



PHPG



The Pacific Health Policy Group

PROGRAM INTEGRATION REPORT:

**INVENTORY OF FUNCTIONAL OVERLAPS
BETWEEN EXCHANGE AND COVERAGE PLANS**

MAY 18, 2012

Program Integration: Inventory of Functional Overlaps between Exchange and Coverage Plans

Overview of Project Deliverable

In developing an integration strategy for Vermont’s existing coverage groups, PHPG prepared an inventory of the coverage groups and potential areas of functional overlap with the Exchange. The existing coverage groups are as follows:

- *Public insurance programs* – Programs include the Global Commitment to Health Demonstration, Choices for Care Demonstration, the Children’s Health Insurance Program (CHIP) and individuals dually eligible for Medicaid and Medicare. The State also provides subsidized coverage through its Catamount Health program.
- *Correctional inmates* – Inmates receive medical and mental health services while in the custody of the State. Under the Affordable Care Act (ACA), incarcerated individuals still would be ineligible to purchase insurance through the Exchange or obtain coverage through Medicaid and other federal health programs. However, given the ambiguity of the terms used in the ACA, individuals awaiting a disposition of charges may be eligible for participation in the Exchange.
- *Non-Exchange private insurance plans* – Examples of plans excluded from the Exchange include grandfathered plans, large group plans and self-insured plans. As an example, many school district employees purchase health insurance coverage through the Vermont Education Health Initiative (VEHI). Under the ACA, grandfathered plans, like those of VEHI, are exempt from certain requirements provided coverage is maintained through a collective bargaining agreement ratified before enactment of the ACA. Once VEHI health plans no longer meet the legal requirements of grandfathered plans, school districts would purchase insurance in the appropriate market.
- *State employees* – Vermont currently offers its employees a self-insured health plan with four options, which are administered by CIGNA Healthcare through an Administrative Services Only (ASO) contract. The plans are bargained with the unions and defined during the collective bargaining agreement process. In preparation of the Exchange, discussions have occurred as to the possible functions that would impact these plans, including comparison, eligibility determination and enrollment.

The US Department of Health and Human Services (HHS) has identified several business operations and functions in which states should focus while planning for and establishing their exchanges. Among the “core functions” presented by HHS, PHPG identified 10 where opportunities for integration and alignment of Vermont’s existing coverage groups and resources to the Exchange could occur. The table on the following page provides an overview of these areas.

“Core Function” (Business Operations & Functions)	Overview	Opportunity for Integration Identified by PHPG	
		Yes	Exceptions/Additional Follow-Up Required
1) Certification, recertification & decertification of Qualified Health Plans (QHPs)	Process to certify, recertify and decertify QHPs. Certification includes, but is not limited to: licensure, accreditation, provision of essential health benefits, minimum benefit coverage level designs and same premium whether sold in or outside of Exchange.	✓	<ul style="list-style-type: none"> • DVHA serves as the managed care entity for Medicaid and would not necessarily undergo the same certification requirements as private issuers. • Correctional health service contractors also would not necessarily undergo the same certification requirements as private issuers. • Wakely is assisting the State with developing a process for certifying QHPs.
2) Call center	Operation of a toll-free call center to address needs of consumers requesting assistance.	✓	<ul style="list-style-type: none"> • Wakely is assisting the State by performing an assessment of current call center operations.
3) Exchange website	Maintain an up-to-date website that provides standardized comparative information.	✓	
4) Premium tax credit & cost-sharing reduction calculator	Provide a calculator function on the Exchange website to allow consumers to determine their premium tax credit and cost-sharing reduction.		<ul style="list-style-type: none"> • PHPG elected to include discussion of this component as a consumer tool provided on the Exchange’s website rather than discuss it from a technical perspective.
5) Quality rating system	Provide quality ratings on the plans offered in each benefit level on the basis of relative quality and price.	✓	<ul style="list-style-type: none"> • HHS anticipates issuing guidance at a future time.
6) Navigator program	Navigators provide public education, provide fair and impartial enrollment information, make referrals to the Ombudsman and conduct activities to facilitate enrollment.	✓	
7) Eligibility determinations	Eligibility determinations are required for Exchange participation, advance payment of premium tax credits, cost-sharing reductions and Medicaid.	✓	
8) Seamless eligibility & enrollment process with Medicaid & other state health subsidy programs	Eligibility determinations are required for Medicaid, CHIP or other applicable State health subsidy program without need for further determination by other program.	✓	

“Core Function” (Business Operations & Functions)	Overview	Opportunity for Integration Identified by PHPG	
		Yes	Exceptions/Additional Follow-Up Required
9) Enrollment process	Facilitate plan selection for individuals eligible to enroll in a QHP.		<ul style="list-style-type: none"> • Anticipated inclusion upon future guidance from HHS.
10) Applications & notices	Applications and notices to facilitate the application, eligibility determination process and enrollment, as well as facilitate program operations and communications.	✓	
11) Individual responsibility determinations	Process to receive and adjudicate requests from individuals for exemptions from the individual responsibility requirements of the ACA and transmit information to HHS and IRS.		<ul style="list-style-type: none"> • Further analysis required to determine whether existing coverage groups could become eligible for exemption.
12) Administration of premium tax credits & cost-sharing reductions	Performance of administrative activities related to premium tax credits and cost-sharing reductions.		<ul style="list-style-type: none"> • To be discussed in future administration simplification discussions.
13) Adjudication of appeals of eligibility determinations	Process for implementing appeals of eligibility determinations.	✓	<ul style="list-style-type: none"> • HHS to issue guidance at a future time. • PHPG will be assisting the State with the evaluation and development of appeals processes for individuals and small employers.
14) Notification & appeals of employer liability	Process for implementing appeals of employer liability.		<ul style="list-style-type: none"> • Takes into consideration the administration of premium tax credits and cost-sharing reductions.
15) Information reporting to IRS & enrollees	Report to IRS and enrollees certain information regarding enrollee’s coverage provided through Exchange.		<ul style="list-style-type: none"> • Takes into consideration the administration of premium tax credits and cost-sharing reductions.
16) Outreach & education	Develop an education and outreach program to inform consumers about the Exchange and new coverage options available.	✓	<ul style="list-style-type: none"> • GMMB is assisting the State with the development of an outreach campaign.
17) Risk adjustment & transitional reinsurance	Data collection process to support risk adjustment and transitional reinsurance.		<ul style="list-style-type: none"> • Administrative process between plans and State.
18) SHOP Exchange-specific functions	Processes to facilitate purchase of coverage in QHPs for employers of small businesses that choose to purchase coverage via the Exchange.		<ul style="list-style-type: none"> • Subject to discussions with non-Exchange private insurance plan stakeholders.

