

THE OFFICE OF HEALTH CARE OMBUDSMAN

HCO Implementation Plan

prepared for

Vermont's Health Benefits Exchange Implementation

December 2012



HCO IMPLEMENTATION PLAN

I. INTRODUCTION

The Office of Health Care Ombudsman (HCO), a special project of Vermont Legal Aid, Inc., (VLA), is a health insurance consumer assistance program which helps Vermont state residents resolve problems, answer questions, file complaints and appeals and enroll in State health care programs. The HCO provides this help to Vermonters through a statewide hotline (1-800-917-7787), its website (www.vtlegalaid.org), and the five VLA offices located around the state. The Department of Vermont Health Access (DVHA) plans to use the HCO to provide these consumer services for the Vermont Health Benefits Exchange (Exchange).

DVHA will create the Exchange pursuant to the federal health care reform law, the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (ACA), and Vermont Act 48 of 2011, an act relating to a universal and unified health system. DVHA plans to begin operating the Exchange in October, 2013. Act 48 requires both the Exchange and the Navigators¹ to refer consumers to the HCO for help with problems and appeals.

DVHA contracted with VLA to help prepare for implementation of the Exchange by analyzing the complaints and questions received by the HCO in the past, evaluating the likely consumer assistance needs once the Exchange is operational, and designing a process for addressing consumer complaints not resolved by other consumer assistance efforts within the Exchange itself. Since its inception more than a dozen years ago, the HCO has categorized and recorded data about the problems it has helped resolve and the consumer education it has provided. The HCO's Consumer Complaints Report, which analyzed that data was completed and submitted to DVHA in August 2012.

This Implementation Plan is the second part of DVHA's contract with the HCO. The Plan shows the steps the HCO will take to provide public information and receive consumer complaints when the Exchange becomes operational. As requested, this plan includes a description of the steps the HCO will take, an evaluation of the additional resources needed with the estimated cost of those resources, and a timeline for achieving the tasks. The data analysis in the Consumer Complaints Report provided the foundation for the HCO's planning efforts and estimates.

II. PUBLIC INFORMATION AND OUTREACH

The HCO has already begun preparations to provide the public with information regarding the Exchange. The Department of Financial Regulation (DFR) recently contracted with the HCO² to improve the HCO's presence on the web to allow more efficient access to its services and to expand its outreach capabilities.

¹ Navigators, as mandated by the ACA, are individuals who will educate consumers about Exchange insurance plans and facilitate enrollment.

² This is the result of a one year ACA Consumer Assistance Program Limited Competition grant.

As a result of this contract the HCO will update its website, design and implement an online intake form so Vermonters can request HCO assistance directly through the web, and improve its online and hard-copy outreach materials.

During the winter of 2013, the HCO will identify the kinds of information and outreach materials which the public will need to understand the Exchange. Working with DVHA staff and other community partners, the HCO will evaluate the informational materials already produced, or expected to be produced, and identify areas not adequately addressed. Consumer materials likely to be produced include FAQs on how to handle common billing problems, descriptions of appeal processes for particular problems and model documents to be used in appeals. By September of 2013, the HCO will design and produce the needed additional information and outreach materials, ensuring they coordinate with the Exchange's educational materials. No later than September 1, 2013, using its newly redesigned website, the HCO will post all the relevant informational materials online, including links to other resources related to the Exchange.

With its redesigned website, the HCO will be able to more comprehensively distribute consumer education materials, including information about the ACA, the Exchange and the appeals processes. The redesigned website will allow new and edited information to be posted easily and quickly, with no help from a programmer. Online materials such as grievance and appeal forms, sample letters, descriptions of consumer options and links to other resources will be produced and posted.

Pursuant to its two Consumer Assistance Program contracts with DFR, the HCO will also prepare materials for a series of community presentations aimed at preparing staff of local organizations, health care providers and other interested parties for the advent of the Exchange. At least five of these presentations will be held in locations across the state. All of the materials distributed at these presentations will be posted online.

The HCO will coordinate closely with DVHA regarding its materials and presentations. The HCO's outreach and educational efforts will be from a consumer advocacy point of view. They will not duplicate or conflict with DVHA's outreach and education efforts, but will provide information to consumers on ways to resolve different types of problems and what the HCO can do to help. The HCO's goal is to supplement and build on what DVHA plans to do.

