NYS Department of Health
RFA No. 1301300317
"Consumer Assistance for the New York State Health Benefit Exchange: In Person Assistors and Navigators"

All Questions Due: February 27, 2013 by 4:00PM ET

Answers to Questions received February 23, 2013 through February 27, 2013.

Second Posting

Applicant Eligibility

Q1. Can limited liability corporations formed under the laws of New York that meet the requirements of Section II(A) of the RFA be eligible to file an application?

A1. Yes, limited liability corporations that meet the requirements of Section II(A) are eligible to file a grant application.

Q2. We are a hospital that could be categorized as a "community and consumer-focused nonprofit" and as an "other public or private entity." How should we classify ourselves on the application?

A2. Providers eligible to apply for grant funds should apply as "other public or private entities." This designation will not affect eligibility to apply for funds.

Q3. Can a corporation that does not have any ties to insurance companies or health facilities, just a regular community focused business corporation, apply to be an IPA/Navigator?

A3. All entities that meet the requirements of Section II(A) of the RFA are eligible to apply for grant funds to provide IPA/Navigator services.

Q4. Can Federally Qualified Health Centers apply?

A4. All entities that meet the requirements of Section II(A) of the RFA are eligible to apply for grant funds to provide IPA/Navigator services.

Q5. How can I become a provider of pharmacy services to the IPA/Navigator program?

A5. Provision of pharmacy services is not a component of the IPA/Navigator program.

Q6. Is an Article 28 health care provider, who is a minority owner of a health insurance company, an eligible applicant if it describes compliance with each of the provider-specific eligibility requirements defined in Section II(A)(1) and

satisfactorily address the information requested under *Conflict of Interest* on pp31-32?

A6. Applicants must meet the minimum eligibility criteria set forth in Section II(A) of the RFA. In addition, as referenced in section V(A)(7) of the RFA, applicants and their subcontractors must either (1) attest that they do not have an ownership stake or other investments in a health or supplementary insurer or its subsidiaries, or (ii) provide an itemized list of such investments, the percentage of the total investment portfolio dedicated to such investments, and a plan to ensure that this investment will not pose a conflict of interest for the entity to serve as an IPA / Navigator. The applicant will be disqualified if DOH deems the conflict of interest mitigation plan to be insufficient.

Q7. If an entity is a recipient of Federal CHIPRA monies, are they eligible to apply?

A7. Having a federal CHIPRA grant does not disqualify an agency from applying for an IPA/Navigator grant as long as the entity is one of the categories described in Section II.A.1 of the RFA.

Q8. Does NYSDOH have a preferred funding model (e.g. one statewide entity that will subcontract to many agencies or to directly contract with multiple agencies across the State)?

A8. The NYSDOH does not have a preferred model. The goal is to ensure that there is a robust network of IPA/Navigator services throughout the state that are culturally competent, linguistically appropriate and accessible to those with disabilities.

Q9. Can union health funds (such as Taft-Hartley or other benefit funds) apply for grant funds?

A9. Union health funds are considered insurers. As stipulated by federal regulations, insurers are ineligible to serve as IPAs/Navigators.

Q10. Can we contract with a particular agency to provide technical assistance, facilitation and sharing?

A10. The Department does not expect Grantees to need to subcontract for technical assistance, facilitation or other support. If a contractor is subcontracting for support that is administrative in nature, the applicant must clearly define that function in their proposal for the Department to evaluate. If the function is administrative in nature, the Department will potentially allow such service to be provided by the same subcontractor in more than one proposal. The Department will also allow such administrative subcontractors to apply for IPA/Navigator services as a lead contractor. However, the Department will not allow entities providing direct IPA/Navigator services as a contractor to also provide

IPA/Navigator services as a subcontractor and entities providing IPA/Navigator services cannot apply to serve as a subcontractor to more than one lead contractor.

Q11. Why applicants are only permitted to be named in one application?

A11. Proposals will be evaluated based on the totality of their proposal, including participating subcontractors. Each agency, whether listed as the Lead or the Subcontractor can only be reviewed and scored once. If an agency submits an application on their own behalf and receives their own funding, they would need to withdraw their subcontractor services from a hub and spoke model as it would be a duplication of services. By doing so, the agency that submitted the hub and spoke proposal would be lacking a subcontractor which was factored into their proposed enrollment strategy.

Q12. What is the difference between an applicant and a subcontractor?

A12. The Department of Health will directly contract with the successful applicants under this procurement. Subcontractors will contract the successful applicant, not with the Department of Health. The successful applicant is ultimately responsible for the activities performed by the subcontractor.

Q13. Are LHSCAs eligible to apply?

A13. All entities that meet the requirements of Section II(A) of the RFA are eligible to apply for grant funds to provide IPA/Navigator services.

Q14. We are a wholly-owned nonprofit subsidiary of a membership association that acts as a third party administrator for various health, dental, life and FSA program for our members. The membership association also wholly-controls a for-profit brokerage subsidiary of which they are the sole shareholder, but we receive no support from the brokerage subsidiary. The membership association elects to consolidate for audit purposes. Do these relationships disqualify us from applying for grant funds?

A14. An Applicant must meet the minimum eligibility criteria set forth in Section II(A) of the RFA. In addition, as referenced in section V(A)(7) of the RFA, an Applicant must attest that it is not an entity prohibited from serving as an IPA / Navigator, including an entity receiving direct or indirect consideration from insurers in connection with the enrollment of any individuals or employees in a health plan or supplementary plan.

Applicants and their subcontractors must either (1) attest that they do not receive direct or indirect consideration from a health insurer in connection with enrollment in a health plan or supplementary plan; or (2) provide the monetary or other value of such consideration and the percentage of total revenue that comes from such sources, the terms and conditions for receiving such consideration and

a plan to ensure that this consideration will not pose a conflict of interest for the entity to serve as an IPA/Navigator. The Applicant will be disqualified if DOH deems the conflict of interest mitigation plan to be insufficient.

Q15. Is it acceptable to subcontract with or hire an employee of a county health department?

A15. Yes, it is acceptable to subcontract with a county health department.

Q16. If the applicant contracts with a single insurer for health insurance coverage for its employees, would the applicant be eligible to apply for grant funds?

A16. Contracting with a single insurer for health insurance coverage for employees does not automatically disqualify an applicant.

Q17. Will applicants be permitted to apply for funds in counties that were not specified in the letter of interest?

A17. Applicants are permitted to apply for counties that were not included in the non-binding letter of interest.

Q18. Are applicants permitted to target specific populations through this grant?

A18. To receive funding to serve a county, the applicant must have IPA/Navigator services available to the entire county. It is acceptable to have individual IPAs/Navigators focus on hard to reach populations or areas of a county with highest rates of uninsured.

Q19. We plan to subcontract with Entity X – a program currently funded by Healthy NY and NY Bridge Plan. It is our understanding that these programs will be discontinued at the end of 2013 because the New York Health Benefit Exchange will pick up these functions. Is this correct? Is Entity X a permitted subcontractor?

A19. It is anticipated that the Healthy NY and Bridge Plan will be discontinued effective December 2013. Entity X may participate as a subcontractor under the IPA/Navigator program if they meet the minimum eligibility criteria set forth in Section II(A) of the RFA.

Q20. Section V (C): The section states "Each Federally Recognized Tribe and each Urban Indian Organization in New York State that submits a complete application will be awarded up to $387,500 for the 62-month term of the contract." Does this mean that a Federally Recognized Tribe will automatically receive funding if they submit a complete application even if a competing proposal outscores the Tribe's application to provide the same service?

A20. Yes, any federally recognized tribe who applies will receive funding. There is a separate allocation of funding Federally Recognized Tribes and Urban Indian Organizations, which is separate from the funding available to all other entities.

Q21. We have provided FE services to a Federally Recognized Indian Tribe for nearly a decade and work with the Nation's Health Service in this effort. Is it the expectation of the DOH that Native American Tribes will provide IPA/Navigator service without the help of outside organizations?

A21. If a Federally Recognized Tribe/Urban Indian Organization and another entity are awarded Navigator contracts in the same county, they can each serve all potential enrollees or the Tribe/Urban Indian Organization may limit its grant to enrollment of tribal members.

Service Area

Q22. Can the State supply us with the number of small businesses in each county?

A22. Applicants should review the attached charts for an estimate of the number of small businesses in each county, see Attachment 1 and Attachment 2 included with this Questions and Answer document.

Q23. How many awards will be made in each county?

A23. The Department anticipates that outside of New York City, at least one award will be made per county. Additional awards may be made in counties outside of New York City, contingent upon funding availability. In New York City, the number of awards will depend on the level of funding requested from applicants awarded funding.

Q24. How many people will be served in each targeted county?

A24. As part of the response to the IPA/Navigator RFA, agencies should estimate how many individuals they believe they can serve through their individual project.

Q25. Is there additional data on the number or rates of uninsured people in each county? The data provided by the Urban Institute report is not very specific for the counties we want to serve.

A25. The most current by county estimates are based on 2009 Current Population Survey Data, see Attachment 3 included with this Question and Answer document.

Q26. Can the DOH share productivity data from the current Facilitated Enrollment program, by county?

A26. Facilitated enrollment productivity is not available by county. Based on the latest available data, statewide, community-based facilitated enrollment grantees assist in completing an average of 10.9 applications per full time equivalent (FTE) per week or 47 applications per month. In New York City, the average is 12.9 applications per FTE per week or 55 applications per month with the rest of the state 8.9 applications per FTE per week or 38 applications per month.

Q27. If a county is to be served in its entirety, is it necessary to list all zip codes on the cover sheet and summary?

A27. If an applicant is proposing to cover an entire county, it is not necessary to list all zip codes in the county on the cover sheet.

Q28. Can applicants provide services to potential enrollees outside of the applicant's service area?

A28. An agency awarded funding under the IPA/Navigator program should focus their efforts on assisting individuals in the counties they were awarded funding. It is acceptable for an IPA/Navigator to, on occasion, assist an individual in a neighboring county where they are not funded if the IPA/Navigator encounters the person. However, active outreach should not be occurring to a county where the agency was not awarded funding.

Budget Questions

Q29. How were the award amounts set for each county?

A29. The award process was determined based upon the availability of funding and a review of population size by county, the number of uninsured, the demographic and geographic barriers to accessing in person assistance, and the cost effectiveness of serving more than one county or region of the state.

Q30. In the award process, why is Long Island grouped with Upstate New York?

A30. After reviewing the number of uninsured, population size, demographics, and geography of New York City compared to other counties in New York State, it was decided to award approximately $13.25 million per year to applicant's serving New York City. All other counties, including those on Long Island, would receive a total of approximately $13.25 million per year.

Q31. An additional 2/12ths of the annual allocation will be awarded for the first contract "year" which is 14 months long. Is it required or anticipated that 2/12ths of the total contract award will be allocated to the start-up phase between 8/1/2013 and 9/30/2013? If funds are under-spent at the conclusion of this start-up phase, do they remain available for the balance of the contract period?

A31. Agencies awarded start-up funding under this contract will have to utilize this funding only during the two month period of 8/1/2013 - 9/30/2013 start-phase. Under-spent funds at the conclusion of the start-up phase will not remain available for the balance of the contract period. Applicants are not required to budget for the full 2/12ths of funding, although DOH is making this funding available for start-up expenses.

Q32. What quality control will be considered an administrative expense?

A32. Quality control may be considered an administrative expense if the applying agency offers this service to all employees regardless of funding source. Quality control to only monitor the IPA/Navigator program would be considered a programmatic expense. This type of expense and the allocation methodology must be explained in the budget justification.

Q33. Will rent be considered an administrative or programmatic expense?

