

APPENDIX B: STAKEHOLDER REPORT

**New York State ACA IT Gap Analysis
Stakeholder Report**

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Prepared by



Funded by



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Executive Summary

The NYSHealth Foundation (NYS Health) and its partners at the State of New York understand the critically important role of Information Technology (IT) readiness in establishing a streamlined and integrated “no wrong door” process for accessing both public and private health benefits under the Affordable Care Act (ACA).

The NYSHealth Foundation, in partnership with State stakeholders, initiated a project to help the State understand the breadth of federal guidance, to assess New York’s IT system readiness and to hone the New York vision for implementing health care reform in the most prudent and efficient way. Two national organizations, Social Interest Solutions (SIS) and The Lewin Group (Lewin), were selected by NYSHealth to create the Eligibility and Enrollment Systems Inventory and Plan for New York State. The project began in early 2011 and will conclude in April 2011.

One major portion of the project is conducting stakeholder interviews. Lewin and SIS have conducted multiple stakeholder interviews to garner feedback from 25 organizations and agencies, including State and Federal agencies, the Governor’s Office, New York City agencies, county representatives, The Mayor’s Office, health plans, consumer organizations and policy experts.

Stakeholders interviewed vary significantly in their familiarity with ACA and their proposed strategies and ideas for implementing an Exchange. Most stakeholders interviewed considered themselves as future “users” of the Exchange, whether in providing assistance directly to individual consumers, accessing the Exchange as a small business, or exchanging data with the Exchange. Stakeholders brought numerous perspectives to these interviews, based on their current roles and responsibilities within the health insurance and social services marketplace. With a few exceptions, interviewees were not IT experts; IT systems interviews are taking place as a separate activity for the project.

In spite of variances, there were areas of important agreement among the stakeholders. Overall, stakeholders agree that the Exchange should establish a simple and accessible online channel for consumers to access public and private health insurance. Beyond the online system, stakeholders recommend that consumers have access to “navigators,” both by telephone and in-person. For both the online component and the navigation assistance, stakeholders stress that there are existing systems and programs (e.g., eMedNY, Health Insurance Links NYC, Facilitated Enrollers) that should be leveraged as the State designs and implements the Exchange.

Stakeholders appreciate being engaged in the planning process for the Exchange and look forward to continued work with the State. The following stakeholder messages, examined in more detail in the report, may be used as a starting point for the State’s work with stakeholders.

Key Stakeholder Messages

Stakeholders offered the following insights, comments and vision:

- The Exchange needs to be user-friendly and appealing to consumers at all income, demographic and computer-literacy levels. Stakeholders are concerned that a complicated system or a front end that resembles a welfare application will discourage consumer use of the Exchange.
- A successful Exchange will be able to interface with existing and forthcoming State, local, and Federal systems to share information effectively and securely.
- Consistency of data, such as out-of-date income information in some, but not all, databases or inconsistent listings for the same person (e.g., John Smith and John W. Smith), was cited as significant concern. Stakeholders acknowledge existing systems and databases are fraught with unclean data and finding a data “match” is challenging. They worry about this in particular when thinking about one state system.
- Stakeholders agree that public and private health care insurance options need to be offered through the Exchange (vertical integration); they disagreed as to the extent of inclusion of social services and other public assistance programs (horizontal integration). They were not all aware of inclusion of these programs in the ACA and current Federal guidance.
- Stakeholders are concerned that consumers may be uncomfortable with the personal information accessible through the Exchange and associated security and privacy concerns. An effective marketing and education campaign is recommended to alleviate these concerns.
- The “human touch” will be critical to the success of the Exchange and should include both navigational and decision-making guidance (e.g. face to face assistance, online or telephonic assistance). Several existing navigator and consumer assistance programs are in place throughout New York that should be leveraged for the Exchange.
- To assure usability of the Exchange, beta testing among users, including consumers, navigators, small businesses, and health plans is critical.
- Stakeholders believe their ongoing engagement is important to standing up a successful Exchange. Stakeholders felt a “train had left the station” with regard to the State’s Early Innovator proposal and want to be engaged moving forward.
- There is value in viewing Exchange enrollment system prototypes to better understand what 2013-14 “looks like” and to stimulate thinking and ideas.

In addition to the messages outlined above, there was skepticism, common among stakeholders, that the State can successfully design and implement an Exchange that meets evolving federal requirements and participant expectations, particularly within the required timeframe. Stakeholders cite specific concern with design and usability for consumers and other users, flexibility to truly integrate and make systems changes, and how real-time transactions, such as eligibility determinations, are handled. Despite this, all stakeholders look forward to working with the State towards the development of an effective system in a quick timeframe and see this as an incredible opportunity to improve systems.

Recommendations and Considerations for New York State

As described above and throughout the report, stakeholders very much appreciated the opportunity to learn more about the Exchange and to provide feedback on its development and implementation. As such, New York State should continue and as appropriate, consider expanding, its stakeholder engagement activities. The stakeholder interviews conducted for this project were focused around the expertise and issues areas of the groups themselves (e.g.,

consumers, health plans), which was valuable in helping to identify the specific issues, concerns and hopes of each group. On an ongoing basis, we recommend continuing to convene groups of similar stakeholders interested in a common topic, such as eligibility and enrollment or premium payments. We believe this approach will enable stakeholders to understand the various perspectives being brought to the table and the potential trade-offs and implications of different approaches. Convening groups by topic should facilitate State development of a balanced approach that meets as many needs and desires as possible.