III. CONSUMER ASSISTANCE

The HCO already has the framework in place to help consumers resolve problems related to the Exchange. It operates a well-established health care hotline staffed by trained advocates and supported by an experienced legal staff. The HCO has a customized case management system designed to support a high volume of cases in an efficient manner. These resources are scalable and, if sufficient financial resources are provided, should allow the HCO to effectively respond to the anticipated rise in the number of health care consumer questions and problems resulting from the implementation of the Exchange.

The creation of the Exchange in Vermont represents an unprecedented change in the way in which many Vermonters will get health insurance coverage. Despite the best efforts of all of the parties involved, it is

inevitable that a significant number of Vermonters will be confused or dissatisfied with their interaction with the Exchange. This will be particularly true during the initial roll-out of the Exchange.

To prepare to handle Exchange-related consumer complaints, the HCO has identified at least five issues it needs to address to prepare for the Exchange, which is to begin operation in October 2013: estimate the likely complaint volume to the HCO; clarify the regulatory framework in which the Exchange will operate; identify increased HCO staffing needs; train HCO staff; and, map out specific strategies to coordinate with the State of Vermont and community partners.

A. Complaint Volume

It is not possible to predict the total number of additional Exchange related consumer complaints that will come to the HCO with precision. It is too big a change, with too many new and untested components to accurately forecast the number of health care consumers who will need help beyond that provided by the Exchange staff and Navigators. However, we can draw some conclusions based on the HCO's experience with other major changes in the health insurance system over the past ten years. Two such examples are the introduction of the Medicare Part D drug program and the implementation of the Catamount Health and premium assistance plans. Both of these were significant changes in the health care system and both affected thousands of Vermonters. See the HCO's earlier Consumer Complaint Report for more detail.

The starting place for any analysis of the Exchange-related complaint volume is the likely number of Vermonters who will use the Exchange. The most current figures given to us by DVHA are that 266,500 Vermonters are expected to get health benefits through the Exchange. Of these, an estimated 101,500 individuals are expected to purchase Qualified Health Plans, and another 165,000 to enroll in Medicaid. However, about 106,000 of the Medicaid beneficiaries included in this number are already on Medicaid. So, although 266,500 people are expected to enroll in plans through the Exchange, only about 160,500 individuals will actually be in transition. In any case, this is a prediction not an absolute.

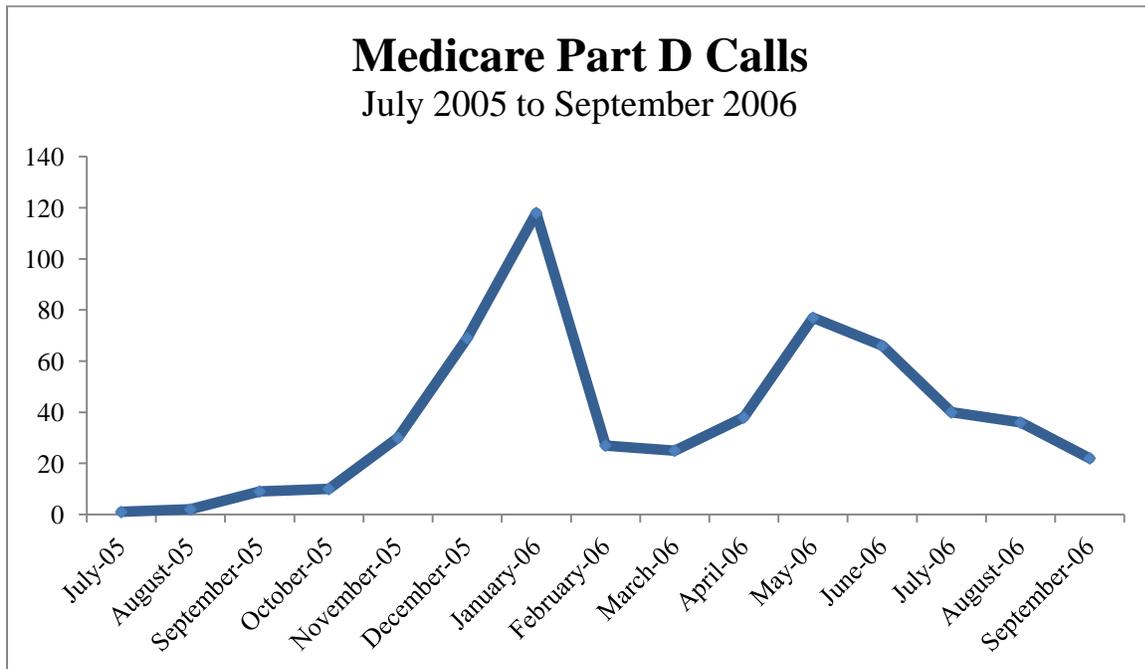
About 7.6% of all Vermonters are currently uninsured, and are expected to purchase insurance through the Exchange. In addition, a number of state programs, e.g. VHAP, CHAP, the ESIA programs and Catamount Health, will all end. Most of the beneficiaries on those programs are expected to transition to other insurance through the Exchange. About 80% of VHAP beneficiaries will become eligible for Medicaid, and the remaining 20% will be eligible to purchase Qualified Health Plans through the Exchange. Applications for Medicaid will all go through the Exchange. In addition, Vermonters currently purchasing individual plans as well as small group employers will only be able to purchase insurance through the Exchange.