A33. Rent should be listed under non-personnel services on the budget forms (Attachment 5 and 6). Agencies should justify what proportion of rent is allocated to the IPA/Navigator Program. Agencies should describe in detail their allocation methodology for all expenses shared among their different funding sources.

Q34. What are examples of other funding that is duplicative (p.42 of the RFA)?

A34. If an applicant has other grant-funded programs which currently assist persons with enrollment into health insurance programs or related activities such as a grant focusing on outreach and enrollment for renewal/retention, the IPA/Navigator grant will not fund an activity that duplicates an activity for which the applicant is already being paid.

Q35. Is there an expected FTE to funding ratio?

A35. A ratio of FTEs to funding has not been established. However, the majority of funds should be allocated to personnel services in support of IPA/Navigator activities. Applicants should propose a level of staffing to support their projected level of enrollment applications.

Q36. Are contractors permitted to pay fees to local Chambers of Commerce for outreach to their members regarding the Exchange and in-person enrollment assistance?

A36. IPA/Navigator funding cannot be used to supplement or pay fees charged to members for outreach or in person assistance.

Q37. Will all educational materials be provided free of charge by DOH to IPA/Navigator contractors or will contractors need to purchase educational materials?

A37. All outreach and educational materials designed by DOH for the Exchange and IPA/Navigator Program will be free of charge for agencies that are awarded IPA/Navigator funding.

Q38. Will the contractor be responsible for the cost of translating and reproducing educational materials provided by the DOH if it wants to make materials available in languages that are not provided by DOH?

A38. DOH anticipates making educational materials available in multiple languages, however, applicants may propose to translate educational materials in languages not provided by DOH and justify printing these materials (after DOH approval) in their proposed budget. The majority of funding awarded should go towards in person assistance and the electronic submission of applications.

Q39. What should be the targeted pay range/salary for IPAs/Navigators?

A39. A salary rate for IPAs/Navigators is not determined by DOH.

Q40. The RFA says that "call centers, and other forms of telephone or web-based assistance will not be funded through this RFA." Is there any reimbursement for phone bills? Does this only apply to outside of NY call centers? Do reimbursable expenses need to fall under the maximum award per county?

A40. IPAs/Navigators must provide IPA/Navigator services in person and may not provide services through call centers. The non-personnel services listed under an applicant's proposed budget may include telephone expenses, and other costs associated with administering an IPA/Navigator Program. The budget justification should explain how these expenses are allocated by the agency to the IPA/Navigator Program. All reimbursable expenses need to fall under the maximum award per county.

Q41. Can applicants request reasonable/justifiable funds to purchase equipment to facilitate enrollment (such as computers, printers, scanners, upgrades in system security and potential creation of websites, etc.)? If so, do these costs need to fall under the maximum award per county?

A41. Applicants should budget for the costs associated with purchasing equipment. This type of expense should be listed under non-personnel services and described in the budget justification. IPA/Navigator contractors will not be required to develop websites. Marketing of IPA/Navigator services at specific sites and locations may be included as a line item expense under non-personnel services.

Q42. With regard to the maximum award per county (as stated in Table 1 on p41 of the RFA), is the maximum award per county the total amount of funding available for a county regardless of the number of contractors in that county, or is it the total amount of funding per county per contractor?

A42. The maximum award per county is the total amount of funding per county per contractor.

Q43. Can grant funds be used to reimburse individuals who may have to pay to be certified as IPAs/Navigators?

A43. The State, through a contractor, will provide training for the IPA/Navigator program. IPAs/Navigators will not be charged for the cost of training. However, applicants must include costs associated with travel to training sites in their budgets.

Q44. Is reimbursement for subcontractors set by the lead contractor or by the DOH?

A44. The applicant or lead contractor proposes the reimbursement amount for subcontractors and describes the payment methodology in the budget justification.

Q45. With regard to the Additional Funds Distribution (page 42), does "highest enrollment" mean the highest net new enrollment or a percentage enrolled versus number met with?

A45. If additional funds become available, the monies will be distributed to the ten contractors with the highest number of enrollment applications processed per FTE IPA/Navigator within a specified time period.

Q46. Can you provide a specific example of an outreach service cost that would be defined as not allowed under "Marketing"?

A46. Marketing of IPA/Navigator Services includes advertising location and site schedules of IPA/Navigator services or creating agency/county specific posters that provide contact information of in person assistors. IPA/Navigator contractors are permitted to conduct outreach services, but are not permitted to use grant funds for costs associated with outreach activities such as fees for health fairs or tabling at schools, or budgeting for staff time at community outreach events.

Q47. What is the maximum amount that can be used to support staffing fringe benefits? Previous contracts had 24% for fringe benefits. Is this percentage still within the acceptable range?

A47. Fringe rates have to be justified and based upon a consistent allocation methodology as explained in the budget justification. There is no specific fringe benefit range.

Q48. What is the total percentage of a grant that is to be dedicated to the personnel and non-personnel side of the budget? With the remaining percentage of budget money used for non-personnel expenses how will rent and postage play into that percentage as these are expenditures that are beyond control of the contractor.

A48. As stated in the RFA, page 36, "The majority of the funds should be allocated to personnel services, primarily to support IPA/Navigators." There is no percentage range, however, all items listed in the budget must be described in the budget justification. Non-personnel services should be listed by item (such as rent and postage) on the budget forms (Attachment 5 and 6). Agencies should justify what proportion of rent is allocated to the IPA/Navigator Program. Agencies should describe in detail their allocation methodology for all shared costs using the agency's fiscal policy and procedures or past experience operating grant funded programs.

Q49. What are the protocols/procedures for a budget modification on contract less than $5 million? Are final modifications still due no later than 30 days prior to the end of the contract year?

A49. All fiscal protocols and procedures, as well as the due date of budget modifications will be determined during contract negotiations.

Q50. Will both a first year budget and an entire multiyear budget be required with the RFA?

A50. Only the first year budget plus the additional start-up expenses for the two month period August 1, 2013 - September 30, 2013 will be required with the RFA.

Q51. As payments are to be rendered electronically, when will the State require this document by?

A51. During contract negotiations, the Contractor will be required to comply with the State Comptroller's procedures to authorize electronic payments and complete the required forms and procedures.

Q52. Would the contractor be responsible for the payment of any audits?

A52. Audit expenses may be listed under non-personnel services if the budget justification describes the agencies allocation methodology for this expense.

Q53. Does the state have guidelines for "cost effective" education and in person enrollment services?

A53. Applicants should propose to serve the highest number of in person enrollment services for the proposed total budget.

Q54. Is there a breakdown of administrative versus programmatic costs?

A54. Administrative costs generally refer to overhead expenses that are allocated across all programs, such as fiscal personnel, IT support, audit, insurance, etc. Programmatic costs include IPA/Navigator personnel expenses and costs that are essential to the operation of the program, such as travel, office supplies, equipment, etc.

Q55. Will we need to build a local database? If so, can we can an outline of the data we will be required to report so that we can budget appropriately for a database?

A55. IPA/Navigator contractors are not required to build local databases; all contractors that are awarded IPA/Navigator funding will use the Exchange Web Portal to collect data and generate productivity reports.

Q56. How much funding is available for non-Indian Tribe applicants?

A56. As stated on page 4 of the RFA, "Up to approximately $26.5 million will be available per year for a period of 5 years and 2 months to non-Federally recognized Tribes/Urban Indian Organizations eligible entities

Conflicts of Interest

Q57. Please describe "immediate family" as it relates to conflicts of interest. Does it mean the family member in the household or does it extend to parents and siblings that are independent of the applicant and/or employees and/or subcontractors?

A57. "Immediate family" as it relates to conflicts of interest shall mean any person living in the same household as the individual and anyone who is the spouse, domestic partner, parent, child or sibling of the individual.

Q58. Our organization provides insurance to our employees through a health insurer that sponsored a walk-run event for community members. Does the insurer's corporate sponsorship of this even constitute a conflict of interest per the RFA?

A58. Receipt of donations or sponsorship of an event not connected with enrollment into a plan does not automatically disqualify an applicant. As set forth in Section V.7 of the RFA, applicants must disclose any monetary or other consideration, the terms and conditions for receiving such consideration and a plan to ensure that such consideration does not pose a conflict of interest for the entity to serve as an IPA / Navigator. The Applicant will be disqualified if DOH deems the conflict of interest mitigation plan to be insufficient.

Q59. Our organization is a member of a membership group that includes over 120 organizations, including non-profits, health care providers and several health insurance companies. Members such as us pay nominal dues to be a part of this membership group. Does our membership in this group constitute a conflict of interest for the purpose of the RFA?

A59. Membership in the group described does not automatically disqualify an applicant. As set forth in Section V.7 of the RFA, applicants must disclose any monetary or other consideration, the terms and conditions for receiving such consideration and a plan to ensure that such consideration does not pose a conflict of interest for the entity to serve as an IPA / Navigator. The Applicant will be disqualified if DOH deems the conflict of interest mitigation plan to be insufficient.

Q60. What safeguards will you have to ensure that insurers do not form not-for-profit corporations for the purpose of applying for IPA/Navigator grant funds and then steering potential enrollees to their own insurance products?

A60. Health plans will have appropriate mechanisms to provide application assistance as the health plan facilitated enrollment program is expected to continue through December 31, 2014.

Privacy and Security

Q61. (Pg 17 #4) (Privacy & Confidentiality) (PII is only to be used by or disclosed to those authorized to receive or view it). As we are a hospital applying for the IPA/Navigator position, insurance information is often shared with doctors / departments and other health establishments for the proper care and treatment of a patient – following current standards set forth by the hospital. Will a separate "Authorization / Release form be required for the client to sign to release the information for medical treatment / care?

A61. A separate authorization and consent should be obtained from an individual that is specific to IPA/Navigator services.

Letters of Intent/Administrative Questions

Q62. Can you provide a list of contractors that have previously been funded under this program?

A62. The IPA/Navigator program is a new program and no contractors have previously been funded for this work. The link to the list of currently funded facilitated enrollment grantees is available on the Department's public website at:

http://www.health.ny.gov/health_care/child_health_plus/where_do_i_apply.htm

Q63. We tried to send our Letter of Interest to the address provided in the RFA. UPS told us that the address does not exist. Can you please verify the address and provide instructions to ensure timely submission of our Letter of Interest?

A63. The address is listed on Attachment 2, Letter of Interest, and Section IV. B. pg. 19 of RFA, IV. D., pg. 20, and Cover pg. 1 of RFA

Q64. Should the requested attachments be inserted into the body of the application narrative or should be submitted as separate attachments?

A64. The attachments should be included separately.

Q65. Are subcontractor requirements limited to subcontractors included in an applicant's response to this specific RFA or do the subcontract requirements apply to all subcontractors that an applicant may have a contract with related to non-IPA/Navigator programs?

A65. Subcontractor requirements discussed in the RFA are specific to those subcontractors that are providing IPA/Navigator services.

Q66. What criteria will determine if someone is qualified to become an IPA/Navigator contractor besides scorecard?

A66. Once it is determined that the applicant meets the criteria of organizations eligible to apply described in Section II.A.1 of the RFA, proposals will be scored based on the criteria found on page 39 of the RFA.

Q67. If awarded funding, is a contractor locked into the program for 5 years? Can either party severe the contract?

A67. Refer to Attachment 1 of the RFA, "*Grant Contract - Multi-Year*" for the termination rights of the parties.

Q68. If awarded funding, are contractors eligible for additional funding if they have underestimated their needs?

A68. Additional funding is not anticipated once awards are made. Section 42, Additional Funds Distribution, describes the process for distributing funds if additional funds become available as well as a performance bonus opportunity available in year two of the grant.