Within these core functions, PHPG further identified sub-functions. These sub-functions serve as a compliance checklist for meeting the requirements of the core functions. The tables beginning on the following page are intended to provide an overview of the core functions and the accompanying sub-functions where opportunities for integration would be required (or recommended in some instances).

In April, PHPG met with representatives from the Department of Corrections, the Department of Human Resources, the Vermont Education Health Initiative (VEHI), the Vermont School Boards Insurance Trust (VSBIT) and the Vermont-National Education Association (VT-NEA). Through these meetings PHPG was able to review and refine the administrative functions that could potentially overlap with those in the Exchange.

Each of the 10 tables, beginning on the following page, provides an overview of the core function with relevant federal and state requirements. Further, each table summarizes the current operations and functions being performed by or on behalf of the existing coverage groups. There are several areas where the Exchange potentially could be leveraged to meet the needs of one or more of these coverage groups. As such, the tables list initial next steps (i.e., areas in which follow up is sought) and opportunities for integration.

Core Function Overview: Exchanges must have a process in place to certify, recertify and decertify qualified health plans (QHPs). At a minimum, certification entails a QHP to be: (1) licensed; (2) in good standing; (3) provide essential health benefits; (4) offer at least one silver and one gold plan; (5) agree to the same premium whether the plan is sold in or out of the Exchange; and (6) comply with other federal requirements. States are required to define their process and approach with these activities. In developing standards, the following sub-functions would be explored:

- Licensure & accreditation
- Plan benefit design
- Transparent data reporting
- Essential community providers in network

1. Certification, Recertification & Decertification of Qualified Health Plans						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
(1) Licensure and accreditation: Offered plans must be accredited by any entity recognized by the Secretary/HHS for accreditation of health insurance issuers or plans. These entities must have “transparent and rigorous methodological and scoring criteria.”	QHPs must meet Act 48’s minimum prevention, quality and wellness requirements, which include standards for marketing practices, network adequacy, essential community providers, appropriate services, accreditation, quality improvement and information on quality measures.	DVHA serves as the managed care entity (MCE) for Medicaid and does not undergo national accreditation, but does need to meet federal managed care organization (MCO) requirements (many of which are similar to the QHP requirements).	Correct Care Solutions is the private contractor which provides medical care to inmates under the custody of the Department of Corrections (DOC). Accreditation-certification is provided through a national correctional health accreditation entity.	The Department of Financial Regulation (DFR) licenses and performs health care certification functions by reviewing consumer protection and quality requirements for health insurers doing business in Vermont via Rule H-2009-03. This review includes grandfathered and large group plans, as well as the health insurance purchased by many school district employees through VEHI. VEHI is a self-funded, fully-insured purchasing trust and offers plans from BCBS-VT.	The State offers its employees a health plan with four options, which are administered by CIGNA Healthcare through an Administrative Services Only (ASO) contract and are bargained with the unions. DFR has no direct approval authority over the State Employees’ Health Plan (SEHP); there would be a conflict of interest as the employees of DFR are eligible to enroll in the SEHP.	Plans offered through the Exchange could be reviewed by DFR (excluding plans not offered through the Exchange). Inmate health care services would be certified and accredited through its current process due to specific criteria for correctional inmate plans. Employees with grandfathered plans may obtain coverage through the Exchange upon the plan losing grandfathered plan status. Wakely is assisting the State with the certification process.

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		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(a) Clinical quality measures and patient experience: A QHP issuer must be accredited on the basis of local performance of its QHPs for clinical quality measures, such as HEDIS, and patient experience ratings on a standardized CAHPS survey.</p>	<p>QHPs must meet Act 48's minimum prevention, quality and wellness requirements, which include marketing practices, network adequacy, essential community providers, appropriate services, accreditation, quality improvement and information on quality measures.</p>	<p>DVHA collects HEDIS measures and performs CAHPS surveys.</p>	<p>DOC subcontracts for independent analysis and evaluation of the health care provided to individuals in their custody.</p>	<p>HEDIS measures and CAHPS surveys are performed by the private health plans and reported to DFR.</p>	<p>Not applicable to the SEHP. CIGNA's measurements are for their fully-insured products only.</p>	<p>Wakely is assisting the State with developing a process for certifying QHPs.</p>

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<p>(b) Consumer access: Plans would be evaluated regarding how well members are helped to obtain access to care and services and coordination of care.</p>	<p>QHPs must meet Act 48's minimum prevention, quality and wellness requirements, which include standards for marketing practices, network adequacy, essential community providers, appropriate services, accreditation, quality improvement and information on quality measures.</p>	<p>DVHA monitors and evaluates consumer access through various mechanisms, including those required and reviewed under the federally-required External Quality Review Organization (EQRO) contract.</p>	<p>DOC subcontracts for independent analysis and evaluation of the health care provided to individuals in their custody.</p>	<p>DFR monitors and evaluates consumer access through Rule H-2009-03.</p>	<p>The Department of Human Resources (DHR), not DFR, monitors this as part of their contractual oversight with CIGNA.</p>	<p>Wakely is assisting the State with developing a process for certifying QHPs.</p>

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<p>(c) Utilization management: Accreditation entities have a nationally recognized set of standards to ensure accountability in managed care determinations of medical necessity.</p>	<p>QHPs must meet Act 48's minimum prevention, quality and wellness requirements, which include standards for marketing practices, network adequacy, essential community providers, appropriate services, accreditation, quality improvement and information on quality measures.</p>	<p>Utilization management is reviewed by the EQRO contractor for DVHA as the MCE.</p>	<p>Accreditation-certification is provided through a national correctional health accreditation entity.</p>	<p>Utilization management is part of the national accreditation processes for health plans, and also is included in plan oversight activities performed by DFR through Rule H-2009-03.</p>	<p>Utilization management is handled by CIGNA under the ASO agreement for members of the SEHP.</p>	<p>Wakely is assisting the State with developing a process for certifying QHPs.</p>