With these 266,500 participants (160,500 individuals in transition) as the universe of potential sources of complaints, we can turn to the experience of the HCO in responding to the two large health care changes identified above for the sake of comparison.

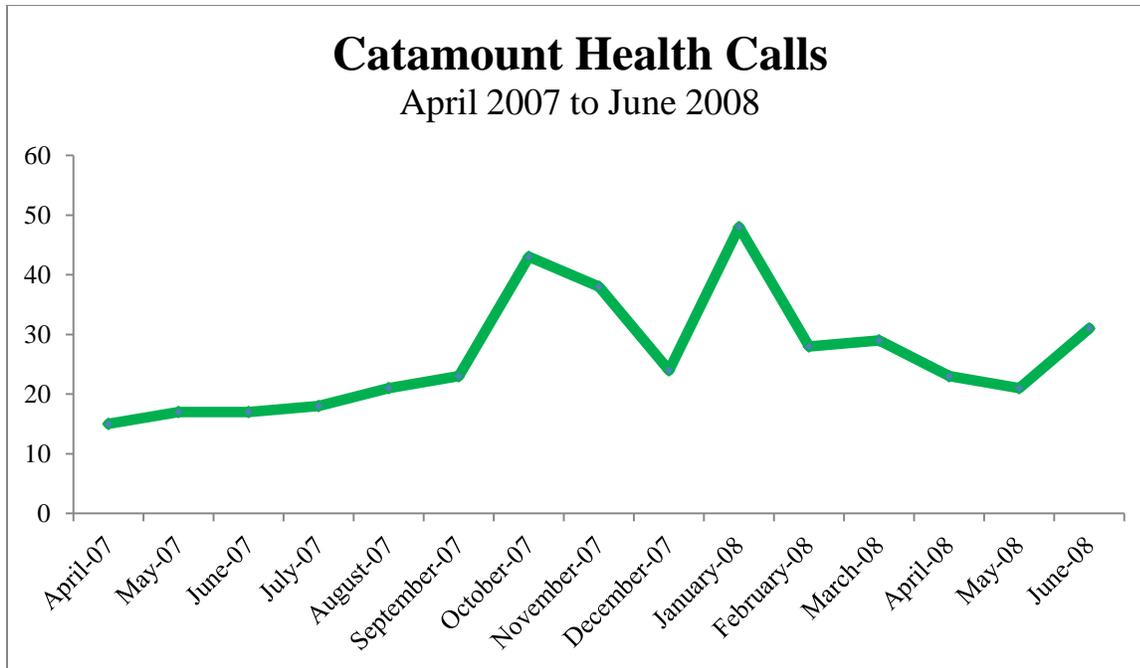
In 2003, Congress enacted a dramatic expansion of federal health care benefits known as Medicare Part D which began providing prescription coverage to Medicare beneficiaries in January 2006. Like the Exchange plans, Part D involved commercial insurance products for which some individuals can get

government subsidies. This hybrid design made the program difficult to implement smoothly. In Vermont it was even more complicated because the State also decided to use its existing pharmacy programs to “wrap” the Part D benefit. The Part D program affected about 100,000 Vermonters.

In the six months leading up to the implementation of Part D and the six months after its arrival, the HCO saw its call volume increase by 23.5%. Enrollment in Part D plans began in October 2005 and insurance coverage began in January 2006. The following graph illustrates the rapid increase in Part D calls after the open enrollment period began, the January peak, and the trajectory after the initial spike in consumer complaints at the time Part D was offered to Vermonters. It is also important to note that the HCO continued to average almost 30 calls a month for the next three years generated by this new benefit.