Q69. If an applicant is a non-profit entity, how can it request advance payment?

A69. Once the IPA/Navigator contract is approved by the Office of the State Comptroller, an advance payment may be requested by the agency to their contract manager.

Q70. The RFA states that vouchers should be submitted monthly to DOH 30 days after the end of the reporting period. When is the end of the reporting period?

A70. Vouchers must be submitted within 30 days after the end of the month.

Q71. Will budget forms and other required documents be provided in an electronic format?

A71. The application and attachments are provided in an electronic format for applicants, see the DOH posting http://www.health.ny.gov/funding/rfa/1301300317/index.htm.

The application and attachments must be submitted as outlined on page 20 of the RFA, DOH will not accept the RFA application and attachments via fax or in an electronic format.

Q72. When using a subcontractor, what is the protocol that a contractor must follow in the provision of equipment needed to do enrollments such as laptop, scanner, etc?

A72. If a subcontractor is being used, a separate budget must be provided. This budget should include the cost of equipment required for IPAs/Navigators.

Q73. Please reiterate the order in which documents are to be submitted to DOH.

A73. The application format is described on page 38, B of the RFA.

Q74. Is there a page limit to different sections of the application, such as Service Area, Application Organization, Enrollment Strategy, etc?

A74. No, there is not a page limit by section, just an overall page limit of 16 pages.

Q75. Our organization submitted a Letter of Intent after the deadline. Does this disqualify us from applying for IPA/Navigator grant funds?

A75. No, submission of a non-binding letter of intent is not required to apply for IPA/ Navigator funding. Any interested applicants who meet the eligibility criteria of the RFA may submit an application.

Q76. We did not submit a Letter of Intent. May we still apply for grant funds?

A76. Yes, an agency may still apply for grant funds if they did not submit a non-binding letter of intent.

Q77. We have submitted a Letter of Intent. Will we be invited to apply for grant funds?

A77. The Request for Applications was the invitation to bid for grant funds.

Training and Certification

Q78. What are the training dates and locations for IPAs/Navigators? We have concerns about summer vacation plans, especially in August.

A78. Training dates have not been scheduled at this time. It is anticipated that initial Navigator training will be available in August and September 2013 and will be available in New York City, Albany, Syracuse and or Rochester and Buffalo.

Q79. For the purposes of budgeting and planning staff time, how long will the training program last?

A79. IPA/Navigator training curriculum is currently under development. It is anticipated that training will be no longer than five days in duration and will likely be a combination of in-person and web-based training modules. Training will be available in New York City, Albany, Syracuse and/or Rochester and Buffalo. Initial training will be delivered in August and/or September 2013.

Q80. Will the training program be offered in person, online, or both?

A80. Training will be a combination of in-person and online modules.

Q81. What is the anticipated level of activity for program staff during the start-up phase? Will employees who will be employed on a full-time basis during normal program operations (10/1/13-9/30/14) be engaged in training activities on a full-time basis during the start-up phase?

A81. During the start up phase, IPA/Navigators will need to attend training which is expected to last 5 days. It is anticipated that the majority of training will occur in late August/early September. In addition, IPA/Navigators may begin conducting outreach for the program.

Q82. Will IPA/Navigator staff be required to travel for training? If so, do IPA/Navigator agencies or DOH cover travel costs?

A82. In-person training will be delivered in New York City, Albany, Syracuse and/or Rochester and Buffalo and will be no longer than five days. Applicants should include the costs for travel and lodging of their IPA/Navigator staff to attend this training.

Q83. What type of in-service training are lead agencies expected to provide to staff and subcontractors?

A83. Depending on the availability of training at the time new and replacement staff is hired, training may need to be provided by the agency. A facilitator module which includes trainer's notes will be provided to the IPA/Navigator agency to be used for this purpose. Once the program is operational, agencies may identify additional training that would benefit their IPA/Navigator staff.

Q84. Will DOH provide a training manual to IPAs/Navigators?

A84. Participants in the IPA/Navigator program training will receive a participant workgroup. There will also be a facilitator module which will include trainer's notes for IPA/Navigator staff to use for train-the-trainer.

Q85. What specific qualification, licenses, and permits must IPAs/Navigators possess?

A85. At a minimum, IPAs/Navigators must participate in the SDOH sponsored training program and be certified upon completion of the training program. To the extent that the entity is required to possess additional qualifications, licenses, and/or permits, it is the responsibility of the entity to identify and obtain such.

Q86. Will IPAs/Navigators have to take a test to become certified?

A86. Part of the IPA/Navigator training will include taking tests on each training module in order to become a certified as an IPA/Navigator.

Q87. Will IPAs/Navigators be able to provide IPA/Navigator services prior to being, or during, training and receiving certification?

A87. No, IPAs/Navigators will not be able to provide services until they are trained and certified.

Q88. The LDSS in our county has indicated a desire to continue providing such in-person assistance. Will the training be clear about what the IPA is to say to the individual in these cases?

A88. LDSSs that decide they would like to provide in-person assistance will receive the same training as the IPA/Navigator program will receive. It is the expectation that the LDSS will provide the same function as an IPA/Navigator.

Quality Assurance

Q89. How will the quality assurance process for the IPA/Navigator program be different from the quality assurance process for the Facilitated Enrollment program?

A89. The IPA/Navigator program will not need the same level of quality assurance review as do applications for the facilitated enrollment program. Applications

will be submitted on-line. All questions must be completed in each section before the application will allow the navigator to move forward with the application. In the majority of cases, paper documentation will not be required as information will be verified electronically against federal and state data sources. Information included on the application will be verified through these data sources in real time so in most cases, an eligibility determination should be made once the application is complete. To better understand how the Exchange portal will work, we encourage you to view our recent webinar: http://www.healthbenefitexchange.ny.gov./news/regional-advisory-committee-webinar-enroll-ux-2014

Q90. What role/responsibility will IPAs/Navigators have regarding appeals and complaints?

A90. IPAs/Navigators will be responsible for referring individuals to the appropriate entity if they wish to file a complaint or appeal. Specific protocols will be discussed during IPA/Navigator training.

Q91. What will be the process to track/report appeals?

A91. Prior to the start of the IPA/Navigator program, DOH will provide grantees with a format to provide information that will not be tracked through the IPA/Navigator portal including the number of referrals made for appeals.

Q92. Can IPAs/Navigators generate productivity data for quarterly reports from the Exchange portal? If so, can this be done for the lead contracting entity and individually for each subcontractor? If the portal cannot provide this reporting function, will IPA/Navigator contractors be responsible for collecting productivity data?

A92. It is anticipated that IPA/Navigator agencies will be able to generate productivity data through the IPA/Navigator portal. It is anticipated that data will be available by individual IPA/Navigator and for the agency as a whole.

Q93. Does the NYHBE online web portal have the capacity to allow supervisors or Quality Assurance staff to conduct internal quality assurance before the final application is submitted?

A93. No, applications will be submitted in real time while the IPA/Navigator is working with the individual applicant. There will not be an opportunity for a supervisor to review the responses to individual application questions prior to submitting information through the IPA/Navigator portal.

Facilitated Enrollment Transition Process

Q94. Can you provide a list of current Facilitated Enrollment contractors?

A94. The link to the list of currently funded facilitated enrollment grantees is available on the Department's public website at:

http://www.health.ny.gov/health_care/child_health_plus/where_do_i_apply.htm

Q95. Are Facilitated Enrollers expected to continue running and meeting quotas during the IPA/Navigator transition and training stage?

A95. No, the Facilitated Enrollment program will end once the IPA/Navigator program begins. A transition process is being developed to ensure that applications in process with a facilitated enroller are completed before the IPA/Navigator grants commence. The Department will inform Facilitated Enrollment contractors of the transition process in a timely manner.

Q96. Will the Facilitated Enroller funds stop when IPA/Navigator grant contracts start?

A96. Yes, Facilitated Enrollment funding will end when the IPA/Navigator program begins.

Q97. Should we write our proposal as if the IPA/Navigator program is replacing our Facilitated Enrollment grant or as if the two programs will co-exist?

A97. Your proposal should be written for the IPA/Navigator program only because the Facilitated Enrollment program will end once the IPA/Navigator program begins.

Q98. Given that health insurers cannot serve as IPAs/Navigators, what will happen to the Plan Facilitated Enrollment program?

A98. Health plan facilitated enrollment will continue at least through December 31, 2014.

IPA/Navigator Services

Q99. Will IPAs/Navigators be permitted to submit applications by mail or only online?

A99. Other than in rare instances, IPAs/Navigators must submit applications online.

Q100. Will IPAs/Navigators submit applications in batches or will they submit each application separately at the point of application?

A100. IPAs/Navigators will submit applications individually as they work with the applicant.

Q101. Are lead agencies require to have on-site IPAs/Navigators to contribute to monthly enrollment totals?

A101. As part of the proposal in response to this RFA, applicants should describe whether or not they will have IPA/Navigator services available at the "lead" agency.

Q102. Will public insurance enrollees be included in the monthly enrollment totals of IPAs/Navigators?

A102. Yes, the number of individuals an IPA/Navigator assists enrolling in Medicaid and Child Health Plus will be factored into their monthly productivity.

Q103. Will IPAs/Navigators be responsible for enrolling eligible applicants in a health home?

A103. IPAs/Navigators will not assist an individual in enrolling in a health home. IPAs/Navigators will be responsible for assisting eligible applicants in selecting a primary care provider (PCP).

Q104. Will consumers be required to submit IT/SSN at the time of application?

A104. Applicants who have a social security number will be required to submit their number at the time of application as it will be used to perform match against various databases for eligibility verification purposes.

Q105. Will IPA/Navigator contractors have direct communication with QHP issuers regarding submitted applications?

A105. IPAs/Navigators will not directly interact with QHP issuers to facilitate enrollment. Plan selection will be part of the on-line application process. Plan enrollments will be transmitted from the Exchange to QHPs through the 834 process. The Invitation to Health Plans to Participate in the NYHBE requires QHP issuers are required to cooperate with IPAs/Navigators.

Q106. Will the enrollment process for presumptive eligibility for Medicaid for pregnant women be separate from the NYHBE?

A106. The Department is determining what the process for presumptive enrollment of Medicaid eligible pregnant women. It is anticipated what there will be a role for the NYHBE.

Q107. Is there an expected number of applications that each IPA/Navigator staff person is expected to submit each month? Are there different productivity metrics for rural and urban areas of the State?

A107. As part of the response to the IPA/Navigator RFA, agencies should indicate how many applications they expect to submit. Based on past experience with the

Facilitated Enrollment program, it is expected that productivity will be higher in more densely populated areas such as in New York City.

Q108. Will IPAs/Navigators be assisting Medicare eligible individuals?

A108. IPA/Navigators will not be assisting individuals in applying for Medicare. However, they may be assisting those that are dually eligible for Medicaid and Medicare in applying for Medicaid.

Q109. Will the Exchange portal and IPA/Navigator site schedule allow consumers to schedule appointments with IPAs/Navigators?

A109. No, appointments with IPA/Navigators will not be scheduled through the Exchange. IPA/Navigator contractors will be responsible for scheduling within their agency.

Q110. Are IPAs/Navigators required to track determinations for consumers who apply for health insurance through the Exchange?

A110. The web portal will provide reports which include eligibility results for applications where the IPA/Navigator assisted. In the event the Navigator Portal is not fully implemented by October 1, grantees may be asked to track their applications for a few months.

Q111. What level of outreach and marketing activities are IPAs/Navigators expected to conduct?

