Service Society of New York	Public Policy and Education Fund of New York

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Consumer Assistance for the New York Health Benefit Exchange: In-Person Assistors and Navigators

Schuyler	Prime	Subcontractors
	Southern Tier Independence Center	AIM Independent Living Center
	Community Service Society of New York	S2AY Rural Health Network, Inc.
Seneca	Prime	Subcontractors
	Cayuga/Seneca Community Action Agency, Inc.	Cayuga County Chamber of Commerce
	Community Service Society of New York	S2AY Rural Health Network, Inc.
St. Lawrence	Prime	Subcontractors
	St. Lawrence County Health Initiative, Inc.	None
	Community Service Society of New York	AIDS Community Resources
Steuben	Prime	Subcontractors
	Southern Tier Independence Center	AIM Independent Living Center
	Community Service Society of New York	S2AY Rural Health Network, Inc.
Suffolk	Prime	Subcontractors
	Nassau-Suffolk Hospital Council	None
	Public Health Solutions	None
	Community Service Society of New York	Make The Road New York
	Community Service Society of New York	LaGuardia Community College's Business Services Program
	Community Service Society of New York	Community Development Corporation of Long Island
Sullivan	Prime	Subcontractors
	Community Service Society of New York	Public Policy and Education Fund of New York
	Maternal Infant Services Network of Orange, Sullivan, & Ulster Counties	None
Tioga	Prime	Subcontractors
	Community Service Society of New York	Small Business Development Center at SUNY Binghamton
	Southern Tier Independence Center	None
Tompkins	Prime	Subcontractors
	Southern Tier Independence Center	None
	Community Service Society of New York	Human Services Coalition of Tompkins County
	Community Service Society of New York	Tompkins County Chamber of Commerce
Ulster	Prime	Subcontractors
	Maternal Infant Services Network of Orange, Sullivan, & Ulster Counties	Institute for Family Health
	Community Service Society of New York	AIDS Council of Northeastern New York
	Community Service Society of New York	Public Policy and Education Fund of New York
	Community Service Society of New York	Young Invincibles (Fiscal Sponsor: Center for Community Change)

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Warren	Prime	Subcontractors
	Glens Falls Independent Living Center, Inc. operating as Southern Adirondack Independent Living Center (SAIL)	None
	Community Service Society of New York	Adirondack Health Institute
Washington	Prime	Subcontractors
	Glens Falls Independent Living Center, Inc. operating as Southern Adirondack Independent Living Center (SAIL)	None
	Community Service Society of New York	Adirondack Health Institute
Wayne	Prime	Subcontractors
	Thompson Health System	None
	Community Service Society of New York	S2AY Rural Health Network, Inc.
Westchester	Prime	Subcontractors
	Westchester County Department of Health	Berta Pineyro
	Community Service Society of New York	Business Council of Westchester
	Community Service Society of New York	Retail Action Project
	Community Service Society of New York	Westchester Disabled on the Move, Inc.
	Community Service Society of New York	Young Invincibles (Fiscal Sponsor: Center for Community Change)
Wyoming	Prime	Subcontractors
	Wyoming County Health Department	Wyoming County Chamber of Commerce
	Wyoming County Health Department	Wyoming County Community Action, Inc.
	Community Service Society of New York	Neighborhood Legal Services, Inc.
Yates	Prime	Subcontractors
	Community Service Society of New York	S2AY Rural Health Network, Inc.