During the course of our interviews, it also became clear that several stakeholders felt they could provide more constructive and focused comments if they were responding to a prototype (or “road map” as one stakeholder put it) of the State’s Exchange. At this stage in the conversation, a prototype could reflect the general structure the State envisions, including how the Exchange will interact with other systems, such as those operated by plans and health insurers for enrollment and premium payment purposes. In later stages, the prototype could allow for beta testing of specific components (such as identity validation) to ensure usability and ease of use. Engaging a small group of stakeholders in the Foundation-supported work to develop a common, easily-accessible entry portal (the User Experience Project) might also be considered.

Additionally, New York State will benefit from continuing to review all opportunities for developing a simple, easy to use Exchange. Positive experiences with the Exchange among users, particularly early on, will lead to increased participation in the Exchange. In addition to being easy to use, New York State should be sure to provide educational and navigational assistance available to users, both via telephone and in person.

Introduction and Overview

The NYSHealth Foundation (NYSHealth) and its partners at the State of New York understand the critically important role of Information Technology (IT) readiness in establishing a streamlined and integrated “no wrong door” process for accessing both public and private health benefits under the Affordable Care Act (ACA).

Federal health care reform is indeed a game changer both in terms of the culture of enrollment in public, subsidized, and private health insurance and in terms of the infrastructure needed to support the enrollment process. The ACA sets forth a vision that includes:

- IT systems designed to support a first-class customer experience
- Seamless coordination between Medicaid and CHIP programs and private coverage via State Exchanges
- Seamless coordination between the Exchanges and plans, employers, and navigators
- One door for consumers to access all options

To guide states in implementing this vision, the federal government has provided formal communication on IT systems development. Federal guidance on this front is both cumulative and ongoing, and to date includes the following documents:

- HHS Enrollment HIT Standards Section 1561 - Sept. 2010
- HHS and OCIO Cooperative Agreement to Support Innovative Exchange Information Technology Systems grant (Early Innovator Grant) - Oct 29, 2010
- CMS and OCIO Guidance for Exchange and Medicaid Information Technology Systems, Ver 1.0 - Nov. 3, 2010
- Notice of Proposed Rule Making - Nov. 3, 2010
- HHS State Health Planning Grants – January 20, 2011

While ACA provides states with significant latitude in how reform is ultimately implemented, the guidance above starts to set forth expectations around consumer-mediated enrollment processes, systems architecture and security, sharing of IT assets among states, and more. Consumer mediated is defined in Appendix A of Section 1561 HIT enrollment standards as “adopting approaches where the consumer has the authority to make choices and direct use and reuse (i.e., for themselves, by programs or by other authorized third parties) of their enrollment information to the extent practicable.”

The NYSHealth Foundation, in partnership with State stakeholders, initiated a project to help the State understand the breadth of federal guidance, to assess New York’s IT system readiness and to hone the New York vision for implementing health care reform in the most prudent and efficient way.

Two national organizations, Social Interest Solutions (SIS) and The Lewin Group, were selected by NYSHealth to create the Eligibility and Enrollment Systems Inventory and Plan for New York State. The organizations are working to:

- Provide a detailed understanding of federal reform requirements to identify areas needing further federal clarification

- Catalog the universe of existing New York State systems for public and private programs (includes systems throughout the state)
- Review relevant IT systems to determine functionality and potential for use in the Exchange (mapping systems against current federal IT systems guidance)
- Create a technology gap analysis to inform future decisions
- Gather feedback from key informants on systems, policies, opportunities and concerns

The project began in early 2011 and will conclude in April 2011. Social Interest Solutions is in the process of conducting an eligibility and enrollment systems inventory and examining the State’s existing IT assets and deficiencies.

By working with various stakeholders and constituents and mapping the State’s existing IT assets to the functional requirements mandated by ACA, this project will identify the strengths, weaknesses, and disconnects with the systems currently in use or under development in New York State. Ultimately, it will help New York to develop the best and most realistic design for adapting and extending existing systems to meet Federal IT eligibility and enrollment mandates.

Lewin and SIS held a visioning session with a core group of state leaders and conducted multiple stakeholder interviews to garner feedback from State agencies, the Governor’s Office, New York City agencies, The Mayor’s Office, health plans, consumer organizations, and others. This report summarizes the findings from the visioning session and the stakeholder interviews.

New York State Visioning Session

The visioning session was conducted as part of *Activity #4: Meet with State Leaders to Confirm Vision with a New York Twist* in the NYSHealth project workplan. The process included using outputs of Activities #2 (reviewing and clarifying ACA systems requirements) and Activity #3 (identifying functional requirements mandated by Federal reform).