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Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
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<p>(d) Quality assurance/improvement market-based strategies: Participating plans must implement a quality improvement strategy that includes provider-level quality reporting, case management, care coordination, prevention of hospital readmissions, activities to improve patient safety and activities to reduce health disparities.</p>	<p>QHPs must meet Act 48's minimum prevention, quality and wellness requirements, which include standards for marketing practices, network adequacy, essential community providers, appropriate services, accreditation, quality improvement and information on quality measures.</p>	<p>DVHA monitors and evaluates quality through various mechanisms, including those required and reviewed under the federally-required EQRO contract.</p>	<p>DOC subcontracts for quality assurance regarding the health care provided to individuals in their custody.</p>	<p>DFR monitors and evaluates quality through various mechanisms under Rule H-2009-03.</p>	<p>Quality assurance and management are handled by CIGNA under the ASO agreement for members of the SEHP.</p>	<p>Wakely is assisting the State with developing a process for certifying QHPs.</p>

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<p>(e) Provider credentialing: Credentialing is performed to ensure that providers meet the appropriate credentials, qualifications and licensure.</p>	<p>QHPs must meet Act 48's minimum prevention, quality and wellness requirements, which include standards for marketing practices, network adequacy, essential community providers, appropriate services, accreditation, quality improvement and information on quality measures.</p>	<p>DVHA's MMIS vendor, HP, conducts provider credentialing for the public plans.</p>	<p>Correct Care Solutions, the private contractor which provides medical care to inmates under the custody of the DOC, is responsible for assuring providers are credentialed.</p>	<p>DFR monitors and evaluates health plan provider credentialing through Rule H-2009-03.</p>	<p>The SEHP purchases the provider "network" through their ASO arrangement with CIGNA. CIGNA uses the CAQH uniform credentialing form for provider credentialing.</p>	<p>Wakely is assisting the State with developing a process for certifying QHPs.</p>

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<p>(f) Complaints and appeals: The accreditation process reviews how plans evaluate and process member complaints and appeals.</p>	<p>QHPs must meet Act 48's minimum prevention, quality and wellness requirements, which include standards for marketing practices, network adequacy, essential community providers, appropriate services, accreditation, quality improvement and information on quality measures.</p>	<p>Medicaid has a federally-mandated grievance and appeals system.</p>	<p>The offender/inmate grievance system has an internal administrative means for the resolution of complaints and grievances pertaining to health services provided.</p>	<p>DFR monitors and evaluates the grievances and appeals processes used by health plans through Rule H-2009-03.</p>	<p>The appeals process for members of the SEHP is detailed in the "Plan Document," available on the DHR website.</p>	<p>Wakely is assisting the State with developing a process for certifying QHPs.</p>

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<p>(g) Network adequacy and access: As a condition of certification, issuers must provide information to potential enrollees on the availability of in- and out-of-network providers. HHS proposes that issuers must make health plan provider directories available to the Exchange electronically (and hard copy upon request) to potential enrollees and current enrollees. Issuers also are required to note providers who are no longer accepting new patients.</p>	<p>QHPs must meet Act 48's minimum prevention, quality and wellness requirements, which include standards for marketing practices, network adequacy, essential community providers, appropriate services, accreditation, quality improvement and information on quality measures.</p>	<p>Network adequacy is required as a condition of the Global Commitment Waiver and is reviewed by the EQRO contractor for DVHA as the MCE.</p>	<p>Correct Care Solutions is the private contractor which provides medical care to inmates under the custody of the DOC. Accreditation-certification is provided through a national correctional health accreditation entity, which includes network adequacy.</p>	<p>DFR examines private plan network adequacy and access through Rule H-2009-03.</p>	<p>The SEHP purchases the provider "network" through their ASO arrangement with CIGNA. National accreditation examines network adequacy and access, including that of CIGNA</p>	<p>Wakely is assisting the State with developing a process for certifying QHPs.</p>

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<p>(h) Patient information programs: This pertains to consumer information and disclosures.</p>	<p>Under Act 48, a health insurer offering a qualified health benefit plan is required to comply with insurance and consumer information requirements.</p>	<p>DVHA complies with disclosure requirements found in federal managed care regulations (42 CFR 438.10). The DVHA website and Member Handbook contain information on enrollee rights.</p>	<p>After booking, inmates undergo a screening process, which includes discussion of health conditions, and is conducted by an onsite health professional.</p>	<p>Rule H-2009-03, Section 2.2 defines disclosure requirements, including: service coverage/ authorization, cost sharing and grievance process.</p>	<p>Consumer information and disclosures for members of the SEHP is detailed in the “Plan Document,” available on the DHR website.</p>	<p>Potential exists for developing a uniform set of consumer information and disclosures.</p>

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		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(2) Transparent data reporting: Plans would provide enrollees and prospective enrollees information on their performance on quality metrics.</p>	<p>Act 48 requires the provision of accurate and timely disclosure of information to the public and to the Vermont health benefit exchange relating to claims denials, enrollment data, rating practices, out-of-network coverage, enrollee and participant rights provided by Title I of the Affordable Care Act, and other information as required by the Commissioner of Vermont Health Access or by DFR.</p>	<p>The DVHA annual budget proposal contains information on enrollment. The DVHA website and Member Handbook contain information on enrollee rights.</p>	<p>None identified.</p>	<p>Rule H-2009-03 requires plans to provide a summary of quality management programs. DFR’s website provides “Health Plan Report Card” information. The Report Card includes: experience of care and services, preventive care, acute illness care and chronic illness care.</p>	<p>While DHR is not required to comply with this requirement due to its grandfathered and self-insured status, the Department does require performance data through the ASO contract with CIGNA.</p>	<p>Plans could provide DFR with information relating to claims denials, enrollment data, rating practices, out-of-network coverage, enrollee and participant rights, as well as any other State and federally-required data. A uniform method of reporting (i.e., standardized reporting format) could be used, with the information available on the Exchange website. DFR could meet with the health plans to explore options of uniform reporting.</p>