A111. The State will be undertaking an outreach campaign regarding the coverage options available through the NYHBE. Outreach materials will be shared with IPAs/Navigators for their use. IPA/Navigator programs will need to publicize the availability of services in their individual communities.

Q112. Will IPAs/Navigators provide assistance for programs other than health insurance offered through the Exchange (such as charity care, free or low cost care options, and prescription assistance programs)?

A112. IPA/Navigators are not required to provide assistance/referrals for programs not named in the RFA and/or directed by the Department.

Q113. Will consumers be able to use multiple channels to enroll in insurance through the Exchange? For example, can consumers start and stop their application with multiple IPAs/Navigators, or the Call Center and Navigators?

A113. Yes, consumers can use multiple channels to enroll in insurance through the Exchange. The consumer will establish an account to begin an application. He/she will need to then authorize and individual IPA/Navigator to assist with

that application. In order to change the individual providing assistance, the individual would need to give authorization to that party to do so.

Q114. Will IPAs/Navigators be required to work with other entities (such as health plans, Local Districts of Social Services, brokers and others) to help consumers complete their applications to the Exchange?

A114. IPAs/Navigators will only need to work with the NYHBE to assist consumers with their application. When appropriate, IPAs/Navigators will forward applications to the LDSS or the NYHBE will transmit necessary information to other parties such as LDSS's for non-MAGI applications and health plans through the 834 process.

Q115. Will IPAs/Navigators be informed if consumers do not pay their premiums and therefore do not have their coverage effectuated?

A115. Coverage for policies requiring premiums (QHPs and some Child Health Plus policies) will not be effectuated until premium payments are made. It is expected that IPA/Navigator agencies will be able to track coverage effectuation through the Exchange's online web portal.

Q116. What role/responsibility does an IPA/Navigator have if a consumer has coverage through the Exchange and wishes to transition to coverage outside of the Exchange?

A116. The IPA/Navigator may instruct the individual how to terminate their coverage.

Q117. What role/responsibility does an IPA/Navigator have is a consumer has questions or problems about an application already submitting to the Exchange?

A117. IPAs/Navigators will be required to inform an individual how to file a complaint and/or a grievance. This will be included in the IPA/Navigator training.

Q118. Can employees of small businesses be considered as individuals for the purpose of applying through the Exchange?

A118. If an employee is offered affordable minimum essential coverage from an employer, and the employee declines such coverage, the employee could apply to the Exchange as an individual but would not be eligible for QHP subsidies through the Exchange. Employees of small businesses may also be eligible for Medicaid.

Q119. For individuals who are eligible for Insurance Affordability Programs, what will be used to determine eligibility if an individual has not filed a tax return or if the individual's financial circumstances have changed since filing a tax return?

A119. If an individual has not filed a tax return or the applicant's financial circumstances have changed since filing a tax return, there will be other state data bases which will be used to verify income including wage and reporting. There may be circumstances where an individual is required to provide documentation if verification does not occur.

Q120. Will the Exchange online web portal have tools to help consumers compare their options of 1) a QHP with APTC and 2) a non-QHP offered by an employer?

A120. The Exchange will not compare QHP plans against non-QHP plans offered by an employer. If affordable coverage is available through their employer, the individual will not be eligible for a QHP with a tax credit.

Q121. Our organization works to empower potential enrollees to be self-sufficient as much as possible. If the contractor provides enough information/coaching so that potential enrollees can use the web portal and sign up and enroll on their own, will this type of enrollment be included in productivity numbers credited to our organization?

A121. Only applications where an IPA/Navigator provided actual application assistance will be included in productivity numbers.

Q122. The RFA states that applicants must serve potential enrollees in the Individual Exchange and the SHOP. Does this requirement apply at the level of the applicant organization or at the level of individual IPA/Navigators and subcontractors?

A122. IPA/Navigator agencies must provide assistance for both individuals and small businesses. Certain IPAs/Navigators or subcontractors may be dedicated to serving these respective groups.

Q123. What specific duties must IPAs/Navigators perform with respect to Medicaid spend down (p14)?

A123. If a person has specific health needs that would not be met by a QHP, the IPA/Navigator should inform the individual about what the Medicaid spend down program is and refer the person to the local Department of Social Services to obtain more information.

Q124. Are there a specific number of hours per week that IPA/Navigator services need to be available?

A124. No, there are not a specific number of hours per week that IPA/Navigator services must be available. The site schedule submitted with the proposal should include the hours.

Q125. Are there restrictions on where IPAs/Navigators can provide services? For examples, can staff be placed at jails to reach vulnerable populations?

A125. IPAs/Navigators should provide services in locations that are convenient to the target populations. Jails would not be an appropriate location because incarcerated individuals are not eligible for advanced premium tax credits. Additionally, per section III.J of the RFA, IPA/Navigator services may not be provided in Emergency Rooms.

Q126. Will DOH provide tools or guidance to IPA/Navigator contractors to help potential enrollees find out if they are available for Insurance Affordability Programs?

A126. The Exchange's online web portal will assess eligibility for Insurance Affordability Programs.

Q127. What specific electronic files/systems does the IPA/Navigator contractor need to have to send information to, or receive information from, the Exchange online web portal?

A127. The portal will be web-based. IPAs/Navigators must be able to connect to the Internet with one of the browsers listed on page 9 of the RFA.

Q128. Are IPAs/Navigators hired directly by the Department of Health or do IPA/Navigator contractors have the ability to hire IPA/Navigator staff directly?

A128. IPAs/Navigator contractors will hire staff directly. These individuals are not Department of Health staff.

Q129. Do IPA/Navigator contractors have to hire a specific number of IPA/Navigator staff per county?

A129. No, there is not a specific number of IPA/Navigators per county. However, proposals will be evaluated, among other things, on the cost effectiveness of their proposal and the proposed amount of individuals that will be assisted in the county.

Q130. Are there State-owned facilities (such as universities) that applicants can use to enroll potential enrollees?

A130. Each individual grant will need to negotiate with potential locations where IPA/ Navigator services will occur. There are not state owned facilities for this purpose.

Q131. "Advise adults who are found Medicaid eligible on the need to pursue available support, including an overview of current child support enforcement policies and

pursuit of medical support from non-custodial parents, when appropriate. This includes determining when Section IV-D requirements apply, determining the initial willingness of the individual to cooperate and implications regarding cooperation, and determining whether the individual is claiming "good cause" for not pursing support. The IPA/Navigator will determine whether the individual is willing to cooperate in pursuing medical support available from an absent parent or spouse. While eligibility for children is not affected by compliance with Section IV-D requirements, adults who fail to cooperate with child support enforcement requirements, absent good cause, will not be eligible for Medicaid." Can you please clarify what actions are expected on the part of the Applicant once staff determines a client's "willingness to cooperate"?

A131. The applicant will provide information requested about the non custodial parent to the Navigator for completion of this section of the online application. Once the applicant provides the requested information, the Exchange will forward it to the Child Support Enforcement Unit to pursue support.

Q132. Will IPAs/Navigators have to retain copies of applications? Is it recommended to keep hard copies of applications?

A132. IPAs / Navigators are not required to keep hard copies of applications. When IPA/Navigators create, collect or use personally identifiable information ("PII") to perform their obligations under the Program, they may only use or disclose such PII to the extent necessary to carry out such obligations. IPA/Navigators shall not maintain any records of financial information, social security numbers, other personally identifiable or health information of the enrollees/potential enrollees to whom they are providing assistance, other than as needed to provide IPA/Navigator Program services as part of the IPA/Navigator Program.

Q133. How long will it take for a potential enrollee's insurance application to be approved by a health plan?

A133. If an applicant is found eligible and selects a plan by the 15th of the month, enrollment will occur effective the first day of the next month. If eligibility and plan selection occurs after the 15th of the month, coverage will be effective until the first day of the subsequent month. Enrollment will not be effectuated until a premium payment is made, if applicable.

Q134. Will IPAs/Navigators be required to submit information through the DOH Health Commerce System?

A134. The IPAs/Navigators will not be tracking applications through the facilitated enrollment portion of the Health Commerce System.

Q135. Will the Exchange online web portal be similar to the UX2014 tool that was demonstrated on a recent webinar?

A135. The online application for the New York Health Benefit Exchange will use certain design elements from the UX2014 prototype. New York is adapting the color schemes, typography and other visual elements to reflect New York's branding efforts. New York is also working on customizing the language used in New York's online portal to be culturally competent and at a suitable reading level for New Yorker's accessing health care coverage through New York's Health Care Exchange.

Q136. Who will be responsible for marketing and outreach? Will it be DOH or the IPA/Navigator contractor?

A136. The State will be undertaking an outreach campaign regarding the coverage options available through the NYHBE. Outreach materials will be shared with IPAs/Navigators for their use. IPA/Navigator programs will need to publicize the availability of services in their individual communities.

Q137. Do IPAs/Navigators need to purchase computers and tablets or may they only purchase one or the other?

A137. Each IPA/Navigator is not required to have both a computer and a tablet. IPAs/Navigators must have the equipment necessary to complete applications on-line in the field.

Q138. Can IPAs/Navigators provide services at people's homes or at sites mutually convenient to potential enrollees and IPAs/Navigators, or may services only be provided at approved enrollment sites?

A138. IPA/Navigators may provide assistance at approved enrollment sites or through a home visit. It is up to the applicant to provide information in their proposal regarding the locations that will be most effective for serving populations in their proposed service area.

Q139. Once applications have been entered into the Exchange's online web portal, can the applications be retrieved at a later date?

A139. Applications that are still in process but have been partially entered into the web portal may be retrieved for completion at a later date.

Q140. Must an IPA/Navigator contractor refer all individuals that are blind and disabled to the LDSS for assistance or are they just to educate them?

A140. There will be a separate procurement for facilitated enrollment/application assistance for the aged, blind and disabled. Once there are application assisters available for this population, IPA/Navigators can refer this population to either one of these facilitated enrollers or a LDSS.

Q141. What is the average time needed to conduct a completed "real time" enrollment?

A141. At this time, we estimate approximately 45 minutes.

Q142. If an online application is required for our extremely rural sites that have no cell or internet connectivity, how would that be handled?

A142. For rural areas, it may be necessary for an individual to travel to a site with internet connectivity. Alternatively, IPAs/Navigators in rural areas may budget for laptops/tablets and mobile hotspots/USB modems to make internet connectivity available to potential enrollees. In rare instances if internet access is not available, such as when an application is completed in a consumer's home and the IPA/Navigator cannot provide mobile internet connectivity, paper applications will be accepted.

Q143. How will information regarding incomplete/pending applications be transmitted to the grantee? Will information be send directly to the IPA/Navigator contractor?

A143. It is anticipated that IPAs/Navigators will be able to see a list of incomplete/pending applications they have assisted with from a report in the Navigator Portal. The contracting IPA/Navigator agency will be able to see this information for all of their IPA/Navigator staff.

Miscellaneous/Other

Q144. What are Actuarial Value/Metal Tiers?

A144. Actuarial Value is the average amount that a health insurer pays for care compared to the average amount that an enrollee pays for care. The NYHBE will offer four tiers of coverage that vary by the actuarial value of the plan.

	Average Amount Paid by Insurer	Average Amount Paid By Enrollee
Bronze	60%	40%
Silver	70%	30%
Gold	80%	20%
Platinum	90%	10%

Q145. How much of an increase should current Facilitated Enrollers expect to see in their caseload if they are awarded IPA/Navigator funds?

A145. Part of the proposal submitted in response to this RFA is to describe the volume of applications/cases the IPA/Navigator program expects to serve. The Department expects that the Exchange application process should be quicker for Qualified Health Plan and Insurance Affordability Plan enrollment than for the

current paper-based public program enrollment process due to the electronic application and verification-process.