Social Interest Solutions and the Lewin Group held the visioning session in Albany on January 21, 2011. Participants included:

Melissa Seeley	New York State Health Foundation
Donna Frescatore	Governor's Office
Judy Arnold	NYS Department of Health
Beth Osthimer	NYS Department of Health
Trish DuBois	NYS Department of Health
Thomas Donovan	NYS Department of Health
Ann Volpel	NYS Department of Health
Troy Oechsner	NYS Department of Insurance
Eileen Hayes	NYS Department of Insurance
Patricia Swolak	NYS Department of Insurance

Stakeholders were led through an overview of the federal IT requirements contained in documents including Section 1561 HIT Enrollment Standards, the CMS Notice of Proposed Rule Making and other published guidance. With a common understand of these federal

requirements, participants were asked to share their vision for how New York will meet the requirements, including a discussion of potentially leveraging existing IT systems and processes.

Consistent with what is proscribed in ACA, stakeholders articulated an overall vision that calls for a consumer friendly, integrated, one-stop approach to enrollment in private and public coverage. Comments included:

- The New York Health Benefit Exchange (NY-HX) should work for consumers, individuals and employers.
- NY-HX should facilitate enrollment for commercial, public coverage and hybrid programs.
- The system should provide maximum automation and Integration.
- It should provide easy access, simple questions, easily understood choices and comparisons regarding price, benefits and the availability of providers.
- Employers need easy access to information and support in making purchasing decisions.
- NY-HX needs to certify plans and provide consumers information on quality and rates.

Open issues included decisions around whether the Small Business Health Options Program (SHOP) component will be separate or integrated into the consumer exchange. Another open question was whether the state will be a purchaser on behalf of NY residents accessing coverage via the NY-HX, or a market aggregator (compiling individual policies sold by private insurers.) Finally, at the time of the visioning session, there were still open questions on necessary legislation and where the NY-HX will be located and under what auspices it will be operated and governed.

The group discussed and shared its vision for the technical elements of the NY-HX. This conversation echoed the vision above, with the group calling for integration, automation and strong consumer support. Highlights included:

- Inclusion of a sophisticated rules engine to support enrollment, recertification, and other application updates.
- The system should have the potential to link to other social services programs, but the priority is vertical integration (health programs).
- There was an acknowledgement of the need for “real-time” enrollment and some skepticism about how that will be practically achieved.
- The group agreed on the need to “track” consumers moving from one situation to another (likened this vision to the Fed Ex approach to tracking and communication).
- There was discussion around Service Oriented Architecture and an Enterprise Service Bus with analogies to Amazon (in terms of back-end functionality that appears as a single, streamlined process for consumers).

An important outcome of this discussion was general consensus that, even if New York was not awarded a Federal Innovation Grant, State stakeholders supported the approach taken in the Innovation Grant to leverage the technical architecture of eMedNY. There was further agreement that there is value in the Call Center and the work begun with the HEART system to provide a rules engine.

The Visioning Session concluded with a discussion of existing state assets, including those mentioned above. Some of these were already on the radar for assessment, and some were

newly identified in the session. The Project Team used the outcomes of this discussion to update both the stakeholder interview list and the list of systems for assessment as part of the project. The stakeholder interview approach and outcomes are described below.

Stakeholder Interview Approach

The stakeholder interviews were conducted as part of *Activity 6: Key Informant Interviews (15 sets of interviews; 30-40 people/representatives)*, in the NYSHHealth project workplan. The process included using outputs of Activities 1 – 5, and in particular, built upon the work of *Activity 4: Meet with State Leaders to Confirm Vision with a New York Twist*.

With the NYSHHealth Foundation and its New York State partners, Lewin and SIS identified a list of stakeholders to interview. Groups included consumer representatives, policy experts, State and New York City officials, CMS staff, Medicaid and commercial health plans, and small business representatives. To provide stakeholders an understanding of the project and the key state and federal issues, SIS and Lewin conducted three webinars, offering an overview of relevant components of ACA, the evolving New York State vision for health care reform, and clarification of the stakeholders' role in the interview process. Specifically, the webinars offered the following points on the New York State vision:

The Evolving New York State Vision

- NYS Early Innovator Proposal – The Opening Pitch
 - Builds on the scalable MMIS architectural framework (currently being piloted with several initiatives) to serve as the Medicaid, CHIP, and Exchange component of the NY-HX
 - Leverages HEART as the rules engine and possibly more...
 - Agrees to comply with Federal guidance
- Need to assess proposal against Federal guidance elements and how New York will meet them with this as starting point
- Additional Potential Assets: Call Center, Service Center, My Benefits, Data Warehouse
- Other assets to be analyzed as part of this effort?

Each Webinar included active discussion and questions and answers. Following the webinars, the project team conducted 11 interviews, representing 25 organizations and agencies and including almost 70 individuals. Interviews focused on the usability of the Exchange, required functionality and integration features, systems to leverage, and other recommendations for success. In each interview, individuals were asked to consider IT systems assets this initiative should assess and business and process change considerations. A complete list of interview participants is included in Appendix A.

Stakeholder Interview Findings

In speaking with the stakeholders, major messages focused on three areas of the Exchange: Development, functionality/integration, and usability. The findings below are organized in each of these three topics, outlining areas of agreement and dissent among stakeholders.

DEVELOPMENT OF THE EXCHANGE

The Exchange and related components are new concepts to the majority of stakeholders. Some stakeholders, particularly those that are less knowledgeable, were apprehensive to make recommendations on how the Exchange might function. Nevertheless, stakeholders were comfortable with offering recommendations and considerations, related to the usability of the Exchange.