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Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(3) Plan benefit design: The design would encompass essential health benefits; cost sharing limits; and bronze, silver, gold or platinum or catastrophic coverage levels.</p>	<p>Under Act 48, a health insurer offering a qualified health benefit plan is required to comply with insurance and consumer information requirements.</p>	<p>The benefits in public insurance plans are dictated by federal and State-specific requirements.</p>	<p>The benefits in correctional inmate health plans are dictated by State-specific correctional requirements.</p>	<p>The benefits in private insurance plans are dictated by federal and State-specific requirements.</p>	<p>The SEHP designs already provide coverage that is above platinum coverage levels. The “SafetyNet” option, which rates below bronze, will be discontinued after January 1, 2014 with union agreement.</p>	<p>The State is exploring whether and how to align benefits across plans in and out of the Exchange, including public insurance.</p>
<p>(4) Essential community providers in network: Plans’ networks must include a “sufficient number” of essential community providers, which include FQHCs, public hospitals, sole community hospitals meeting disproportionate share adjustment payment thresholds, children's hospitals, etc.</p>	<p>Act 48 requires essential community provider standards to be met.</p>	<p>FHQCs and all Vermont hospitals are among many of the providers serving members.</p>	<p>Inmates are automatically eligible to receive medical and mental health care while incarcerated.</p>	<p>Plans must meet network access standards.</p>	<p>Plans must meet network access standards. CIGNA provides the network access.</p>	<p>The State has a large network of safety-net providers (e.g., FQHCs) that serve vulnerable populations regardless of pay. Payer mixes include Medicaid, Medicare, the uninsured and commercial insurance. Private plans that seek to participate in the Exchange would be required to contract with “essential community providers” such as FQHCs.</p>

Core Function Overview: Exchanges must provide for operation of a toll-free call center that addresses the needs of consumers requesting assistance. Further, Exchanges have “significant latitude” in how call centers are structured. Call centers would have the capability to provide assistance to consumers and businesses on a broad range of issues, including, but not limited to:

- Types of QHPs offered
- Premiums, benefits, cost-sharing & quality ratings
- Categories of assistance available
- Application process for enrollment in coverage
- Serve as a conduit to other State-based consumer assistance programs
- Compliance with ADA & Section 504 of the Rehabilitation Act & provide meaningful access to those with limited English proficiency

2. Call Center						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(1) Types of QHPs offered: Call center staff would provide information on the types of QHPs participating in the Exchange.</p>	<p>Act 48 requires operation of a toll-free helpline to provide assistance to consumers.</p>	<p>DVHA's current vendor Maximus provides customer service for public health coverage programs, including: Medicaid, CHIP, VHAP and Catamount Health.</p>	<p>Inmates are automatically eligible to receive medical and mental health care while incarcerated.</p> <p>Incarcerated individuals are ineligible to purchase insurance through the Exchange.</p> <p>Some private health plans allow inmates to retain coverage. DOC is exploring how its vendor could determine whether individuals would be eligible for coverage under their existing health plan and/or the limitations to coverage while incarcerated.</p>	<p>Plans have their own customer service hotlines to assist members. For example, VEHI offers members BCBS-VT health care plans, and members can call the BCBS number directly. VEHI members also may directly contact the VSBIT Trust Administrator or VT-NEA Member Benefits Director if they have any questions or concerns.</p>	<p>All member inquiries are handled by the vendor (CIGNA) or directly by the Benefits Division of DHR. The SEHP will not be offered on the Exchange, though employees might shop the Exchange for alternatives if they choose.</p>	<p>Consumers could access the toll-free hotline for assistance with selection and enrollment. DVHA’s current call center could potentially house the hotline and its services for the Exchange. Wakely is performing an assessment of current call center operations.</p>

2. Call Center						
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		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(2) Premiums, benefits, cost-sharing and quality ratings: Call center staff would need to provide consumers with assistance and information on premiums, benefits, cost-sharing and quality ratings associated with QHPs.</p>	<p>Act 48 requires operation of a toll-free helpline to provide assistance to consumers.</p>	<p>DVHA’s current vendor Maximus provides customer service for public health coverage programs, including: Medicaid, CHIP, VHAP and Catamount Health.</p>	<p>Inmates do not pay a premium or a share of costs while incarcerated.</p>	<p>Plans have their own customer service hotlines to assist members. For example, BCBS-VT operates a customer service hotline that VEHI members may access. VEHI members also may directly contact the VSBIT Trust Administrator or VT-NEA Member Benefits Director if they have any questions or concerns.</p>	<p>All member inquiries are handled by the vendor (CIGNA) or directly by the Benefits Division of DHR. The SEHP will not be offered on the Exchange, though employees might shop the Exchange for alternatives if they choose.</p>	<p>Consumers could access the toll-free hotline for assistance with selection and enrollment. DVHA’s current call center could potentially house the hotline and its services for the Exchange. Wakely is performing an assessment of current call center operations.</p>

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		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(3) Categories of assistance available: Call center staff would provide consumers with assistance on the categories of assistance available, including advance payments or premium tax credits and cost sharing reductions as well as assistance available through Medicaid and CHIP.</p>	<p>Act 48 requires operation of a toll-free helpline to provide assistance to consumers.</p>	<p>Incoming calls to the Maximus call center generally pertain to eligibility and client status; questions about premiums; information updates from clients; and questions about benefits under the program. Maximus does not assist with enrollment but does transfer calls to State enrollment staff.</p>	<p>While incarcerated, inmates obtain medical services by filling out a sick call slip.</p>	<p>Plans have their own customer service hotlines to assist members. For example, BCBS-VT operates a customer service hotline that VEHI members may access. VEHI members also may directly contact the VSBIT Trust Administrator or VT-NEA Member Benefits Director if they have any questions or concerns</p>	<p>All member inquiries are handled by the vendor (CIGNA) or directly by the Benefits Division of DHR. The SEHP will not be offered on the Exchange, though employees might shop the Exchange for alternatives if they choose.</p>	<p>Consumers could access the toll-free hotline for assistance with selection and enrollment. DVHA’s current call center could potentially house the hotline and its services for the Exchange. Wakely is performing an assessment of current call center operations.</p>