Q146. What happens if an IPA/Navigator makes a mistake when counseling a small business or individual that results in a business making a choice that costs more money or an individual needing to pay the IRS back at the end of the year?

A146. The IPA/Navigator will not be determining eligibility for programs, just assisting the individual or small business in the application process and plan selection using the tools provided through the IPA/Navigator portal. Eligibility will be based on the individual's attestation and subsequent verification through federal and state data sources. Once enrolled, the individual is responsible for reporting changes to the NYHBE that impact eligibility that may affect the reconciliation with the Internal Revenue Service the following year.

Q147. Do you require evidence of commitment, such as a Memorandum of Understanding, from the organizations that will serve as host sites of IPA/Navigator services? If so, will a form be provided for this purpose?

A147. No, a letter of commitment or Memorandum of Understanding regarding IPA/Navigator sites is not required.

Q148. If IPA/Navigator entities hold "on-site seminars" what materials need to be submitted to DOH before or after such seminars?

A148. Information such as when the seminar was held, for what group(s) and how many people attended may be required. Such information will be included in the monthly progress report template which will be provided prior to the start of the program.

Q149. Can an agency apply for grant monies to expand existing positions to encompass the IPA/Navigator program services or must applicants hire new staff, designated to promote plans offered through the Exchange?

A149. An agency may request grant funding that expands existing positions to include IPA/Navigator services. Because of the complexity of the IPA/Navigator programs, it is not recommended that applicants devote small percentages of time to this effort.

Q150. What criteria will be used to determine an applicant's score for each section of the application?

A150. Scoring criteria for the individual sections of the proposal are found in the table on page 39 of the RFA.

Q151. Will the Community Health Assistance program continue? Is it the same thing as the IPA/Navigator program?

A151. As a part of the ACA, Consumer Assistance Programs (CAPs) were formed around the country to help people obtain health insurance information, enroll in plans and file complaints and appeals. The Community Health Advocates (CHA) program is New York's was designated as New York's States Consumer Assistance Program. The CAP program is completely federally funded. The Departments of Medicare and Medicaid Services and the Center for Consumer Information and Insurance Oversight have not indicated if funding for this program will continue beyond the current funding cycle.

Q152. Can you please provide a list of the other State health insurance programs that the IPAs/Navigators must provide information on to potential enrollees (p13, F, 3rd bullet)?

A152. Programs may include Medicaid spend down and the Cancer Services program.

Q153. Does a Vendor Questionnaire or VRQ attestation form need to be submitted with the application for subcontractors?

A153. Vendor Responsibility requirements are required for a new contract valued at $100,000 or more, or an amendment that brings total approved amount to $100,000 or more for the first time. Submission of a Vendor Responsibility Questionnaire is required for a subcontractor where the subcontractor is known at the time of the contract award; and the subcontract will equal or exceed $100,000 over the life of the contract. Subcontractors are required to obtain a New York State Vendor Identification Number (Vendor ID) to complete a questionnaire whether using the New York State VendRep System or a paper form. The State contracting entity shall initiate the request for a Vendor ID on behalf of the subcontractor.

Q154. How does CHIP coordinate with subsidies offered through the Exchange?

A154. A child must be ineligible for Medicaid and CHIP to be eligible for a tax credit. Given the eligibility level in New York's CHPlus program is at 400% of FLP, we expect very few children will be eligible for tax credits. The parents of these children may be eligible for a tax credit depending on their income.

Q155. Will Medicaid and CHIP be offered through the Exchange?

A155. Yes, Medicaid and Child Health Plus will be available through the Exchange. Individuals applying for financial assistance must first be found ineligible for Medicaid or CHIP before they can receive an Advance Premium Tax Credit through the Exchange.

Q156. If a potential enrollee is eligible for Medicaid or CHIP, but opts not to enroll in Medicaid or CHIP, can the potential enrollee purchase a subsidized or non-subsidized Qualified Health Plan through the Exchange?

A156. The individual could purchase a Qualified Health Plan through the Exchange but would not be eligible to receive an Advanced Premium Tax Credit or Cost sharing reduction.

Q157. Will penalties be applied to individuals who do not have health insurance?

A157. Yes, the Internal Revenue Service may levy a penalty on individuals who indicate that they do not have health insurance. Individuals can apply for an exemption from the insurance mandate for reasons such as they cannot find affordable insurance, religious exemption, American Indian/Alaskan Native status, undocumented individuals, incarcerated individuals, those whose income is below the filing threshold, etc.

Q158. A small employer, four employees. Currently subsidize 83% of employees' cost. What are the benefits of going into the Exchange?

A158. The benefit of using the NYHBE is that there will be one place to compare multiple plan/coverage options including costs and benefits available with one bill to the employer.

Q159. If a potential enrollee enrolls in health insurance, can they drop out at any time? When can they reenroll? Is this different for individuals and small groups?

A159. An individual enrolled in a Qualified Health Plan can disenroll from coverage at anytime. The same applies to small groups. Coverage may also be discontinued during the course of the enrollment period for failure to pay any required premium contribution to the health plan. If outside the open enrollment period, an individual or small employer may only enroll if they qualify for a special enrollment period.

Q160. When individuals qualify for Advance Premium Tax Credits, do they get the credit upfront and applied to their premiums each month, or do they file for a tax credit at the end of the year?

A160. The credit will be paid directly to the plans on the applicant's behalf. The reconciliation at year end will happen when applicants file their taxes with the IRS. For example, if applicants underestimated their income and received more of a tax credit than they were entitled to, they will have to repay some of that money. If their income was underestimated, or they took less of a tax credit than they were entitled to, they will receive a refund.

Q161. Will LDSSs be required to provide in-person assistance if there is not a sufficient number of IPAs/Navigators in a county?

A161. LDSSs will have the option of providing in-person assistance for applicants applying for coverage through the NYHBE.

Q162. Will there be changes in Medicaid, Child Health Plus or Family Health Plus eligibility?

A162. Yes, there will be changes in Medicaid and Child Health Plus eligibility including changes in household composition and using Modified Adjusted Gross Income (MAGI). These changes will be detailed as part of IPA/Navigator training. The Family Health Plus program will be phased out. No new applications will be taken on or after 12/31/13 and existing members will be transitioned during the course of 2014.

Q163. Is every resident of New York State eligible for some sort of insurance through this new regulation?

A163. Residents of New York will be able to purchase insurance through the Exchange if they are under the age of 65, don't have affordable health insurance through work or through a spouse's job, or own or work for a small business with 2 to 50 employees. Depending on an individual's income, access to employer coverage, and other eligibility factors, the cost of such coverage may be subsidized.

Q164. (Pg 25 – L) Can you elaborate on this section in layman terms? Does this mean a subcontractor of this business nature MUST BE engaged as an IPA by the contractor? Or does it simply mean that a contractor must employ men and women without prejudice. What is meant by the 24% of the total amount of the contract award?

A164. No, it does not mean that Applicants must engage a subcontractor(s). It does mean, in part, that the contractor must employ men and women without prejudice. 24% is the approximate percentage of state funds of the total amount available for contract award; approximately 76% are federal funds. Therefore the 20% M/WBE participation Contracting Goal set forth in Appendix M only applies to the 24% and only to the extent the Applicant utilizes subcontractors/suppliers.

Q165. Will the Exchange's programs, services and benefits be accessible in different languages?

A165. The web portal will be available in English when the Exchange opens on October 1, 2013 and in Spanish in January 2014. In the future, the Exchange plans to offer information and the online application in the languages mandated by Executive Order 26. In the interim, the website will include taglines that inform consumers

of the availability of interpretation and translation services through the Exchange Call Center.

Q166. Is a two-month time frame reasonable to finalize contracts, obtain resources and hire staff to participate in training?

A166. Yes, we think this is a reasonable timeframe.

Q167. What will be the role of the NYC HRA during the IPA/Navigator program?

A167. HRA will not have a role in administering the IPA/Navigator program. Applications will be submitted to and eligibility determined by the NYHBE.

Q168. Is there a distinction between the roles and responsibilities of IPAs and Navigators?

A168. The roles and responsibilities of IPAs and Navigators will be the same.

Q169. Page 12 (Section C) of the RFA states that IPA/Navigators are expected to counsel small businesses on their QHP options on the NYHBE. It also states that IPA/Navigators are also expected to determine the APTC/CSR for individuals. What happens if an IAP/Navigator makes a mistake when counseling a small business or individual that results in a business making a choice that costs more money or an individual that needs to pay the IRS back at the end of the year? Can IPA/Navigators be liable for any monetary mistakes? Should an agency awarded an IPA/Navigator grant purchase some form of liability insurance to protect the agency against any potential liabilities or lawsuits? If so, any recommendations on the amount or type of insurance needed?

A169. Applicants are not required to carry liability insurance. The Grant Contract contains an Indemnification provision, pursuant to which the IPA / Navigator must indemnify and hold harmless the State and its officers and employees from claims, suits, actions, damages and costs of every nature arising out of the provision of services pursuant to the Contract.

Attachment 1 - 2008 Small Business by County - In Response to Question #22

Number of Firms, Number of Establishments, and Employment for New York: 2008

SOURCE: 2008 County Business Patterns. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see http://www.census.gov/econ/susb/methodology.html

STATE	COUNTY	ENTERPRISE EMPLOYMENT SIZE	NUMBER OF FIRMS	NUMBER OF ESTABLISHMENTS	EMPLOYMENT
New York	Albany	1: Total	7,956	9,514	173,998
New York	Albany	2: 0-4 employees	3,816	3,819	6,766
New York	Albany	3: 5-9 employees	1,280	1,284	8,495
New York	Albany	4: 10-19 employees	840	854	11,015
New York	Albany	5: 20-99 employees	932	1,037	30,514
New York	Albany	6: 100-499 employees	324	556	25,132
New York	Albany	7: 500+ employees	764	1,964	92,076
New York	Allegany	1: Total	717	803	12,886
New York	Allegany	2: 0-4 employees	403	403	736
New York	Allegany	3: 5-9 employees	122	126	807
New York	Allegany	4: 10-19 employees	55	59	667
New York	Allegany	5: 20-99 employees	52	60	1,571
New York	Allegany	6: 100-499 employees	32	73	3,006
New York	Allegany	7: 500+ employees	53	82	6,099
New York	Bronx	1: Total	14,252	15,827	221,356
New York	Bronx	2: 0-4 employees	9,759	9,765	16,142
New York	Bronx	3: 5-9 employees	1,851	1,877	11,937
New York	Bronx	4: 10-19 employees	1,010	1,047	13,466
New York	Bronx	5: 20-99 employees	978	1,097	35,752
New York	Bronx	6: 100-499 employees	320	623	41,789
New York	Bronx	7: 500+ employees	334	1,418	102,270
New York	Broome	1: Total	3,682	4,378	78,583
New York	Broome	2: 0-4 employees	1,729	1,729	3,005
New York	Broome	3: 5-9 employees	613	617	4,074
New York	Broome	4: 10-19 employees	439	450	5,696
New York	Broome	5: 20-99 employees	413	485	14,080
New York	Broome	6: 100-499 employees	130	234	11,554
New York	Broome	7: 500+ employees	358	863	40,174
New York	Cattaraugus	1: Total	1,517	1,698	24,146
New York	Cattaraugus	2: 0-4 employees	783	783	1,319
New York	Cattaraugus	3: 5-9 employees	262	267	1,705
New York	Cattaraugus	4: 10-19 employees	145	147	1,863
New York	Cattaraugus	5: 20-99 employees	145	163	4,228
New York	Cattaraugus	6: 100-499 employees	49	85	3,019
New York	Cattaraugus	7: 500+ employees	133	253	12,012
New York	Cayuga	1: Total	1,514	1,642	19,889
New York	Cayuga	2: 0-4 employees	806	808	1,331
New York	Cayuga	3: 5-9 employees	233	233	1,517
New York	Cayuga	4: 10-19 employees	144	144	1,849