A common recommendation among stakeholders is that existing systems be considered when developing the Exchange. Stakeholders recommend that the State engage the developers and users of existing systems, functions, and initiatives. Stakeholders note that there has been significant resource, time, and expertise invested in existing eligibility and enrollment systems. While stakeholders acknowledge that existing systems are not perfect, they recommend understanding both the strengths and weaknesses of each to inform future development. In addition to the architecture and functionality of a system, stakeholders note the importance of policy and technology alignment.

On both key points, stakeholders look forward to the opportunity to work with the State to develop a successful Exchange. More detail on stakeholder feedback related to Exchange development follows.

Continue to Engage Stakeholders

All stakeholder groups want to remain engaged with the State during the Exchange development and design phase. To date, stakeholders report not being involved in the planning process with the State, particularly New York City stakeholders. Suggested strategies for involvement include a health plan workgroup, consultation of those involved in existing systems, beta testing with consumers and other Exchange users (e.g., navigators, small businesses, health plans). They explain that ongoing stakeholder engagement will allow for prospective feedback prior to system implementation so that adjustments can be made quickly and accordingly in response to stakeholders' experiences.

Consider Several Governance and Structure Options

The two stakeholder groups that most directly voiced governance and structure preferences for the Exchange were the consumer representatives and small business stakeholders. Consumer stakeholders agreed that the Exchange should be a State-run agency, to ensure public accountability, with the expectation that the State would likely contract with multiple external vendors to develop and operate many system functions. Though several other stakeholder groups interviewed acknowledged that the State would run, or at least oversee, the Exchange, some expressed apprehension in the State's ability to do so. Stakeholders stressed that partnering with current system administrators in New York City and other localities will lend to

the success of the Exchange by allowing New York State to build off existing successes and ensure that systems will successfully integrate.

The small business stakeholders agreed that the Exchange should alleviate the existing administrative burden that small businesses face in administering health insurance for their employees. While small businesses want to be able to provide comprehensive coverage for their employees, they hope for an Exchange that demands only a very minor role for small businesses in administering and overseeing coverage selection through the Exchange. Furthermore, they envision a system which would incorporate built-in compliance reassurance so that they know when they send an employee down a particular service delivery pathway, that there is guaranteed compliance at the end of that pathway.

Another issue discussed at several sessions was the appropriateness of integration of the individual and Small Business Health Options Program (SHOP) exchanges. While there is not unanimous agreement on the issue, the general consensus is that it would be easier for consumers to assess their options in one system. Several stakeholders also suggest that there will essentially be no individual market left in New York, therefore the viability of the Exchange relies on the integration of the individual and SHOP exchanges.

Align Policy and Technology

Stakeholders introduced the idea of policy and technology alignment, which they feel is critical to the success of Exchange development and ongoing operation. Misalignment can happen in both directions. First, stakeholders note that “policy gets ahead of technology,” citing experiences that systems cannot be changed quickly enough, if at all, to adjust to new policies. Stakeholders feel that a reasonable assessment of the current technology needs to occur before a policy is put in place demanding unrealistic technological innovation. Conversely, stakeholders expressed concern that the Exchange may be built on outdated policies, likening this to “building on a broken system.” While stakeholders understand that existing eligibility policies for Medicaid and other public programs will change, they emphasized that the State consider future policies in designing the Exchange and support systems. Beyond considering future eligibility and enrollment policies, one stakeholder recommended that the State build the Exchange to accommodate a potential changing locus of responsibility between and among State, as well as local, agencies.

Leverage Current Systems

Underscoring the importance of the work underway, stakeholders feel strongly that a thorough assessment of past and current systems’ strengths and weaknesses should be completed prior to development of the Exchange. Stakeholders expressed interest in understanding the findings of the systems analysis currently underway as part of this project. They hope that a meaningful assessment would help to identify useful tactics for interfacing systems, gaps in current system integration, and supporting capabilities. Stakeholders acknowledged the importance of building on existing efforts, noting that no current system is likely to serve as the sole foundation for Exchange development. Instead, they hope that the assessment identifies a strong platform for Exchange development.

FUNCTIONALITY/INTEGRATION OF THE EXCHANGE

All of the stakeholder groups communicated their ideal Exchange features and functions with greater ease than they were able to communicate potential strategies for Exchange development. The stakeholders identified effective system integration, real-time information verification, a one-stop shop, and “push” and “pull” capabilities as the most important features and functions for the Exchange. “Push” and “pull” capabilities may be defined as the ability for the Exchange to “pull” or accept information and process it (e.g., accessing financial information and determining appropriate eligibility) and the ability to “push” information to consumers (e.g., reminders for re-enrollment), described in more detail below. Privacy and security issues were also important to stakeholders in considering the trade-offs of certain functions and features of the Exchange.

Ensure seamless transitions for consumers

The stakeholders anticipate substantial consumer movement across the public and private health insurance market when the Exchange is launched. They want an Exchange that accounts for initial consumer enrollment, in addition to ongoing movement due to consumer changes in life circumstances, such as age or income. Furthermore, stakeholders explain that the Exchange should accommodate consumer transitions both between the systems participating in the Exchange and across systems in and out of the Exchange. Stakeholders worry that if the systems within and outside of the Exchange lack the adaptability necessary to integrate with other systems, whether local, state, or federal, they will not be able to support seamless transitions for consumers.