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<p>(4) Application process for enrollment: Call center staff also would provide assistance with the application process for enrollment in coverage through the Exchange and state health insurance programs such as Medicaid.</p>	<p>Act 48 requires operation of a toll-free helpline to provide assistance to consumers.</p>	<p>Maximus' call center staff also place outbound calls to assist new enrollees in the selection of a health plan and primary care provider (as appropriate).</p>	<p>Inmates are automatically eligible to receive medical and mental health care while incarcerated.</p>	<p>Health Plans and employers provide assistance with enrollment. For example, school groups purchase health benefits plans through VEHI-offered plans, and the individual employees complete enrollment forms to apply for coverage.</p>	<p>Employees become covered under a health plan upon submission of a completed Enrollment/Change Application to the Employee Benefits Division of DHR. Benefits staff assist employees with the form as needed. Beginning January 2013, all employee enrollments will be done online directly by the employee under his/her "Self-Service" account, through the State's Human Resources system of record ("PeopleSoft HCM").</p>	<p>Consumers could access the toll-free hotline for assistance with selection and enrollment. DVHA's current call center could potentially house the hotline and its services for the Exchange. However, the call center currently does not assist with enrollment which is required under the Exchange. Wakely is performing an assessment of current call center operations.</p>

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Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(5) Conduit to other state-based consumer assistance programs: Call center staff would have the ability to place consumers with other state-based consumer assistance programs, including the Ombudsman or Navigators to assist with appeals, complaints and grievances.</p>	<p>Act 48 requires operation of a toll-free helpline to provide assistance to consumers.</p>	<p>The Consumer Assistance Program currently is operated as a partnership between the Attorney General and the University of Vermont. Vermont Legal Aid operates the Office of Health Care Ombudsman and operates a statewide hotline.</p>		<p>Health plans have their own customer service hotline. For example, VEHI members also have access to VEHI's employee assistance program operated through Invest EAP. Members also may access the State's Consumer Assistance Program.</p>	<p>The Employee Benefits Division provides information about other State services (i.e., Green Mountain Care) to employees who are interested. Employees also may link to State-based programs through the DHR website. Communications pertaining to termination of coverage (e.g., dependent over age 26) contain information about current State programs.</p>	<p>Consumers could access the toll-free hotline for assistance with selection and enrollment. DVHA's current call center could potentially house the hotline and its services for the Exchange. Call center staff would place consumers with Navigators and the Consumer Assistance Program and other advocacy resources. Wakely is performing an assessment of current call center operations.</p>

2. Call Center						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(6) Compliance with ADA, Rehabilitation Act and LEP: Information provided to consumers would accommodate the needs of the hearing impaired and those with other disabilities and individuals with limited English proficiency (LEP).</p>	<p>Act 48 requires consumer assistance tools to comply with the ADA.</p>	<p>The public insurance programs must comply with federal requirements regarding the ADA, Rehabilitation Act and LEP.</p>		<p>Rule H-2009-03, Section 2.2 requires plans to provide information on obtaining translation and interpretation of policy forms, certificates and handbooks.</p>		<p>Consumers could access the toll-free hotline for assistance with selection and enrollment. DVHA’s current call center could potentially house the hotline and its services for the Exchange. Staff would be trained, and information developed, that would meet the needs of consumers. Wakely is performing an assessment of current call center operations.</p>

Core Function Overview: Exchanges are required to maintain an up-to-date website that provides standardized comparative information on each available QHP. At a minimum, the website would include:

- Standardized comparative information on each available QHP: premium & cost-sharing information; summary of benefits & coverage; level of plan coverage of QHP; enrollee satisfaction survey results; quality ratings; medical loss ratio information reported to HHS; transparency of coverage measures; & provider directory
- Compliance with ADA & Section 504 of the Rehabilitation Act & provide meaningful access to those with limited English proficiency
- Financial information
- Information about consumer assistance services

3. Exchange Website						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(1) Standardized comparative information on each available QHP: The website would be structured in a way to allow consumers to compare the benefits and coverage of plans in order to facilitate a purchase decision.</p>	<p>Act 48 calls for creating and maintaining consumer assistance tools, including a website through which enrollees and prospective enrollees of qualified health benefit plans may obtain standardized comparative information.</p>	<p>Public insurance benefits and coverage are available through the Consumer Information portal on the DVHA website.</p>	<p>Inmates are automatically eligible to receive medical and mental health care while incarcerated.</p>	<p>Individual carriers and self-insured employers may have comparable information about their specific plans. For example, VEHI’s website provides a link to a comparison chart of plans available for active employees. Information includes PCP selection, provider-services and prescription drug co-payments and lifetime maximum allowances.</p>	<p>DHR provides a plan options comparison information sheet on its website. The document lists for each plan option (single plan with multiple coverage options) the annual deductible, maximum annual co-pays and percentage of coverage by plan for services and provider types.</p>	<p>The website would provide information to individuals applying for and enrolling in a non-Exchange program (e.g., Medicaid) in addition to Exchange QHPs. Standardizing data about qualified health plans can be beneficial to enable comparison of plans and transfer of plan data among issuers and consumers.</p>

3. Exchange Website						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(a) Premium and cost-sharing information: The website must provide for a premium tax credit and cost-sharing reduction calculator that allows consumers to compare plans.</p>	<p>Act 48 requires the Exchange to determine enrollee premiums and subsidies and inform eligible consumers of premiums and subsidies.</p>	<p>Vermont’s Green Mountain Care website lists premium amounts based on family size, income and region. The website also has a screening tool that allows individuals to enter information on their household size and composition and income and receive information about what program they may be eligible for.</p>	<p>Inmates do not pay premiums or have cost-sharing obligations while incarcerated.</p>	<p>Individual carriers and self-insured employers may have comparable information about their specific plans. For example, VEHI’s website provides a link to a comparison chart of plans available for active employees. Information includes PCP selection, provider-services and prescription drug co-payments and lifetime maximum allowances.</p>	<p>DHR provides premium comparison information sheet on its website. The document lists for each plan option the bi-weekly premium and cost-sharing by the State. These premium comparison sheets also are available for retirees who are considered employees under the plan (3 V.S.A. § 631), special groups and COBRA participants.</p>	<p>The premium and cost-sharing reduction calculator would be accessible by consumers and be an interactive process.</p>