New York	Cayuga	5: 20-99 employees	114	128	3,582
New York	Cayuga	6: 100-499 employees	60	80	3,571
New York	Cayuga	7: 500+ employees	157	249	8,039
New York	Chautauqua	1: Total	2,723	3,085	45,421
New York	Chautauqua	2: 0-4 employees	1,418	1,420	2,521
New York	Chautauqua	3: 5-9 employees	460	462	2,959
New York	Chautauqua	4: 10-19 employees	284	295	3,685
New York	Chautauqua	5: 20-99 employees	251	307	7,802
New York	Chautauqua	6: 100-499 employees	87	126	8,516
New York	Chautauqua	7: 500+ employees	223	475	19,938
New York	Chemung	1: Total	1,593	1,867	33,970
New York	Chemung	2: 0-4 employees	670	670	1,245
New York	Chemung	3: 5-9 employees	269	271	1,785
New York	Chemung	4: 10-19 employees	174	176	2,207
New York	Chemung	5: 20-99 employees	172	197	5,404
New York	Chemung	6: 100-499 employees	72	168	6,162
New York	Chemung	7: 500+ employees	236	385	17,167
New York	Chenango	1: Total	872	978	11,694
New York	Chenango	2: 0-4 employees	485	485	841
New York	Chenango	3: 5-9 employees	134	134	852
New York	Chenango	4: 10-19 employees	84	85	1,066
New York	Chenango	5: 20-99 employees	74	83	2,111
New York	Chenango	6: 100-499 employees	27	56	1,436
New York	Chenango	7: 500+ employees	68	135	5,388
New York	Clinton	1: Total	1,725	1,952	26,346
New York	Clinton	2: 0-4 employees	852	854	1,533
New York	Clinton	3: 5-9 employees	280	287	1,793
New York	Clinton	4: 10-19 employees	172	176	2,299
New York	Clinton	5: 20-99 employees	175	205	4,866
New York	Clinton	6: 100-499 employees	61	127	4,418
New York	Clinton	7: 500+ employees	185	303	11,437
New York	Columbia	1: Total	1,674	1,772	15,811
New York	Columbia	2: 0-4 employees	1,040	1,041	1,714
New York	Columbia	3: 5-9 employees	243	243	1,541
New York	Columbia	4: 10-19 employees	150	155	2,003
New York	Columbia	5: 20-99 employees	112	129	3,223
New York	Columbia	6: 100-499 employees	39	58	2,817
New York	Columbia	7: 500+ employees	90	146	0
New York	Cortland	1: Total	970	1,062	14,694
New York	Cortland	2: 0-4 employees	485	485	857
New York	Cortland	3: 5-9 employees	157	157	1,023
New York	Cortland	4: 10-19 employees	88	88	1,132
New York	Cortland	5: 20-99 employees	87	94	2,487
New York	Cortland	6: 100-499 employees	41	80	2,689
New York	Cortland	7: 500+ employees	112	158	6,506
New York	Delaware	1: Total	944	1,090	13,105
New York	Delaware	2: 0-4 employees	589	589	1,003
New York	Delaware	3: 5-9 employees	146	148	939

New York	Delaware	4: 10-19 employees	74	76	969
New York	Delaware	5: 20-99 employees	60	78	1,910
New York	Delaware	6: 100-499 employees	26	85	2,548
New York	Delaware	7: 500+ employees	49	114	5,736
New York	Dutchess	1: Total	6,822	7,647	97,963
New York	Dutchess	2: 0-4 employees	4,281	4,284	7,220
New York	Dutchess	3: 5-9 employees	991	996	6,441
New York	Dutchess	4: 10-19 employees	583	600	7,836
New York	Dutchess	5: 20-99 employees	456	542	14,852
New York	Dutchess	6: 100-499 employees	150	324	12,857
New York	Dutchess	7: 500+ employees	361	901	48,757
New York	Erie	1: Total	18,403	22,619	409,334
New York	Erie	2: 0-4 employees	9,555	9,566	16,726
New York	Erie	3: 5-9 employees	3,263	3,290	21,468
New York	Erie	4: 10-19 employees	2,068	2,159	27,528
New York	Erie	5: 20-99 employees	2,021	2,413	76,380
New York	Erie	6: 100-499 employees	568	1,159	68,513
New York	Erie	7: 500+ employees	928	4,032	198,719
New York	Essex	1: Total	1,067	1,207	9,995
New York	Essex	2: 0-4 employees	644	644	1,092
New York	Essex	3: 5-9 employees	159	161	1,024
New York	Essex	4: 10-19 employees	106	111	1,368
New York	Essex	5: 20-99 employees	72	89	2,059
New York	Essex	6: 100-499 employees	31	64	1,829
New York	Essex	7: 500+ employees	55	138	2,623
New York	Franklin	1: Total	915	1,065	10,598
New York	Franklin	2: 0-4 employees	515	515	852
New York	Franklin	3: 5-9 employees	150	153	972
New York	Franklin	4: 10-19 employees	81	86	957
New York	Franklin	5: 20-99 employees	74	95	1,849
New York	Franklin	6: 100-499 employees	26	67	1,678
New York	Franklin	7: 500+ employees	69	149	4,290
New York	Fulton	1: Total	1,090	1,249	14,570
New York	Fulton	2: 0-4 employees	651	654	1,101
New York	Fulton	3: 5-9 employees	152	152	977
New York	Fulton	4: 10-19 employees	89	89	1,174
New York	Fulton	5: 20-99 employees	87	100	2,677
New York	Fulton	6: 100-499 employees	32	34	2,159
New York	Fulton	7: 500+ employees	79	220	6,482
New York	Genesee	1: Total	1,231	1,334	17,339
New York	Genesee	2: 0-4 employees	599	599	1,029
New York	Genesee	3: 5-9 employees	199	201	1,267
New York	Genesee	4: 10-19 employees	131	132	1,644
New York	Genesee	5: 20-99 employees	126	129	3,759
New York	Genesee	6: 100-499 employees	45	68	3,102
New York	Genesee	7: 500+ employees	131	205	6,538
New York	Greene	1: Total	1,086	1,162	11,558
New York	Greene	2: 0-4 employees	666	667	1,069

New York	Greene	3: 5-9 employees	176	178	1,134
New York	Greene	4: 10-19 employees	95	96	1,187
New York	Greene	5: 20-99 employees	64	75	2,384
New York	Greene	6: 100-499 employees	24	42	600
New York	Greene	7: 500+ employees	61	104	5,184
New York	Hamilton	1: Total	198	203	848
New York	Hamilton	2: 0-4 employees	137	137	201
New York	Hamilton	3: 5-9 employees	30	30	192
New York	Hamilton	4: 10-19 employees	11	11	120
New York	Hamilton	5: 20-99 employees	10	13	283
New York	Hamilton	6: 100-499 employees	2	2	0
New York	Hamilton	7: 500+ employees	8	10	45
New York	Herkimer	1: Total	1,079	1,183	12,645
New York	Herkimer	2: 0-4 employees	645	645	1,082
New York	Herkimer	3: 5-9 employees	148	149	951
New York	Herkimer	4: 10-19 employees	102	102	1,295
New York	Herkimer	5: 20-99 employees	78	85	2,460
New York	Herkimer	6: 100-499 employees	28	71	3,099
New York	Herkimer	7: 500+ employees	78	131	3,758
New York	Jefferson	1: Total	2,149	2,443	30,864
New York	Jefferson	2: 0-4 employees	1,083	1,086	1,701
New York	Jefferson	3: 5-9 employees	343	346	2,213
New York	Jefferson	4: 10-19 employees	229	233	2,871
New York	Jefferson	5: 20-99 employees	195	240	5,914
New York	Jefferson	6: 100-499 employees	80	142	5,316
New York	Jefferson	7: 500+ employees	219	396	12,849
New York	Kings	1: Total	42,175	45,146	487,540
New York	Kings	2: 0-4 employees	29,853	29,865	47,799
New York	Kings	3: 5-9 employees	5,791	5,809	37,541
New York	Kings	4: 10-19 employees	3,053	3,090	40,601
New York	Kings	5: 20-99 employees	2,369	2,552	86,684
New York	Kings	6: 100-499 employees	566	1,066	79,223
New York	Kings	7: 500+ employees	543	2,764	195,692
New York	Lewis	1: Total	484	519	4,726
New York	Lewis	2: 0-4 employees	291	291	489
New York	Lewis	3: 5-9 employees	74	74	502
New York	Lewis	4: 10-19 employees	52	54	625
New York	Lewis	5: 20-99 employees	24	30	623
New York	Lewis	6: 100-499 employees	14	20	1,137
New York	Lewis	7: 500+ employees	29	50	1,350
New York	Livingston	1: Total	1,141	1,266	12,878
New York	Livingston	2: 0-4 employees	654	654	1,104
New York	Livingston	3: 5-9 employees	173	175	1,120
New York	Livingston	4: 10-19 employees	98	105	1,304
New York	Livingston	5: 20-99 employees	106	135	3,494
New York	Livingston	6: 100-499 employees	22	24	2,191
New York	Livingston	7: 500+ employees	88	173	3,665
New York	Madison	1: Total	1,296	1,442	18,234

New York	Madison	2: 0-4 employees	730	730	1,216
New York	Madison	3: 5-9 employees	205	207	1,338
New York	Madison	4: 10-19 employees	129	134	1,635
New York	Madison	5: 20-99 employees	93	102	2,586
New York	Madison	6: 100-499 employees	42	108	3,768
New York	Madison	7: 500+ employees	97	161	7,691
New York	Monroe	1: Total	14,156	17,139	344,474
New York	Monroe	2: 0-4 employees	7,601	7,610	12,639
New York	Monroe	3: 5-9 employees	2,350	2,369	15,358
New York	Monroe	4: 10-19 employees	1,506	1,562	19,454
New York	Monroe	5: 20-99 employees	1,493	1,794	53,320
New York	Monroe	6: 100-499 employees	424	797	46,828
New York	Monroe	7: 500+ employees	782	3,007	196,875
New York	Montgomery	1: Total	984	1,120	16,080
New York	Montgomery	2: 0-4 employees	560	560	929
New York	Montgomery	3: 5-9 employees	143	144	880
New York	Montgomery	4: 10-19 employees	64	65	800
New York	Montgomery	5: 20-99 employees	88	94	2,919
New York	Montgomery	6: 100-499 employees	39	57	3,686
New York	Montgomery	7: 500+ employees	90	200	6,866
New York	Nassau	1: Total	43,720	47,608	535,098
New York	Nassau	2: 0-4 employees	29,581	29,587	47,601
New York	Nassau	3: 5-9 employees	6,151	6,162	40,190
New York	Nassau	4: 10-19 employees	3,465	3,489	45,827
New York	Nassau	5: 20-99 employees	2,925	3,153	106,133
New York	Nassau	6: 100-499 employees	717	1,208	85,663
New York	Nassau	7: 500+ employees	881	4,009	209,684
New York	New York	1: Total	91,852	104,060	2,103,835
New York	New York	2: 0-4 employees	54,679	54,741	90,667
New York	New York	3: 5-9 employees	14,665	14,729	96,190
New York	New York	4: 10-19 employees	9,109	9,269	119,289
New York	New York	5: 20-99 employees	8,823	9,555	319,204
New York	New York	6: 100-499 employees	2,635	4,050	320,313
New York	New York	7: 500+ employees	1,941	11,716	1,158,172
New York	Niagara	1: Total	3,980	4,521	59,999
New York	Niagara	2: 0-4 employees	2,182	2,182	3,832
New York	Niagara	3: 5-9 employees	655	667	4,256
New York	Niagara	4: 10-19 employees	389	400	5,095
New York	Niagara	5: 20-99 employees	364	412	12,446
New York	Niagara	6: 100-499 employees	118	235	10,271
New York	Niagara	7: 500+ employees	272	625	24,099
New York	Oneida	1: Total	4,246	4,948	89,697
New York	Oneida	2: 0-4 employees	2,250	2,252	3,843
New York	Oneida	3: 5-9 employees	734	738	4,861
New York	Oneida	4: 10-19 employees	408	425	5,329
New York	Oneida	5: 20-99 employees	384	450	13,694
New York	Oneida	6: 100-499 employees	138	270	13,939
New York	Oneida	7: 500+ employees	332	813	48,031