Stakeholders understand both the importance of and the difficulty behind achieving seamless consumer transitions within the Exchange. Particularly, they identify variance across program and system policies, eligibility rules and coverage duration periods, and current database capabilities as primary barriers to effective consumer transitions. They also identify particular consumer populations that may face more difficulties in achieving a seamless transition. For example, stakeholders from the New York City Human Resources Association and stakeholders from the Medicare Rights Organization were in agreement that the aged, blind, and disabled populations may present unique challenges related to seamless transitions. In another example, it was noted that when members transition to Medicare, due to either age or disability status, they are no longer served through the Exchange. The Exchange should be designed to alert consumers of this transition and, with consumer authorization, share relevant information with Medicare. While it was acknowledged that Medicare may not be prepared to support seamless transitions within the Exchange, one consumer stakeholder noted that the State consider a strategy (e.g., develop a parallel system that is able to interface with Medicare’s current system) to maintain adequate coverage for Medicare consumers.

Beyond transition-supporting technological functions, several stakeholder groups identified a “warm handoff,” defined as a live and direct transfer from one navigator to another, as perhaps the most important feature of effective consumer transitions. In fact, many of the ideas generated from discussions about seamless transitions focused on the consumer, rather than solely the supporting IT system capabilities. For example, when a consumer is transitioning from one plan option to another or across public programs, interviewees felt the Exchange should

both share data electronically to ease the transition, and also offer a skilled navigator to assist with the transition if needed.

Support flexible interface capabilities and allow for shareable assets across relevant stakeholders

Stakeholders feel strongly that systems within the Exchange should be able to “talk” to each other and suggest built-in system integration functions, such as the ability for one system to pre-populate information in another. Stakeholders appreciate the challenges behind a single system interfacing with other State, local, or federal systems, as well as with private sector systems. Stakeholders suggested that existing programs, such as those in place for Medicaid, streamline internal services and systems prior to integration with the Exchange. As noted above, one stakeholder suggested a strategy to promote continuous coverage for consumers transitioning from Medicaid, subsidized programs, or other health insurance coverage to Medicare, due to age or disability status, particularly in the early stages of the Exchange.

Stakeholders asserted that systems need to demonstrate flexible interfacing capabilities to support existing information assets. Interfacing with multiple systems allows for effective management of comprehensive consumer information profiles. For example, both Medicaid and commercial health plans want their systems to interface with the systems supporting the Exchange. They explain that if the Exchange is to make eligibility determinations it should communicate electronically with the plans. In addition to basic information transmission capabilities, health plans and other stakeholder groups want the integrated systems to have the capabilities to collect, combine, and support distribution channels for consumer data. Small businesses envision one portal to the Exchange for both employer and employee access to health insurance coverage options. Medicare consumer stakeholders also hope for some level of integration with the information systems supporting the Exchange, regardless of Medicare’s level of involvement within the Exchange. Stakeholders also suggest that integrated systems maintain consumer databases to accommodate consumers that may participate in plans through the Exchange on a non-continuous basis.

Additionally, health plan stakeholders presented the idea of integrating provider offices into the Exchange. This would allow providers to access insurance information and, in the longer term, may assist providers in coordinating care for their members. Furthermore, providers often possess the most current contact information for their patients, which may assist the Exchange in identity verification.

Develop a real-time information verification and correction approach

With the large number of systems to be integrated across the Exchange in order to obtain individualized and comprehensive consumer information profiles, stakeholders stress the importance of accurate and current data, with the flexibility for consumers to enter updated information as necessary. The two critical components of information verification addressed by stakeholders are identity verification and income verification.

Stakeholders identified existing areas that they suspect will present heightened challenges for information verification, which will then impede “real time” determination of eligibility. For example, they anticipate substantial difficulty resolving identity discrepancies between Medicaid

systems and certain Federal systems. The stakeholders cite the Social Security Administration (SSA) as an agency that does not currently have a single database with which to match data, which often results in data being returned by SSA as invalid or inconsistent. The use of matching algorithms across health insurance and social service systems was identified by stakeholders as a potentially useful function to ensure information accuracy across the integrated systems supporting the Exchange. Similarly, stakeholders stressed the importance of a set of rules to serve as a “gold standard” for the information verification processes across differing integrated systems. For example, the Office of the Mayor envisions the creation of a common client index so that if an eligibility worker inputs the name “John Smith” into the system, they can be sure that they are verifying data for the correct person out of the thousands of “John Smith”’s identified in the system.

Early successes with accurate and current data and “real time” identity verification and eligibility determination will lead to positive “word of mouth” marketing and, ultimately, increased participation in the Exchange.

Related to identity and income data, stakeholders also express concern related to the consumer’s ability to correct or enter updated information into the Exchange. Concerns focused on three key points. First, the Exchange will need to accept updated information (e.g., change in name, loss or decrease in income from previous IRS statement) and determine eligibility accordingly. Second, once corrected and updated information is verified, it will need to be shared across relevant systems and saved for future determinations. This challenge is related to the recommendation for a “gold standard” database as described above. The system will need to recognize conflicting data and determine which data point to use. Third, and specifically related to income verification, consumers may experience a sudden and complete loss of income, causing them to be eligible for Medicaid and other subsidized programs. Stakeholders explained the current difficulty in proving a lack of income for Medicaid and caution that this difficulty is likely to continue.