3. Exchange Website						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(b) Summary of benefits and coverage: SBCs provide a brief summary of plan or policy benefits and coverage in a uniform format so that an individual can more easily compare different health insurance products and better understand the terms of their coverage. States have the option of making this information available through a link from their website to each QHP's website or require QHPs to submit this information in a manner that supports a searchable format.</p>		<p>DVHA maintains a website for public insurance plans, which includes information on benefits and coverage.</p>	<p>Inmates are automatically eligible to receive medical and mental health care while incarcerated.</p>	<p>Individual carriers and self-insured employers may have comparable information about their specific plans. For example, BCBS-VT does not maintain a VEHI-specific website for VEHI members; however, BCBS-VT provides information about the Vermont Health Partnership Plan on its website because many employers, including VEHI-participating school districts, offer this plan. In addition, every VEHI member receives detailed information about his/her plan from BCBS-VT and a benefits booklet from VEHI.</p>	<p>DHR has a Group Health Benefit Plan Document available on its website as well as summary plan documents. While there are links to CIGNA, there is no plan-specific information on the CIGNA website for SEHP members as the SEHP is not an “off the shelf” plan.</p>	<p>Use of a uniform format for reporting and availability on the Exchange's website would enable consumers to compare the products if selection is required. This would not be applicable to inmate coverage.</p>

3. Exchange Website						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
(c) Level of plan coverage of QHP: The level of plan coverage for a QHP (i.e., bronze, silver, gold and platinum) would be identifiable by the consumer.						Describing plan coverage levels in a uniform manner would allow consumers to compare plans more effectively. This would not apply to inmate coverage.
(d) Enrollee satisfaction survey results: Information provided on enrollee satisfaction would allow consumers to easily compare plans.	Act 48 requires the Exchange to provide consumers and health care professionals with satisfaction surveys and other mechanisms for evaluating QHP performance.	While DVHA collects this information, it is not readily available to consumers.	DOC subcontracts for independent analysis and evaluation of the health care for individuals in their custody.	DFR’s website contains a health plan “report card”; information for the “report card” comes from health plan submission of CAHPS and HEDIS data.	Enrollee satisfaction is not measured for the SEHP.	In addition to the consumer-friendly report cards, the Exchange website could have links to any enrollee satisfaction evaluations/reports commissioned by or on behalf of the State.

3. Exchange Website						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(e) Quality ratings: Exchanges are required to provide quality ratings on the plans offered in each benefits level on the basis of relative quality and price. States also have the option to provide additional information that consumers would find useful, examples include report cards and information on disputed claims.</p>	<p>Act 48 requires the Exchange to assign quality and wellness ratings to each QHP offered.</p>	<p>Quality ratings are not publicly available for the public insurance plans.</p>	<p>DOC subcontracts for independent analysis and evaluation of individuals in their custody.</p>	<p>DFR’s website contains a health plan “report card”; information for the “report card” comes from health plan submission of CAHPS and HEDIS data.</p>	<p>While DHR is not required to comply with this requirement due to its grandfathered and self-insured status, the Department does require performance data through the ASO contract with CIGNA.</p>	<p>In addition to the consumer-friendly report cards, the Exchange website could have links to any other information which would provide insight into quality of plans for selection.</p>
<p>(f) Medical loss ratio (MLR) information reported to HHS: MLR traditionally is computed as dollars paid out in claims over dollars collected in premiums. The ACA specifies that insurers’ investments in health IT infrastructure in clinical settings, quality reporting systems and care management programs can be included.</p>		<p>DVHA computes administrative versus program expenditures, which is displayed in the annual budget proposal available on the DVHA website.</p>	<p>Correctional inmates do not pay premiums.</p>	<p>MLR is measured by DFR.</p>	<p>The SEHP is not required to report their MLR.</p>	

3. Exchange Website						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(g) Transparency of coverage measures reported during certification: Participating plans must provide to enrollees and prospective enrollees information on their performance on quality metrics that have been endorsed through stakeholders.</p>		<p>This information is not currently provided to enrollees.</p>		<p>DFR's website contains a health plan "report card"; information for the "report card" comes from health plan submission of CAHPS and HEDIS data.</p>	<p>While DHR is not required to comply with this requirement due to its grandfathered and self-insured status, the Department does require performance data through the ASO contract with CIGNA.</p>	

3. Exchange Website						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(h) Provider directory: As a condition of certification, a health insurance issuer must provide information to potential enrollees on the availability of in- and out-of-network providers. Provider directories would be available electronically and hard copy upon request. Access options include a link from the Exchange’s website to the issuer’s site, or by establishing a consolidated provider directory.</p>		<p>Information on availability of providers is contained in the Consumer Information portal of the DVHA website.</p>	<p>Inmates are automatically eligible to receive medical and mental health care while incarcerated.</p>	<p>Each health plan uses a different format to provide provider information to plan participants.</p>	<p>Each SEHP health plan option uses a different format to provide information to plan participants. There are no paper provider directories. Employees are directed to the CIGNA website or to ask their physician(s) about participation within the SEHP network.</p>	<p>Having a centralized provider directory on the Exchange website could enable consumers to search for a provider and perhaps reduce some of the calls placed to the call center.</p>
<p>(2) Compliance with ADA, Section 504 and LEP standards: Content must allow for meaningful access.</p>	<p>Act 48 requires consumer assistance tools to comply with the ADA.</p>	<p>The public insurance programs must comply with federal requirements regarding the ADA, Rehabilitation Act and LEP.</p>		<p>Rule H-2009-03, Section 2.2 requires plans to provide information on obtaining translation and interpretation of policy forms, certificates and handbooks.</p>		<p>All tools could be reviewed by advocacy and stakeholder groups prior to launch.</p>

3. Exchange Website						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(3) Financial information: The website would publish the average cost of licensing required by the Exchange, any regulatory fees required by the Exchange, any other payments required by the Exchange, administrative costs, and monies lost to fraud, waste and abuse.</p>		<p>DVHA computes administrative versus program expenditures, which is displayed in the annual budget proposal available on the DVHA website.</p>	<p>Not applicable to the Correctional Inmate Healthcare Plan.</p>	<p>Not applicable to non-Exchange Plans.</p>	<p>Not applicable to the SEHP.</p>	
<p>(4) Information about consumer assistance programs: The website would provide contact information for Navigators and other consumer assistance services, including the call center telephone number.</p>	<p>Act 48 requires operation of a toll-free hotline and the Exchange to refer consumers to the Ombudsman for assistance with grievances, appeals and other issues involving the Exchange.</p>	<p>DVHA’s website provides a telephone contact number for the call center.</p>		<p>DFR’s website provides information on how to file a complaint and offers a complaint completion form. In addition, each carrier provides this information for their specific plans. For example, VEHI members have access to its employee assistance program operated through Invest EAP.</p>	<p>Employees contact their Human Resources representative or the Employee Benefits Division directly.</p>	<p>The Exchange website would list all the assistance resources available to consumers and employers.</p>