New York	Onondaga	1: Total	9,923	12,011	221,487
New York	Onondaga	2: 0-4 employees	5,019	5,027	8,626
New York	Onondaga	3: 5-9 employees	1,606	1,614	10,690
New York	Onondaga	4: 10-19 employees	1,078	1,122	14,318
New York	Onondaga	5: 20-99 employees	1,111	1,291	38,212
New York	Onondaga	6: 100-499 employees	354	775	34,116
New York	Onondaga	7: 500+ employees	755	2,182	115,525
New York	Ontario	1: Total	2,558	2,837	44,511
New York	Ontario	2: 0-4 employees	1,261	1,261	2,134
New York	Ontario	3: 5-9 employees	421	422	2,714
New York	Ontario	4: 10-19 employees	235	242	2,984
New York	Ontario	5: 20-99 employees	255	273	8,413
New York	Ontario	6: 100-499 employees	100	148	7,125
New York	Ontario	7: 500+ employees	286	491	21,141
New York	Orange	1: Total	8,356	9,334	105,072
New York	Orange	2: 0-4 employees	5,074	5,078	8,669
New York	Orange	3: 5-9 employees	1,261	1,268	8,256
New York	Orange	4: 10-19 employees	702	714	9,263
New York	Orange	5: 20-99 employees	593	672	18,983
New York	Orange	6: 100-499 employees	206	337	14,342
New York	Orange	7: 500+ employees	520	1,265	45,559
New York	Orleans	1: Total	635	695	8,493
New York	Orleans	2: 0-4 employees	365	366	623
New York	Orleans	3: 5-9 employees	98	98	615
New York	Orleans	4: 10-19 employees	55	59	694
New York	Orleans	5: 20-99 employees	50	52	1,544
New York	Orleans	6: 100-499 employees	23	48	2,359
New York	Orleans	7: 500+ employees	44	72	2,658
New York	Oswego	1: Total	1,914	2,113	24,587
New York	Oswego	2: 0-4 employees	1,109	1,111	1,823
New York	Oswego	3: 5-9 employees	315	320	2,003
New York	Oswego	4: 10-19 employees	156	161	1,997
New York	Oswego	5: 20-99 employees	153	176	4,962
New York	Oswego	6: 100-499 employees	49	98	3,674
New York	Oswego	7: 500+ employees	132	247	10,128
New York	Otsego	1: Total	1,290	1,462	19,618
New York	Otsego	2: 0-4 employees	721	722	1,204
New York	Otsego	3: 5-9 employees	194	194	1,249
New York	Otsego	4: 10-19 employees	109	110	1,363
New York	Otsego	5: 20-99 employees	116	135	3,440
New York	Otsego	6: 100-499 employees	40	76	2,427
New York	Otsego	7: 500+ employees	110	225	9,935
New York	Putnam	1: Total	2,924	3,038	23,357
New York	Putnam	2: 0-4 employees	1,979	1,979	3,290
New York	Putnam	3: 5-9 employees	400	402	2,582
New York	Putnam	4: 10-19 employees	226	226	3,017
New York	Putnam	5: 20-99 employees	158	170	4,806
New York	Putnam	6: 100-499 employees	49	95	3,608

New York	Putnam	7: 500+ employees	112	166	6,054
New York	Queens	1: Total	38,939	42,088	500,503
New York	Queens	2: 0-4 employees	27,400	27,407	44,560
New York	Queens	3: 5-9 employees	5,144	5,163	32,938
New York	Queens	4: 10-19 employees	2,689	2,731	35,429
New York	Queens	5: 20-99 employees	2,348	2,555	84,623
New York	Queens	6: 100-499 employees	674	1,076	80,163
New York	Queens	7: 500+ employees	684	3,156	222,790
New York	Rensselaer	1: Total	2,669	3,005	42,058
New York	Rensselaer	2: 0-4 employees	1,482	1,482	2,535
New York	Rensselaer	3: 5-9 employees	451	452	2,918
New York	Rensselaer	4: 10-19 employees	252	252	3,329
New York	Rensselaer	5: 20-99 employees	252	277	7,940
New York	Rensselaer	6: 100-499 employees	72	154	6,610
New York	Rensselaer	7: 500+ employees	160	388	18,726
New York	Richmond	1: Total	7,679	8,416	93,168
New York	Richmond	2: 0-4 employees	5,060	5,060	8,361
New York	Richmond	3: 5-9 employees	1,118	1,118	7,148
New York	Richmond	4: 10-19 employees	603	609	7,914
New York	Richmond	5: 20-99 employees	447	483	15,195
New York	Richmond	6: 100-499 employees	120	280	13,526
New York	Richmond	7: 500+ employees	331	866	41,024
New York	Rockland	1: Total	8,641	9,292	103,277
New York	Rockland	2: 0-4 employees	5,622	5,622	9,035
New York	Rockland	3: 5-9 employees	1,224	1,227	7,978
New York	Rockland	4: 10-19 employees	696	710	9,208
New York	Rockland	5: 20-99 employees	541	586	18,934
New York	Rockland	6: 100-499 employees	161	211	16,658
New York	Rockland	7: 500+ employees	397	936	41,464
New York	St. Lawrence	1: Total	1,778	2,100	28,204
New York	St. Lawrence	2: 0-4 employees	928	931	1,606
New York	St. Lawrence	3: 5-9 employees	325	334	2,118
New York	St. Lawrence	4: 10-19 employees	188	202	2,371
New York	St. Lawrence	5: 20-99 employees	137	174	4,158
New York	St. Lawrence	6: 100-499 employees	50	86	4,128
New York	St. Lawrence	7: 500+ employees	150	373	13,823
New York	Saratoga	1: Total	4,335	4,919	62,863
New York	Saratoga	2: 0-4 employees	2,418	2,419	4,040
New York	Saratoga	3: 5-9 employees	654	654	4,279
New York	Saratoga	4: 10-19 employees	440	444	5,624
New York	Saratoga	5: 20-99 employees	405	454	12,345
New York	Saratoga	6: 100-499 employees	116	247	7,513
New York	Saratoga	7: 500+ employees	302	701	29,062
New York	Schenectady	1: Total	2,682	3,103	52,667
New York	Schenectady	2: 0-4 employees	1,453	1,453	2,445
New York	Schenectady	3: 5-9 employees	403	405	2,646
New York	Schenectady	4: 10-19 employees	263	264	3,579
New York	Schenectady	5: 20-99 employees	244	292	8,047

New York	Schenectady	6: 100-499 employees	90	206	7,764
New York	Schenectady	7: 500+ employees	229	483	28,186
New York	Schoharie	1: Total	522	576	5,773
New York	Schoharie	2: 0-4 employees	314	314	499
New York	Schoharie	3: 5-9 employees	80	81	519
New York	Schoharie	4: 10-19 employees	29	29	387
New York	Schoharie	5: 20-99 employees	41	56	1,330
New York	Schoharie	6: 100-499 employees	15	36	1,065
New York	Schoharie	7: 500+ employees	43	60	1,973
New York	Schuyler	1: Total	333	354	3,628
New York	Schuyler	2: 0-4 employees	197	197	321
New York	Schuyler	3: 5-9 employees	47	47	303
New York	Schuyler	4: 10-19 employees	29	29	357
New York	Schuyler	5: 20-99 employees	17	20	460
New York	Schuyler	6: 100-499 employees	16	27	1,064
New York	Schuyler	7: 500+ employees	27	34	1,123
New York	Seneca	1: Total	654	711	8,143
New York	Seneca	2: 0-4 employees	311	311	508
New York	Seneca	3: 5-9 employees	95	96	607
New York	Seneca	4: 10-19 employees	50	52	596
New York	Seneca	5: 20-99 employees	51	55	1,438
New York	Seneca	6: 100-499 employees	29	36	1,272
New York	Seneca	7: 500+ employees	118	161	3,722
New York	Steuben	1: Total	1,581	1,841	28,936
New York	Steuben	2: 0-4 employees	808	809	1,442
New York	Steuben	3: 5-9 employees	278	280	1,747
New York	Steuben	4: 10-19 employees	173	175	2,213
New York	Steuben	5: 20-99 employees	150	183	4,734
New York	Steuben	6: 100-499 employees	47	123	3,254
New York	Steuben	7: 500+ employees	125	271	15,546
New York	Suffolk	1: Total	43,596	48,351	575,030
New York	Suffolk	2: 0-4 employees	28,493	28,504	46,109
New York	Suffolk	3: 5-9 employees	6,451	6,481	42,051
New York	Suffolk	4: 10-19 employees	3,787	3,841	50,299
New York	Suffolk	5: 20-99 employees	3,152	3,467	113,429
New York	Suffolk	6: 100-499 employees	762	1,461	94,391
New York	Suffolk	7: 500+ employees	951	4,597	228,751
New York	Sullivan	1: Total	1,881	2,093	18,559
New York	Sullivan	2: 0-4 employees	1,234	1,235	2,010
New York	Sullivan	3: 5-9 employees	267	269	1,760
New York	Sullivan	4: 10-19 employees	148	158	1,991
New York	Sullivan	5: 20-99 employees	121	142	3,783
New York	Sullivan	6: 100-499 employees	41	65	3,388
New York	Sullivan	7: 500+ employees	70	224	5,627
New York	Tioga	1: Total	734	796	13,693
New York	Tioga	2: 0-4 employees	402	402	670
New York	Tioga	3: 5-9 employees	118	120	756
New York	Tioga	4: 10-19 employees	66	68	890