Similarly, when the state implemented Catamount Health in October 2007, the HCO saw a steady increase in Catamount calls in the three months prior to the start date of enrollment, and then a significant spike in its call volume in the six months following the implementation date. This spike represented an average caseload increase of 16% during that fiscal year, despite the fact that this benefit was only available to approximately 50,000 people in Vermont. HCO continues to average more than 20 complaints a month about this program.



From this experience it seems clear there will be a significant increase in call volume in the months prior to the start of open enrollment in October 2013 and then a more significant spike in January 2014 when coverage through Exchange plans is to begin. The HCO expects call volume to remain high for several years following that.

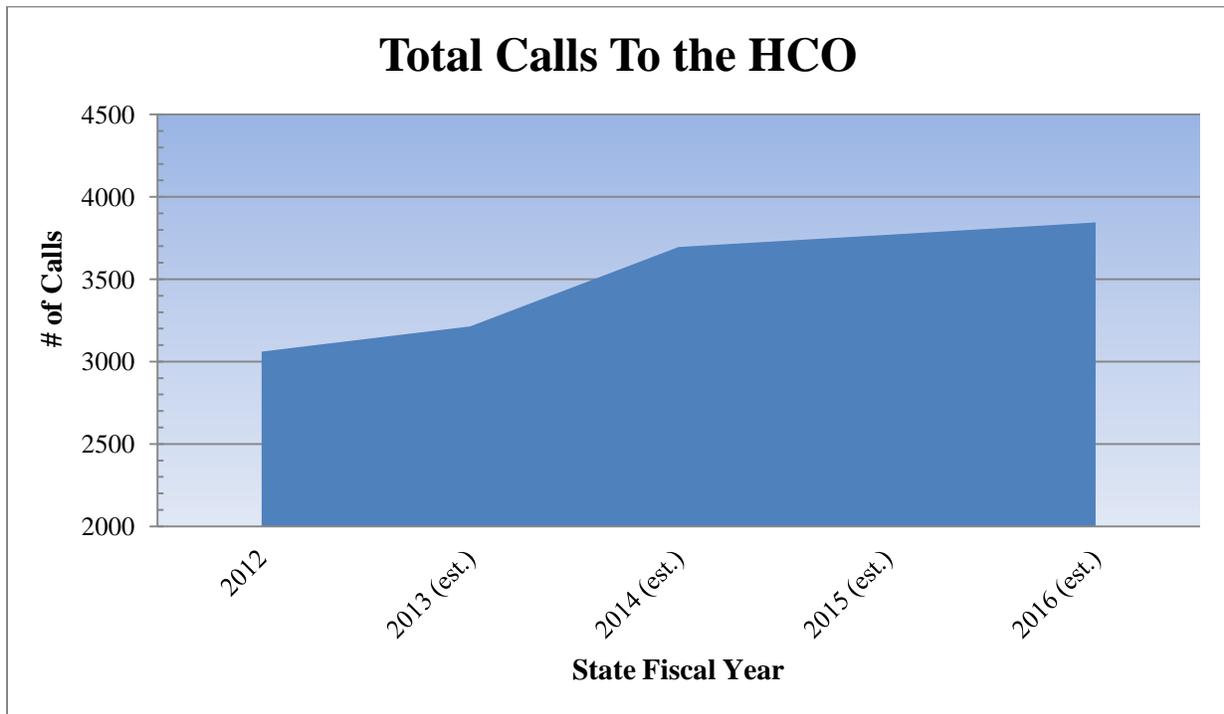
Given that the number of people eligible to participate in the Exchange is larger than that affected by Part D or Catamount, and the fact that the advent of the Exchange represents an unprecedented change in the entire delivery system for health insurance, the HCO estimates it will see call volumes increase by at least 25%, or over 900 cases for the first year, beginning in the fall of 2013. The HCO also expects to see a sustained increase of 15% or more for the second and third years when the Exchange is operating.

The HCO can anticipate some of the issues which will arise as the Exchange begins to serve Vermonters. Eligibility decisions based on income may be particularly difficult because most of these will be made using information from the Internal Revenue Service (IRS). Because it will be an integrated eligibility system for all health programs, eligibility for Medicaid under the new eligibility rules, federal premium tax credits for Exchange products and the federal cost-sharing subsidies will all be appealable issues arising from Exchange decisions.