Core Function Overview: Exchanges are required to provide quality ratings on the plans offered in each benefit level on the basis of relative quality and price. HHS anticipates issuing guidance. Listed below are quality rating system components:

- Promoting quality through consumer decision tools
- Inform plan certification
- Transparency
- Monitoring of plan quality

4. Quality Rating System						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(1) Providing consumer assistance tools: Exchanges must give consumers web-based comparative information that includes: quality ratings, enrollee satisfaction surveys and a calculator to compute out-of-pocket costs.</p>		<p>Quality ratings and findings of enrollee satisfaction surveys are not publicly available for the public insurance plans.</p>	<p>Inmates are automatically eligible to receive medical and mental health care while incarcerated. Only inmates are eligible for this plan.</p>	<p>DFR currently oversees and regulates the State’s insurance industry. DFR’s website contains a health plan “report card”; information for the “report card” comes from CAHPS and HEDIS.</p>	<p>While DHR is not required to comply with this requirement due to its grandfathered and self-insured status, the Department does require performance data through the ASO contract with CIGNA.</p>	<p>UMass is assisting the State in developing a quality rating system for QHPs. Part of this work includes creating an inventory of existing quality programs and initiatives in the State.</p>

4. Quality Rating System						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(1) Providing consumer assistance tools (continued): Exchanges have the option to provide plan performance information on specific quality metrics important to consumers, as well as provider-specific performance information.</p>		<p>Quality ratings and findings of enrollee satisfaction surveys are not publicly available for the public insurance plans.</p>		<p>DFR currently oversees and regulates the State's insurance industry. DFR's website contains a health plan "report card"; information for the "report card" comes from CAHPS and HEDIS.</p>	<p>While DHR is not required to comply with this requirement due to its grandfathered and self-insured status, the Department does require performance data through the ASO contract with CIGNA.</p>	<p>Wakely is assisting the State with development of consumer satisfaction surveys. These surveys have the potential to capture current programs operated within the State.</p>

4. Quality Rating System						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(2) Transparency: All health plans are to report to the US HHS and to enrollees on how their benefit designs, structures or provider reimbursement structures are improving health outcomes through quality reporting, effective case management, care coordination, chronic disease management and medication and care compliance initiatives; preventing hospital readmissions; improving patient safety and reducing medical errors; and implementing wellness and health promotion activities.</p>		<p>Quality ratings and findings of enrollee satisfaction surveys are not publicly available for the public insurance plans.</p>		<p>DFR currently oversees and regulates the State's insurance industry. DFR's website contains a health plan "report card"; information for the "report card" comes from CAHPS and HEDIS.</p>	<p>While DHR is not required to comply with this requirement due to its grandfathered and self-insured status, the Department does require performance data through the ASO contract with CIGNA.</p>	

4. Quality Rating System						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
(3) Inform plan certification: For certification, QHPs must be accredited, submit information on health plan performance, report pediatric quality reporting measures and implement a quality improvement strategy.		DVHA must adhere to federal MCO requirements that include quality reporting and a quality improvement strategy.	Accreditation-certification is provided through a national correctional health accreditation entity.	As a part of the national accreditation process and DFR Rule H-2009-03, health plans provide quality ratings information.	While DHR is not required to comply with this requirement due to its grandfathered and self-insured status, CIGNA is nationally accredited.	This information could be published for all plans.
(4) Monitoring of plan quality: Health plans are to submit data including disenrollment information and denied claims.			DOC performs several quality rating system reviews: (1) internal Department QA process; (2) contractor QA/QI review; and (3) VPQHC QA/QI elements. The Department is trying to make data collection more systematic.	HEDIS and CAHPS surveys are performed for health plans.	While DHR is not required to comply with this requirement due to its grandfathered and self-insured status, the Department does require performance data through the ASO contract with CIGNA.	This information could be published for all plans.

Core Function Overview: Navigator program standards apply to the Exchange for both the individual market and SHOP. Navigators have existing relationships or could readily establish relationships with employers and employees, consumers or self-employed individuals likely to be eligible to enroll in a QHP through the Exchange. Navigators would be required to meet licensing, certification or other standards prescribed by the State or Exchange. The State or Exchange would enforce existing licensure standards, certification standards or regulations for selling or assisting with enrollment in health plans, as well as establish new standards or licensing requirements tailored to Navigators. As summarized, functional components include the following:

- Roles of Navigators
- Licensing, certifying & regulating
- Conflicts of interest (i.e., insurance brokers)

5. Navigator Program						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(1) Role: Navigators provide public education; provide fair and impartial enrollment information; facilitate enrollment; Ombudsman referral; and distribute information to providers to facilitate enrollment. Information would be presented in a culturally-linguistically appropriate manner.</p>	<p>Navigators provide assistance in person or through interactive technology in all regions of the State in compliance with the ADA.</p>	<p>The Attorney General and the University of Vermont currently operate the State’s Consumer Assistance Program. Vermont Legal Aid operates the Office of Health Care Ombudsman. Also, since 2007, DVHA has funded an Outreach Coordinator position at Bi-State Primary Care Association to provide outreach and training to providers and agencies involved in enrollment and conduct quarterly meetings as a forum for Outreach Assistors to share best outreach practices.</p>	<p>The offender/inmate grievance system has an internal administrative means for the resolution of complaints and grievances pertaining to health services provided.</p>	<p>Plans have customer service hotlines that members may access. Members also have access to the States Consumer Assistance Program. For example, plans offered through VEHI have customer service hotlines that members may access, and members may contact VEHI’s employee assistance program operated through Invest EAP for assistance, including legal, family, workplace and health issues.</p>	<p>DHR staff provide assistance to State employees regarding enrollment. Members also have access to the State’s Consumer Assistance Program.</p>	<p>Navigators could provide support for all consumers regardless of program. However, specialized training should be given to Navigators so that consumers could receive necessary and relevant program information. GMMB is reviewing federal requirements and best practices for use of Navigators and current programs and activities that provide outreach and enrollment assistance.</p>

5. Navigator Program						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(2) Licensing, certifying and regulating: Navigators must meet any licensing, certification or other standards prescribed by the state or Exchange.</p>						GMMB is assisting the State with developing Navigator certification criteria and the certification process.
<p>(3) Conflicts of interest: Any entity that serves as a Navigator may not have conflict of interest during the term as Navigator.</p>	Health insurers cannot serve as Navigators, and Navigators cannot receive any compensation from a health insurer in connection with enrollment of individuals or employees in QHPs.					GMMB is evaluating the current role of insurance brokers in the State and feasibility of permitting brokers to participate in the Navigator Program.