New York	Tioga	5: 20-99 employees	58	62	1,627
New York	Tioga	6: 100-499 employees	31	53	1,927
New York	Tioga	7: 500+ employees	59	91	0
New York	Tompkins	1: Total	2,093	2,268	46,947
New York	Tompkins	2: 0-4 employees	1,015	1,015	1,792
New York	Tompkins	3: 5-9 employees	384	385	2,517
New York	Tompkins	4: 10-19 employees	228	235	2,946
New York	Tompkins	5: 20-99 employees	205	218	6,358
New York	Tompkins	6: 100-499 employees	68	88	4,893
New York	Tompkins	7: 500+ employees	193	327	28,441
New York	Ulster	1: Total	4,377	4,772	47,766
New York	Ulster	2: 0-4 employees	2,748	2,749	4,604
New York	Ulster	3: 5-9 employees	655	658	4,252
New York	Ulster	4: 10-19 employees	367	374	4,823
New York	Ulster	5: 20-99 employees	284	339	9,079
New York	Ulster	6: 100-499 employees	87	155	7,452
New York	Ulster	7: 500+ employees	236	497	17,556
New York	Warren	1: Total	2,091	2,369	33,279
New York	Warren	2: 0-4 employees	1,161	1,163	1,739
New York	Warren	3: 5-9 employees	296	299	1,916
New York	Warren	4: 10-19 employees	183	192	2,365
New York	Warren	5: 20-99 employees	180	206	5,570
New York	Warren	6: 100-499 employees	64	108	5,209
New York	Warren	7: 500+ employees	207	401	16,480
New York	Washington	1: Total	978	1,091	9,967
New York	Washington	2: 0-4 employees	619	619	1,052
New York	Washington	3: 5-9 employees	125	127	796
New York	Washington	4: 10-19 employees	94	97	1,222
New York	Washington	5: 20-99 employees	67	73	1,893
New York	Washington	6: 100-499 employees	23	52	2,010
New York	Washington	7: 500+ employees	50	123	2,994
New York	Wayne	1: Total	1,615	1,776	19,867
New York	Wayne	2: 0-4 employees	922	923	1,502
New York	Wayne	3: 5-9 employees	257	259	1,710
New York	Wayne	4: 10-19 employees	149	151	1,842
New York	Wayne	5: 20-99 employees	148	167	4,350
New York	Wayne	6: 100-499 employees	36	76	2,639
New York	Wayne	7: 500+ employees	103	200	7,824
New York	Westchester	1: Total	29,016	32,116	396,503
New York	Westchester	2: 0-4 employees	19,162	19,181	31,227
New York	Westchester	3: 5-9 employees	4,174	4,196	27,105
New York	Westchester	4: 10-19 employees	2,237	2,268	29,699
New York	Westchester	5: 20-99 employees	1,947	2,146	68,176
New York	Westchester	6: 100-499 employees	601	968	70,854
New York	Westchester	7: 500+ employees	895	3,357	169,442
New York	Wyoming	1: Total	740	797	9,735
New York	Wyoming	2: 0-4 employees	388	388	677
New York	Wyoming	3: 5-9 employees	131	132	824

New York	Wyoming	4: 10-19 employees	81	82	1,044
New York	Wyoming	5: 20-99 employees	64	68	1,979
New York	Wyoming	6: 100-499 employees	19	25	1,013
New York	Wyoming	7: 500+ employees	57	102	4,198
New York	Yates	1: Total	512	540	5,176
New York	Yates	2: 0-4 employees	301	301	479
New York	Yates	3: 5-9 employees	72	72	484
New York	Yates	4: 10-19 employees	46	46	547
New York	Yates	5: 20-99 employees	46	48	1,166
New York	Yates	6: 100-499 employees	13	18	764
New York	Yates	7: 500+ employees	34	55	1,736
New York	**Statewide New York**	**1: Total**	**464,549**	**519,875**	**7,552,659**

Attachment 2 - 2009 Small Business by County – In Response to Question #22

The Number of Firms in 2009 Tabulated by County and Enterprise Employment Size

SOURCE: 2009 County Business Patterns. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see http://www.census.gov/econ/susb/methodology.html

State	County	Enterprise Employment Size				
		Total	<20	20-99	100-499	500+
New York	Albany	7,891	5,922	892	315	762
New York	Allegany	719	587	51	33	48
New York	Bronx	14,398	12,828	923	307	340
New York	Broome	3,617	2,745	391	121	360
New York	Cattaraugus	1,585	1,263	148	51	123
New York	Cayuga	1,504	1,186	108	54	156
New York	Chautauqua	2,650	2,108	240	87	215
New York	Chemung	1,589	1,122	165	64	238
New York	Chenango	871	705	70	24	72
New York	Clinton	1,691	1,270	182	57	182
New York	Columbia	1,626	1,399	107	34	86
New York	Cortland	937	697	93	37	110
New York	Delaware	920	791	57	21	51
New York	Dutchess	6,680	5,735	443	150	352
New York	Erie	18,224	14,743	2,003	569	909
New York	Essex	1,044	895	61	32	56
New York	Franklin	897	728	73	27	69
New York	Fulton	1,081	887	89	30	75
New York	Genesee	1,231	934	112	50	135
New York	Greene	1,061	918	54	24	65
New York	Hamilton	193	173	9	2	9
New York	Herkimer	1,072	901	72	29	70
New York	Jefferson	2,134	1,652	186	75	221
New York	Kings	43,443	40,040	2,302	562	539
New York	Lewis	482	412	26	14	30
New York	Livingston	1,136	928	100	19	89
New York	Madison	1,282	1,057	90	39	96
New York	Monroe	14,038	11,384	1,450	438	766
New York	Montgomery	975	761	85	36	93
New York	Nassau	43,295	38,917	2,801	704	873
New York	New York	90,796	77,800	8,588	2,502	1,906
New York	Niagara	3,939	3,204	355	114	266
New York	Oneida	4,232	3,403	363	133	333
New York	Onondaga	9,766	7,585	1,096	344	741
New York	Ontario	2,521	1,900	247	93	281
New York	Orange	8,268	6,996	561	208	503
New York	Orleans	623	513	48	19	43
New York	Oswego	1,913	1,580	151	48	134
New York	Otsego	1,265	1,013	106	34	112

New York	Putnam	2,812	2,529	133	49	101
New York	Queens	39,314	35,716	2,271	644	683
New York	Rensselaer	2,629	2,163	233	71	162
New York	Richmond	7,592	6,716	430	120	326
New York	Rockland	8,477	7,435	520	151	371
New York	St. Lawrence	1,760	1,432	135	48	145
New York	Saratoga	4,325	3,520	388	111	306
New York	Schenectady	2,674	2,114	249	83	228
New York	Schoharie	514	414	41	15	44
New York	Schuyler	332	275	18	15	24
New York	Seneca	641	451	50	27	113
New York	Steuben	1,579	1,268	139	45	127
New York	Suffolk	42,827	38,202	2,962	730	933
New York	Sullivan	1,786	1,560	116	38	72
New York	Tioga	731	587	52	31	61
New York	Tompkins	2,122	1,658	211	63	190
New York	Ulster	4,290	3,706	267	82	235
New York	Warren	2,099	1,665	174	62	198
New York	Washington	967	834	62	24	47
New York	Wayne	1,567	1,300	132	36	99
New York	Westchester	28,498	25,237	1,832	559	870
New York	Wyoming	730	603	53	21	53
New York	Yates	505	417	44	10	34
New York	**Statewide**	**460,360**	**397,484**	**35,410**	**10,535**	**16,931**

Attachment 3 - 2009 Uninsured Estimate by County – In Response to Question #25

Allocation of NYS 2009 Uninsured Children and Adults to Counties						
Age 0 to 18				**Age 19 to 64**		
County	Uninsured	Population	% Unins	Uninsured	Population	% Unins
Albany	3,435	67,296	5.1%	22,146	190,148	11.6%
Allegany	846	12,015	7.0%	4,764	29,980	15.9%
Bronx	41,198	412,528	10.0%	233,935	837,272	27.9%
Broome	2,300	43,779	5.3%	19,324	118,351	16.3%
Cattaraugus	2,528	19,608	12.9%	9,731	47,562	20.5%
Cayuga	1,619	17,858	9.1%	7,234	49,791	14.5%
Chautauqua	2,019	31,408	6.4%	14,845	80,358	18.5%
Chemung	1,734	20,740	8.4%	7,444	53,847	13.8%
Chenango	952	12,025	7.9%	5,448	30,247	18.0%
Clinton	1,217	16,956	7.2%	7,873	53,576	14.7%
Columbia	1,384	13,378	10.3%	7,355	37,456	19.6%
Cortland	738	11,521	6.4%	4,790	30,201	15.9%
Delaware	842	9,818	8.6%	4,756	26,836	17.7%
Dutchess	3,090	71,625	4.3%	30,022	183,079	16.4%
Erie	12,838	209,531	6.1%	74,763	555,695	13.5%
Essex	834	7,425	11.2%	4,831	23,838	20.3%
Franklin	852	10,257	8.3%	5,001	33,116	15.1%
Fulton	796	12,532	6.3%	5,318	33,698	15.8%
Genesee	1,225	13,553	9.0%	6,132	34,871	17.6%
Greene	1,001	10,666	9.4%	5,157	30,496	16.9%
Hamilton	159	879	18.2%	922	2,979	31.0%
Herkimer	1,034	14,443	7.2%	6,051	37,529	16.1%
Jefferson	2,119	30,722	6.9%	12,970	74,052	17.5%
Kings	55,645	665,537	8.4%	387,324	1,601,447	24.2%
Lewis	581	6,342	9.2%	3,064	15,927	19.2%
Livingston	1,102	14,325	7.7%	6,291	40,311	15.6%
Madison	981	17,104	5.7%	7,023	43,265	16.2%
Monroe	11,208	178,488	6.3%	57,457	453,360	12.7%
Montgomery	763	11,938	6.4%	3,986	28,270	14.1%
Nassau	24,845	332,582	7.5%	128,223	818,120	15.7%
New York	23,778	277,247	8.6%	208,147	1,144,171	18.2%
Niagara	3,529	49,292	7.2%	20,097	131,975	15.2%
Oneida	2,401	53,129	4.5%	19,161	140,312	13.7%
Onondaga	7,039	111,917	6.3%	43,499	278,555	15.6%
Ontario	1,613	25,187	6.4%	9,855	64,394	15.3%
Orange	11,036	110,940	9.9%	43,981	232,618	18.9%
Orleans	826	9,972	8.3%	4,246	26,076	16.3%
Oswego	1,296	30,113	4.3%	12,243	76,345	16.0%
Otsego	1,209	13,486	9.0%	6,701	38,162	17.6%
Putnam	1,129	24,859	4.5%	7,821	62,571	12.5%
Queens	54,336	519,503	10.5%	430,701	1,486,288	29.0%
Rensselaer	516	35,970	1.4%	12,356	98,429	12.6%
Richmond	8,301	119,858	6.9%	39,523	310,479	12.7%
Rockland	5,157	87,555	5.9%	31,438	171,416	18.3%
Saratoga	2,402	51,324	4.7%	20,443	139,913	14.6%
Schenectady	2,499	37,057	6.7%	16,150	91,527	17.6%
Schoharie	540	7,204	7.5%	3,209	19,432	16.5%
Schuyler	358	4,094	8.7%	2,002	11,485	17.4%
Seneca	655	7,500	8.7%	3,441	21,365	16.1%
St Lawrence	2,122	25,893	8.2%	10,109	68,998	14.7%
Steuben	3,228	23,400	13.8%	10,364	58,118	17.8%
Suffolk	28,081	388,399	7.2%	164,587	925,960	17.8%
Sullivan	1,993	18,228	10.9%	9,811	46,563	21.1%
Tioga	884	12,248	7.2%	4,863	30,198	16.1%
Tompkins	268	21,764	1.2%	8,721	69,472	12.6%
Ulster	3,921	39,522	9.9%	24,404	115,727	21.1%
Warren	955	14,069	6.8%	8,363	40,358	20.7%
Washington	1,177	13,834	8.5%	6,696	39,271	17.1%
Wayne	2,562	23,031	11.1%	10,012	55,503	18.0%
Westchester	11,565	243,038	4.8%	120,052	577,570	20.8%
Wyoming	936	9,043	10.4%	4,625	26,826	17.2%
Yates	654	6,297	10.4%	2,628	14,120	18.6%
Statewide	366,853	4,711,838	7.8%	2,414,428	12,209,861	19.8%

The method allocates the NYC and Rest-of-State uninsured estimated by the Census Bureau's Current Population Survey (CPS) based on a county's share of the uninsured in the American Community Survey (ACS) or its share of the Census Bureau's SAHIE model for non-ACS counties.