It is our understanding the State does not expect the HCO to assist small group employers who have problems with decisions made by the Exchange. These employers will also need assistance with appeals. For example, they may contest a decision regarding whether they are “eligible employers” who can buy insurance in the Exchange, or a decision that the insurance they provide to their employees does not meet Minimum Essential Coverage requirements. It is our understanding that these appeals will go through a new appeal process administered by DVHA. The HCO does not intend to assist employers in part because there may be conflicts with their employees who need the HCO’s assistance. Our focus will be on aiding

individual consumers. It will, however, be important that employers have access to help with problem solving and with appeals from other sources, such as trade associations, brokers or specialized Navigators.

Overall the HCO expects to see a significant increase in total call volume beginning in the summer of calendar year 2013, continuing through 2014 and then leveling off at a sustained higher level in 2015 and 2016.



While the HCO cannot know exactly how many additional calls for assistance it will receive once the Exchange is formally in operation, it can predict without question that there will be a lot of calls. Given the unprecedented nature of the changes being proposed, it may be that the above analysis is inadequate and significantly underestimates the number of new calls. The HCO will need to remain flexible and continually examine the call volume trends.

B. Regulatory Framework

In order to effectively assist consumers, the HCO will need to fully understand how the Exchange will work and what the rules will be. In other words, it will need to clarify the regulatory framework in which the Exchange will operate. There will be several sets of regulations that the State will need to promulgate. Indeed, as of this writing DVHA and DCF are beginning stakeholder involvement in a massive rewrite of the Vermont's health benefit regulations. The HCO will participate in these and any other stakeholder meetings regarding the

overall regulatory structure and the drafting of the regulations. The HCO will file formal comments on the draft regulations when they are published. In addition, the HCO will monitor federal regulations affecting consumers' rights in the Exchange, including regulations related to the new Medicaid eligibility rules based on Modified Adjusted Gross Income (MAGI), the appeal process, federal premium tax credits, federal cost-sharing subsidies and any additional state subsidies.

The HCO will also develop the protocols and relationships necessary to aid in resolving complaints in the new regulatory environment. For example, it will establish contacts with key staff in the Exchange and DVHA and work to create mutually agreeable methods of communicating and sharing information for the benefit of consumers.

C. Staffing needs

It is readily apparent that the HCO will need significant additional resources to respond to the inevitable increase in call volume generated by the implementation of the Exchange. The HCO recognizes that it is not possible at the current point in the planning process to know what the ultimate staffing levels should be. However, as the above analysis of past health care changes and call volume increases shows, it is probably conservative to predict a rise of 25% in overall call volume due to the advent of the Exchange.

Over the past decade, the average number of cases per HCO advocate has ranged from a low of 33 per month to a high of 64³. The relative caseload levels have been affected by whether the HCO had three, four or five advocates answering calls at a particular point in time. During the period when lack of funding reduced the number of advocates, caseloads rose. Consequently the level of service on individual cases declined, as did the overall complexity of cases accepted. Taking these factors into account, the average caseload per month across all advocates in this period was 51.6 per advocate per month. The HCO's experience has been that an overall caseload goal of between 40 and 50 cases per advocate per month allows us to effectively handle the general workflow. When caseloads exceed 45 cases per month on a sustained basis, the HCO is forced to reduce the assistance it can provide and the stress on the advocates becomes unacceptable.

The implementation of the Exchange represents, not just an additional opportunity for health care coverage, a change in Medicaid eligibility guidelines and the establishment of new government subsidies, but a fundamental reorganization of the health care system. As such, it must be anticipated that the questions and problems presented will represent an increase in complexity from the current calls. In addition, as with the roll-out of any new health care program, it is certain that individual cases, even relatively minor or straightforward disputes will take longer to resolve as all the involved parties attempt to navigate the new and uncertain landscape

The HCO expects the number of appeals and complex intervention cases to increase, which will require additional advocate time per case and attorney resources to supervise and support the increased lay advocacy staff. There are a number of reasons for this. First, there will be an increased number of issues

³ Adjusting for months in which a brand new advocate was hired or where an advocate left in the middle of the month.

that can be appealed, as mentioned above. Second, commercial carriers tend to generate more complaints about billing and coverage and there will be more people on commercial plans. Third, as mentioned in our previous Consumer Complaints Report the HCO's calls from the uninsured tend to require more direct service and complex intervention than callers who have insurance, and the HCO can expect to see an increase in calls from the uninsured as they try to understand the new system. Fourth, also as mentioned in the previous report, people transitioning from one plan to another tend to generate more calls because of problems related to eligibility because they do not understand the process. And finally, a hybrid system like this, which combines commercial plans with government subsidies, tends to generate problems that are more complex and more difficult to resolve.