Ensure the security of consumer data

Stakeholders hope for built-in system safeguards to ensure that the correct person is entering and viewing their own personal data. One stakeholder suggests a system lock feature to prevent against identity theft or misuse of another person’s personal information. Stakeholders recommend that the Exchange look to the banking industry for other strategies to enhance the security underlying information verification functions within the Exchange.

Stakeholders expressed that there are likely to be serious security concerns among consumers. To alleviate these concerns, stakeholders recommend a widespread education and marketing campaign to assure consumers that their information is secure.

The “one-stop shop” should address health insurance first and consider incorporating other services in the longer term

A popular topic across all stakeholder group discussions was the concept of a “one-stop shop” for consumer access to the vast array of insurance systems and associated products available within the Exchange. Stakeholders identified current systems, such as Health Insurance Links NYC, which has attempted construction of a “one-stop shop” for consumers within New York City, as a model for New York State to review in establishing the Exchange. Another stakeholder

recommended the Wisconsin Exchange prototype for New York State and users to review in determining how to structure the Exchange.

While stakeholders agree that the Exchange should provide a “one-stop shop” for health insurance products, there is both a lack of understanding of requirements on this front in ACA and some disagreement around other systems and products that should be accessible through the Exchange. For example, some stakeholders want health insurance enrollment and eligibility systems to integrate with social services enrollment and eligibility systems. Doing so, they say, would enhance access to items such as cash assistance, food support, and other public programs through the Exchange, known as “horizontal” integration. They recommend this to increase enrollment for Medicaid and other low-income consumers in public assistance programs and to decrease the stigma attached to public benefits. One interviewee described this as a way to “rebrand” Medicaid and other social services. They also identify the economies of scale benefits and efficiencies that may be generated through construction of a “one-stop shop” for social and health insurance services.

However, other stakeholders recommend that only health insurance products be included in the Exchange, known as “vertical” integration. These stakeholders fear that offering social services, which are primarily targeted at low-income consumers, via the Exchange may associate a stigma with general participation in the Exchange. Business stakeholders are especially concerned that social service system integration might deter both small businesses and private health plans from participating in the Exchange. Meanwhile, some Medicaid health plan stakeholders view the integration of Medicaid into the Exchange as a way to decrease Medicaid’s stigma and associate it with other insurance offerings. They worry that including social service programs will continue the current Medicaid stigma.

For consumers who access the Exchange, but are not eligible for subsidized insurance and cannot afford any of the plan options, several stakeholders encouraged the State to offer information on health care and opportunities to access free and sliding scale care. This currently is available on the Health Insurance Links website (www.nyc.gov/hilink) and stakeholders are in favor of a similar resource on the Exchange.

To operationalize screening for Medicaid and other subsidized insurance products, and social services, if included, one stakeholder offered that the Exchange could include a back-end screening mechanism so that consumers are only made aware of the health and social services for which they are being considered once they are deemed eligible. Another stakeholder envisioned a system of partial integration in which a consumer is identified to be at a certain income eligibility level for health insurance and is then merely flagged and offered a referral for any eligible social services.

Even among stakeholders who prefer horizontal integration, they appreciate that it will be a significant challenge to vertically integrate health insurance systems and that the Exchange might be initially overextending itself in attempting horizontal integration with social services systems upfront.

Finally, the “one-stop shop” should calculate premiums and allow the consumer to make real-time premium payments. While some consumers prefer real-time transactions facilitated by credit cards, others might prefer more of a Pay-Pal type system. The payment system needs to

accommodate all plan options, including subsidized and non-subsidized plans. Some health plans explained that they currently have the capacity to accept on-line premium payments. While premium payments were only discussed by one stakeholder group, this will be an integral component of the Exchange and likely is worthy of further consideration.

“Push” and “pull” system capabilities that support proactive enrollment and renewal

Stakeholders agree on the benefits of an Exchange system with built-in “push” and “pull” capabilities. “Push” and “pull” capabilities were defined as the ability for the Exchange to “pull” or accept information and process it (e.g., accessing financial information and determining appropriate eligibility) and the ability to “push” information to consumers (e.g., reminders for re-enrollment). While stakeholders anticipate that the system will “pull” data to determine eligibility and to enroll consumers in a plan, it should also “push” information to support plan re-enrollment or renewal. Potential “push” features identified by the stakeholders included automated distribution of simple and comprehensible renewal applications, online renewal reminders, and automated recertification. Stakeholders suggested aligning renewal reminders for family members. Stakeholders were uncertain on the degree of strength to be asserted behind the “push” and suggested the system be constructed in a way that allows for consumers to communicate their “push” preference based on their diverse needs and accessibilities.

USABILITY OF THE EXCHANGE

Though stakeholders acknowledge the importance of mapping out a plan for Exchange development and designing supporting functions and features, they maintained that the success of Exchange development and design rested on the Exchange’s ability to ensure usability. Stakeholders defined “ensuring usability” as promoting the participation of consumers, employers, health plans, and providers and assisting businesses and consumers with meaningful-decision making. Stakeholders recommend an effective marketing strategy, education campaigns, and consumer contoured navigational assistance.

