

Coalition of New York State
Public Health Plans

7 TIMES SQUARE
23RD FLOOR
NEW YORK, NEW YORK
10036

Affinity Health Plan

Amida Care

Fidelis Care New York

Healthfirst

Hudson Health Plan

MetroPlus Health Plan

The Monroe Plan for
Medical Care

Neighborhood Health
Providers

Total Care

VNSNY CHOICE

August 17, 2012

Donna Frescatore
Executive Director
New York Health Benefit Exchange
New York State Department of Health
Corning Tower, Empire State Plaza
Albany, New York 11237

Dear Ms. Frescatore,

On behalf of the Coalition of New York State Public Health Plans (PHP Coalition), we appreciate the opportunity to comment on the selection of New York's Essential Health Benefit (EHB) benchmark plan.

The PHP Coalition has reviewed Milliman's comparative analysis of the State's EHB benchmark plan options. Instead of endorsing a single plan from among the options permitted under federal guidance, the PHP Coalition offers three principles that we hope will be considered in your decision-making in advance of the September 30, 2012 selection deadline.

First, the EHB benchmark plan should be affordable to consumers and feasible for plans to offer on the market. Chief among considerations is that the selected EHB benchmark plan enables the offering of affordable coverage options to consumers. The State should carefully consider the feasibility with which the chosen EHB benchmark plan can operate in the market, and the ease with which it can be operationalized by plans. The Employer Partnerships for Family Health Plus program ("FHP Buy-In") offers lessons in which efforts to provide comprehensive and accessible coverage can be thwarted by unintended consequences: increased costs, enrollment complications, benefit and cost-sharing level challenges, and administrative complexities.

Second, the EHB benchmark plan should be considered in the context of the coverage continuum and should facilitate continuity of coverage. Qualified Health Plan (QHP) coverage will be one option within the coverage continuum in 2014 – Medicaid, CHPlus, and possibly the Basic Health Program if the State opts to create one. It has been well-documented that consumers will experience fluctuations in income that result in transitions across coverage options. In addition, consumers within lower income families may also be eligible for different coverage options within the continuum. To the extent that covered benefits differ across the

coverage continuum, consumers may experience barriers to continuity and coordination of coverage and care, including disruptions in ongoing courses of medical care, mental health treatment, and pharmaceutical therapies. In the selection of New York's EHB benchmark plan, the State should consider the coordination and/or degree of alignment with benefits across the coverage continuum, including the Medicaid and CHPlus benefit packages.

Third, data and analyses should be made available to plans in a timely manner. The presence of high-quality health plans and products on the Exchange will depend on having information flow along open, efficient channels. Access to such information, in turn, will support the timely benefit design assessment and operational decision-making needed to ensure broad participation of plans, products, and consumers in the Exchange.

Thank you for your consideration of these recommendations. We look forward to continuing to work with you to promote access to high-quality and cost-effective care for New Yorkers.

Sincerely,



Maura Bluestone
Chairperson
Coalition of New York State Public Health Plans

Chief Executive Officer
Affinity Health Plan

cc. Danielle Holahan