Taking into account these factors, the HCO believes the caseload target for the Exchange cases for at least the first two years should be 40 cases per advocate per month. Based on the estimated increased caseload discussed in Section III A above, the HCO will need to add at least two additional advocates and .4 FTE attorney supervisory staff to insure its capacity to respond to consumer complaints arising from the Exchange, while maintaining its current volume of other health care related cases. As discussed above, the caseload modeling used in this analysis may under represent the actual number of increased calls. If so, the HCO will need to add additional staff. Fortunately, HCO is fairly readily scalable and, except for a concern over office space, could add several more positions quickly if necessary to handle the call volume.

D. Staff Training

The HCO will train all staff on the practical and legal issues arising from the Exchange. It will keep abreast of all information the State disseminates as rules and details emerge. Over the course of the next year the HCO will provide ongoing in-house training for all staff as new information becomes available. In addition, all staff will participate in as many training activities as possible, whether conducted by DVHA, community partners such as the Campaign for Health Care Security, or national consumer advocacy groups.

DVHA recently released an Outreach and Education plan which includes training plans for stakeholders and Navigators. These educational opportunities will be conducted via Vermont Interactive Television, webinar and in-person. The HCO will seek out and participate in all relevant training activities that the State organizes. The Health Care Ombudsman is on the Medicaid and Exchange Advisory Board subcommittees advising on outreach and education and the Navigator program. She expects to work with other members of the Board to influence the type and scope of the trainings to insure they are comprehensive and adequately cover areas where consumer complaints may arise.

The HCO will create its own training materials as well. It will add substantive information about the Exchange to its existing training manual. The manual will also include protocols and contacts for the resolution of consumer complaints. Since more Vermonters will be on commercial insurance, the HCO will expand its current materials related to commercial plan appeals. It will also expand its materials related to billing and coverage problems because the HCO's past experience shows that commercial coverage gives rise to more complaints about billing than coverage under State plans.

The HCO is particularly concerned about the degree of knowledge and thus training that will be necessary to resolve problems with the IRS. However, VLA does have a Low-Income Taxpayer Project and hopes to take advantage of the expertise of the attorney managing that program. The HCO itself has very limited experience with IRS rules. It is likely that a variety of unfamiliar problems will arise from the interface of the Exchange with the IRS. The HCO can foresee disagreements about income information on tax returns, eligibility for different levels of premium tax credits, reconciliations and other areas. As the types of possible problems emerge, the HCO will need to identify the additional materials and training needed to develop the expertise to address those problems. It will then determine how to get that training.

Our experience is that it takes three to six months to train a new HCO advocate. With the addition of this new area of potential problems, we believe it will take at least six months to bring new advocates to the desired level of expertise. HCO training includes review of the HCO training manual and state rules, instruction on how to use and enter information into the HCO's custom case management system, education on basic advocacy skills and techniques, monitoring of hotline calls by other advocates, and slowly taking on actual cases. New advocates gradually increase the number of cases they handle under the close supervision of more experienced advocates and a staff attorney. All closed cases are reviewed by a supervisor.

E. Coordination

It will be extremely important for the HCO to coordinate closely with DVHA Exchange staff, the Exchange call center, and the Navigators, all of whom are required to refer individuals to the HCO for assistance with grievances and appeals pursuant to Act 48. Once the HCO knows who the Navigators will be, it will establish working relationships if it doesn't already have them. The HCO already works closely with advocates at the Campaign for Health Care Security, the Vermont Workers Center, Bi-State Primary and VPIRG.

The HCO will also work with DVHA to clarify the particular points at which the Exchange will refer consumers to the HCO for assistance. We understand that there will be a grievance and appeals system, and the hope is that many problems can be resolved informally. However, if informal resolution is not successful, it is our expectation that consumers will be referred to the HCO for advice and assistance in pursuing a possible grievance or appeal. We also expect that our contact information will be on all denial notices, as it is now for both DVHA programs and commercial plans.