Utilize effective marketing strategies to notify consumers and small businesses of the benefits available in the Exchange while addressing security and stigma concerns

Stakeholders are concerned that development of the Exchange will generate somewhat of a “presentation challenge” when addressing the anticipated security and stigma concerns of the potential users. Business and consumer representative stakeholders agree that a large number of people may be unnerved by and uncomfortable with the information available through the Exchange, which they fear may deter participation. This fear may be especially exacerbated by data verification across the Exchange to Federal databases, such as the Social Security Administration (SSA) or the Internal Revenue Service (IRS). Therefore, they suggest a marketing campaign to reassure users that privacy and security have been accounted for in system development and design. There was recognition that these risks are inherent in transactions such as banking, used today. But there was nonetheless a feeling that extra caution would need to be applied to this phenomenon. Stakeholders believe that involvement of “connectors” and community-based organizations, especially those that deal with particular diseases or disabilities

such as Cancer Care or the Lupus Foundation, may be essential in preparing consumers for the level of personal information accessible through the Exchange.

Additionally, in attempts to minimize any potential stigma associated with Medicaid's integration into the Exchange, stakeholders suggest educational outreach focused on informing businesses and consumers that the Exchange is to function as a channel to both public and private health insurance options. It should be noted that stakeholders envision the educational outreach to extend far beyond this basic stigma reduction initiative. They envision an educational outreach strategy focused on reminding the businesses and consumers that the Exchange is there to help them, providing them with the appropriate quantity and quality of information regarding the options available to them in the Exchange, and informing them of the location(s) and functions of supporting access portal(s).

Provide educational tools for individual consumers and small businesses to guide meaningful decision-making

Consumer stakeholders agree that very few current systems are available to educate consumers and small businesses on health insurance market terms, system functions, and benefit options, but that such education is necessary. Currently, the New York City Health Insurance Links (www.nyc.gov/hilink) system educates consumers fairly well, but is targeted only to consumers in New York City. Stakeholders note that the amount of information made available to consumers is expected to radically increase with the development of the Exchange. Therefore, they support an Exchange that provides the educational tools necessary to assist small businesses and individual consumers in effectively processing this information, allowing for meaningful decision-making when selecting benefit options. Consumer stakeholders envision supporting technology in the form of scroll-over options and pop-ups on the screen throughout the eligibility assessment and enrollment process.

Furthermore, stakeholders hope that the Exchange provides consumers with educational information regarding the availability of an appeals process concerning eligibility determinations (termed the "fair hearing" system in the Medicaid program, but also required to be available for the subsidized programs being established under ACA). They note that many consumers are currently unaware of their right to such a review. Stakeholders aim to ensure the consumers that the Exchange is a system in which their voice can be heard and they hope to provide consumers with educational materials on their more detailed rights to appeal.

Contour navigational assistance to the diverse needs of consumers

All stakeholders interviewed acknowledged the importance of contouring navigational assistance to the diverse needs of the consumers using the Exchange. They note that existing consumer assistance groups, such as the Facilitated Enrollers, already face challenges such as language barriers and variable levels of computer literacy when assisting consumers with the current health insurance systems and options available. Stakeholders anticipate that an even greater number of individuals will likely seek assistance when navigating the Exchange, as they attempt to understand the large number of benefit options available to them. Stakeholders predict that even the more affluent and previously-insured populations will require some assistance in getting acclimated to the Exchange.

Stakeholders also recommend a navigational assistance strategy that accounts for differing consumer preferences. For example, stakeholders note the importance of maintaining the “human touch” despite the advancing technologies supporting navigational assistance. Some consumers will prefer or even require more intensive consumer assistance despite new system capabilities. Stakeholders called out the Facilitated Enroller process as a valuable model and health plans acknowledged that many consumers start the health coverage journey by contacting a health plan directly. The State should consider the multiple channels and assistance points and seek input from those channels.

Standardize and simplify systems and benefit options

There was a strong focus in all stakeholder discussions on consumer-facing system simplicity based on their understanding that a simple, streamlined, and less involved eligibility and enrollment system would benefit all types of stakeholders involved in the Exchange. This desire for simplicity covered all aspects of the Exchange, from initial program eligibility determination, to plan choice, and premium payment.

The need for enrollment and eligibility system simplification remained a major theme in discussion among all stakeholder groups. Some stakeholders were comfortable with constructing the system so that the consumer inputs the minimum number of data elements possible for safe and accurate identification, which will then be used to pull data from supporting Federal databases. These stakeholders anticipate that such a system will greatly relieve consumers of excessive data input requirements while efficiently utilizing the information already available in other systems. Other stakeholders were skeptical this can be accomplished given concerns around data verification described above. In general, stakeholders believe that the Exchange should minimize the number of systems that the consumer is to navigate through and minimize or remove any accompanying paper documents in the mail in order to both save consumers’ time and promote efficiency. Administrative simplicity was cited by both consumer stakeholders, to ensure maximum consumer participation, and by stakeholders responsible for conducting eligibility determinations, allowing for faster and more accurate determinations and minimized use of staff resources.

Stakeholders suggested a built-in system capability to identify the point at which the consumer abandons the online eligibility or enrollment process. Such information would direct system developers to the points in the applications that are likely perceived to be more complex and time-consuming, offering an opportunity for additional simplification and ongoing continuous quality improvement.