The way the HCO resolves many consumer complaints is through established contacts within other entities, like government agencies and insurance companies. When HCO advocates talk to a client, they get the relevant facts, analyze the problem, look at applicable laws and regulations, and then contact the people who can cut through red tape to resolve the problem. Thus it is imperative that the HCO develop relationships with key staff within the entities involved with the Exchange.

The HCO will work with DVHA to identify who it should contact for help in resolving different types of consumer problems. Currently the HCO works with one DVHA staff person as a gateway to resolve treatment or service coverage issues. It also works with Health Care Operations (AOPS) to resolve

eligibility problems. The HCO expects to continue its close and cordial relationship with AOPS or its equivalent, as it is a highly effective way to get results for consumers quickly. The HCO fully intends to work with DVHA and the Exchange to determine what the most effective protocols might be to promptly resolve consumer problems.

It will also be important for the HCO to know who to contact regarding trends or systemic problems. The HCO's authorizing state statute requires that it report to state agencies and to act as a feedback loop to the State to resolve systemic problems wherever possible. Specifically, the statute states that the HCO must "provide information to the public, agencies, legislators and others regarding problems and concerns of health insurance consumers and shall make recommendations for resolving those problems and concerns." 8 V.S.A. § 4089w (b) (3). The HCO expects to continue to advocate for systemic and policy changes that will benefit consumers, and will work with DVHA to make this happen.

The HCO will also work with other advocacy organizations and Navigators to assure Vermonters are getting the help they need to enroll. It is our understanding that some Navigators will specialize to serve specific populations. The HCO will need to be aware of this specialization to know where to refer individuals calling its hotline. It will work with the Navigators, and other advocacy groups, to determine if there are other ways to be more effective. This is something the HCO currently does with SHIP to assist individuals with Medicare Part D.

As mentioned above, one area of particular concern is how to handle difficulties with the IRS. The HCO will work with DVHA to design the most effective protocol for addressing IRS-related issues for consumers. The hope is that the HCO will develop specific contacts within the IRS. It is expected that DVHA will assist HCO to the extent possible to develop these contacts and identify other relevant federal assistance. In addition, the HCO will work with DVHA to make sure its policies and procedures are as consumer-friendly as possible. How IRS issues are going to be handled is an area of major apprehension for the HCO, as working with the IRS generally is known to be time-consuming and difficult. It is not possible to anticipate all the issues that will arise from IRS involvement in the Exchange. As we all learn more, it is highly likely that the HCO will need more resources to handle these problems.

IV. EVALUATION OF ADDITIONAL RESOURCES NEEDED

As discussed in Section III C above, the HCO will need to add a minimum of two (2) FTE advocates and .4 FTE supervisors to address the increased caseload expected due to the Exchange. In order to have the new advocates hired and trained in time to respond to the "opening" of the Exchange in October of 2013, the HCO would need additional funding no later than July 1, 2013. Using the trend lines for expenses in the current fiscal year, the HCO estimates the need for \$239,209 in additional financial support to add the required new staff. A detailed proposed budget is attached as **Attachment A**.

V. TIMELINE **See Attachment B.**

VERMONT LEGAL AID

Office of Health Care Ombudsman

Exchange Implementation Staffing Budget

Budget for July 1, 2013 to June 30, 2014

		<u>Total SFY 2013</u>
<u>Personnel</u>		
Project Director	\$	4,127.00
Attorneys	\$	20,021.31
Lay Advocates and Para Professional Staff	\$	70,248.90
Management Professional Staff	\$	19,940.38
Clerical Support	\$	7,612.52
	<i>Total Salaries</i>	\$ 121,950.11
	\$	-
Fringe Benefits	\$	77,653.56
	Total Personnel	\$ 199,603.67
<u>Operating Costs</u>		
Occupancy	\$	20,040.40
Office Supplies and Other Office Overhead	\$	2,334.41
Copiers and Other Office Equipment	\$	1,894.59
Computer Services and Support	\$	3,671.35
	Total Operating	\$ 27,940.75
<u>Grant or Contract Specific Expenses</u>		
Travel	\$	704.20
Training	\$	2,540.96
Law Library	\$	1,315.74
Other Specific Costs	\$	556.86
	Total Specific Expenses	\$ 5,117.76
<u>Administrative Overhead</u>		
Administrative Support Expenses	\$	3,130.92
Depreciation	\$	3,416.06
	Total Administrative Overhead	\$ 6,546.97
TOTAL GRANT COSTS	\$	239,209.15