Stakeholders agreed that consumers tend to avoid onerous eligibility processes and that automated eligibility screening with minimal yet targeted questions upfront is likely to yield higher consumer participation rates in the Exchange. One stakeholder recommended a meaningfully ordered screening process. For example, this might consist of an initial screen for the MAGI pool, followed by screening for a subsidy and then for the private market. Most stakeholders preferred a screening process that is not made transparent to the consumer, so as to avoid stigma association and unnecessary consumer information input. They envision a system that asks the appropriate questions early enough in the eligibility screening process so that the consumer is only screened for the programs for which they are most likely eligible for based on their response to those few early questions. Stakeholders assert that such a system both promotes system efficiency and respects the consumers’ valuable time. However, if a

consumer gets to the end of the screening process and finds private insurance to be unaffordable, stakeholders agree that the system should have a simple “kickback” feature that allows the consumer to be screened for programs that he or she did not initially consider.

In addition to simplifying eligibility, consumer selection of health plan options should be simple and easy for users to navigate. Stakeholders caution against offering too many plan options, which may intimidate individual consumers and inadvertently burden small employers to assist with or carry out health insurance decision-making for the employees, a responsibility that small business stakeholders vocalized that they do not wish to have.

An overarching concern is the time required for consumers to navigate through the Exchange. While each individual’s experience will differ, stakeholders recommend providing an estimate of time required to input information at the beginning of and throughout the application. Such a feature was likened to the wait time estimates provided to passengers on a transit system.

Ensure comprehensive, individualized, and affordable benefit options

The small business community stakeholders feel that current health insurance options are not robust, despite the high-cost. There was a general consensus among the stakeholders that there needs to be great focus on the product, including scope, choice, and availability. They also fear that the four benefit level options (bronze, silver, gold, and platinum) available through the Exchange will not be adequate and that the naming convention for these benefit options will imply a hierarchy that is not always true, thus misguiding the consumer. Conversely, stakeholders hope to minimize the number of benefit options to consumers. They note that too many options will unnecessarily overcomplicate the system and overwhelm the consumer. They predict that in the case of too many options, the consumer is likely to select the least costly option, which may not always provide all of the services needed by the consumer.

Conclusion

Stakeholders genuinely appreciated the preparatory webinars and the opportunity to share perspectives on health care reform implementation. They agree with the overall vision of a consumer-friendly, streamlined, real-time, one-stop shop to promote health insurance coverage, whether public or private. They share concern that the State will be able to implement the desired Exchange within the short timeline.

Finally, while initial stakeholder feedback presents concurrence with a common set of goals for the Exchange, the level of knowledge about Exchange requirements was variable. As more guidance and new prototypes become available, the State and stakeholders will continue to assess the implications on their activities to implement an Exchange by 2013. Over time, stakeholders and the State alike may find that a significant number of details need to be vetted to gain consensus.

Appendix A: Interview Participants

Organization	Name
Affinity Health Plan	Alisa Simmons
Benefit Specialists of New York	Jeannette Jones Paul Muoio
Blue Cross Health Plan	Lynne Scalzo
CMS Regional Office	Julie Alberino John Guhl Sue Kelly Mike Melendez Fred Miller Pat Ryan
Community Service Society	Elisabeth Benjamin
Empire Justice Center	Trilby DeJung
Excellus Health Plan	John Griffith Jackie Lyttle Tim Meyers Tom Napier Jeffrey Pankow Allan Shaeffer
Fidelis Health Plan	Jim Burnosky Dave Thomas
Health Plan Association (HPA)	Paul Macielak Sean Dolan Jessica Zemko
HealthNow Health Plan	Mary Angelo Claudia Hurley Donald Ingalls Gary Kerl Jeffrey Knight Timothy Muldoon Gregory Pasioka John Walsh
Hinman Straub	Cheryl Hogan
Hudson Health	Georganne Chapin Kathy Clamsy Ted Herman Mark Santiago
Liazon	Tim Godzich
Manatt Health Solutions	Patti Boozang Melinda Dutton Kinda Serafi
Medicare Rights Center	Joe Baker
MVP Health Plan	Chris Smith

Organization	Name
Nassau-Suffolk Hospital Council (NSHC)	Stacy Villagran
New York Business Council	Maggie Morre
New York City Human Resources Administration: Medicaid and CHIP Office	Dorothy Evans Linda Evans Linda Hacker Mary Harper Karen Lane Sam Marcos
New York City Human Resources Administration: Office of Citywide Health Insurance Access (OCHIA)	JoAnne Bailey Marjorie Cadogan Audrey Diop Stana Nakhle
New York City Office of the Mayor	Andrea Cohen
New York State Governor's Office	Jim Introne
New York State Medicaid	Judy Arnold Jason Helgeson
New Yorkers for Accessible Health Coverage	Mark Scherzer
Public Health Solutions	Sandra Jean-Louis Wyn Wang
United Hospital Fund	Danielle Holahan
Wellpoint	Alison Anway Valerie Bousa Rajiv Chawla Michael Cizek Sean Doolan Amy Odom Sanket Shah Dennis Shearer Jane Sokoloff Greg Webster Tim Webster