TIMELINE

	Staff Responsible	Quarter 1 1/1/2013 - 3/31/2013	Quarter 2 4/1/2013 - 6/30/2013	Quarter 3 7/1/2013 - 9/30/2013	Quarter 4 10/1/2013 - 12/31/2013
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<i>Public Information and Outreach</i>					
Identify and Evaluate Informational Materials Already Available to HCO	HCO Director, Outreach specialist				
Identify and Evaluate Planned Materials by the State and Others	HCO Director, Outreach specialist				
Develop Additional Exchange-Related Educational Materials Needed	Outreach Specialist, HCO Advocacy Staff				
Post Materials on HCO Website	Outreach Specialist				
Post Links to Other Resources on HCO Website	Outreach Specialist				
Publicize New HCO Website	Outreach Specialist				
Refine On-line Consumer Help Materials	Outreach Specialist, HCO Advocacy Staff				
Conduct Regional Informational Sessions	Outreach Specialist, HCO Advocacy Staff				
Start Taking Consumer Cases Online	HCO Advocacy Staff				

	Staff Responsible	Quarter 1 1/1/2013 - 3/31/2013	Quarter 2 4/1/2013 - 6/30/2013	Quarter 3 7/1/2013 - 9/30/2013	Quarter 4 10/1/2013 - 12/31/2013
<i>Consumer Complaints</i>					
<u>Regulatory Framework</u>					
Stakeholder Meetings	HCO Director				
Comment on Draft Regulations	HCO Director, HCO Staff Attorney				
Comment on Final Regulations	HCO Director, HCO Staff Attorney				
Participate in LCAR meeting	HCO Director				
<u>Problem Solving Resources</u>					
Establish Exchange Contacts	HCO Director, HCO Staff Attorney				
Create Protocols for Working with Exchange Staff to Resolve Problems	HCO Staff Attorney				
Establish Exchange Call Center Contacts	HCO Director, HCO Staff Attorney				
Create Protocols for Working with Call Center Staff to Resolve Problems	HCO Staff Attorney				
Establish Exchange Insurance Company Contacts	HCO Director, HCO Staff Attorney				
Create Protocols for Working with Exchange Insurance Companies to Resolve Problems	HCO Staff Attorney				

	Staff Responsible	Quarter 1 1/1/2013 - 3/31/2013	Quarter 2 4/1/2013 - 6/30/2013	Quarter 3 7/1/2013 - 9/30/2013	Quarter 4 10/1/2013 - 12/31/2013
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<u>Working With the IRS on Exchange Eligibility Issues</u>					
Identify Known and Potential Problem Areas	HCO Director, HCO Staff Attorney				
Identify Materials, Information, and Training Opportunities to Prepare Staff	HCO Director, HCO Staff Attorney				
Train Staff on Substantive Tax-Related Issues	HCO Staff Attorney				
Work with DVHA to Develop Contacts for DVHA within IRS	HCO Director				
Establish HCO Contacts within IRS	HCO Staff Attorney				
<u>Coordination with Community Partners</u>					
Identify Navigators	HCO Staff Attorney				
Establish Relationships with Navigators	HCO Staff Attorney				

<i>HCO Staff and Training</i>					
<u>Staffing</u>					
Advertise New Positions	VLA Exec. Director				
Interview and Hire New Staff	VLA Exec. Director , HCO Director				
Identify State and Federal Training Opportunities	HCO Staff Attorney				
Participate in All Relevant State and Federal Trainings	HCO Staff				
Participate in Medicaid and Exchange Advisory Board	HCO Director				
Coordinate with GMMB, other State Consultants & DVHAre: Training	HCO Director, HCO Staff Attorney				
Train New Advocates	HCO Director, HCO Staff Attorney				

	Staff Responsible	Quarter 1 1/1/2013 - 3/31/2013	Quarter 2 4/1/2013 - 6/30/2013	Quarter 3 7/1/2013 - 9/30/2013	Quarter 4 10/1/2013 - 12/31/2013
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<u>HCO Training Manual</u>					
Create New Sections in Existing Manual	HCO Staff Attorney				
Draft New Medicaid Eligibility Section	HCO Staff Attorney				
Draft New IRS Materials	HCO Staff Attorney				
Draft New Sections Describing Exchange and Exchange Appeal Process Exchange	HCO Staff Attorney				
Expand Sections on Commercial Appeals	HCO Staff Attorney				
Expand Section on Billing Problems	HCO Staff Attorney				