Core Function Overview: Exchanges will verify and determine eligibility for qualified health plans. Individuals are eligible to enroll in a QHP if they are (1) citizens or lawfully present immigrants; (2) not incarcerated; and (3) residing within the Exchange service area. Further, individuals eligible for Medicaid or CHIP would be ineligible to enroll in a QHP. As such, determination of eligibility for a state-subsidy program would serve as the initial step. An individual is eligible for advance payments of premium tax credits if he/she is: (1) a primary taxpayer with income between 100% and 400% of FPL; (2) claiming one or more individuals eligible to enroll in a QHP; and (3) who is not eligible for minimum essential coverage through an employer-sponsored plan or government program. Key operations of the Exchange will be verification and determination of eligibility for QHPs. Several functions would be included in eligibility determination, such as the following:

- Eligibility application
- Verify application information
- Determine eligibility
- Enroll in QHP
- Appeal of eligibility determination
- Premium tax credit & cost-sharing

6. Eligibility Determinations for Exchange Participation, Advance Payment of Premium Tax Credits, Cost-Sharing Reductions and Medicaid

Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(1) Eligibility application: The application would collect information from an individual necessary to determine eligibility for enrollment in a QHP, Medicaid, CHIP, etc. HHS intends to issue future guidance with details on documents which may be used to support verification (77 Fed. Reg. 18310 (3/27/12).)</p>		<p>The Department for Children and Families (DCF) operates an online application portal for applicants. Applicants also may complete a paper application which is available on the DCF website. The application serves both public health insurance programs and public benefit programs.</p>	<p>Inmates are automatically eligible for health services while incarcerated. After booking, inmates go through a screening process (i.e., intake) which is conducted by the on-site health professional. All information is kept confidential and becomes a part of an inmate’s medical record.</p>	<p>Employers choose plans for their employees, and then the employees enroll in the plan. For example, each school group that purchases health benefits plans through VEHI chooses plans to offer to its members. Members then enroll and communicate directly with the carrier.</p>	<p>State employees may become covered under a plan only upon submission of a completed Enrollment/Change Application to the Employee Benefits Division of DHR.</p>	<p>It is anticipated that DVHA will use a joint eligibility system to determine and coordinate eligibility for Medicaid and Exchange Plans, as well as eligibility for premium tax credits and cost sharing.</p>

6. Eligibility Determinations for Exchange Participation, Advance Payment of Premium Tax Credits, Cost-Sharing Reductions and Medicaid

Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(2) Verify application information: Information provided on the application must be verified. This process includes verifying the applicant’s citizenship, immigration status, incarceration status and other relevant data. HHS proposes that if after the conclusion of the resolution period the Exchange is unable to verify the applicant’s attestation, the Exchange must determine the applicant’s eligibility based on the information available and notify the applicant of such determination. The Exchange must make effective this eligibility determination no earlier than 10 days after and no later than 30 days after the date on which such notice is sent.</p>		<p>DCF may ask applicants to provide verifying documentation and accesses information from federal and State electronic databases as well.</p>	<p>Inmates are automatically eligible to receive medical and mental health care while incarcerated.</p>	<p>Employees applying for group coverage complete an employee enrollment form supplied by the carrier’s coverage packet which excludes much of the eligibility information and documentation required under the Exchange. Such verification would have been requested or verified at time of employment by employer.</p>	<p>Employees may become covered under the plan only upon submission of a completed Enrollment/Change Application to the Employee Benefits Division of DHR which excludes much of the eligibility information and documentation required under the Exchange. Such verification is not necessary because the State is the employer and already possesses the information.</p>	<p>Information would be verified with trusted data sources and would acquire other authoritative data to determine eligibility.</p>

6. Eligibility Determinations for Exchange Participation, Advance Payment of Premium Tax Credits, Cost-Sharing Reductions and Medicaid

Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(3) Determine eligibility: The Exchange would determine an individual’s eligibility for enrollment in a QHP, and if applicable, public health program. This would include evaluating eligibility based on MAGI and household size.</p>		<p>The eligibility unit of DCF has benefit program specialists and health care program specialists who make eligibility determinations.</p>	<p>Inmates are automatically eligible to receive medical and mental health care while incarcerated.</p> <p>Some health plans allow inmates to retain coverage. DOC is exploring how its vendor could determine whether individuals would be eligible for coverage under their existing health plan and/or the limitations to coverage.</p>	<p>Individual eligibility is determined by the group’s health plan carrier.</p>	<p>Individual eligibility is determined by the Employee Benefits Division of DHR. Beginning January 2013, this determination will be automated based on the employee’s position in State government and other factors (e.g., FTE).</p>	<p>It is anticipated that DVHA will use a joint eligibility system to determine and coordinate eligibility for Medicaid and Exchange Plans, as well as eligibility for premium tax credits and cost sharing.</p>

6. Eligibility Determinations for Exchange Participation, Advance Payment of Premium Tax Credits, Cost-Sharing Reductions and Medicaid

Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(4) Enroll in QHP: To facilitate eligible individual’s selection of a QHP and subsequent enrollment in the plan, the Exchange would assess whether an individual meets the requirements for an enrollment period, and if so, generate plan choice information customized to the individual’s eligibility and personal preferences. Enrollment activities would include notifying the issuer of the selected qualified health plan of the individual enrollment, facilitating payment of the first month’s premium, notifying HHS to facilitate payments and processing the issuer’s response to the Exchange enrollment transaction.</p>		<p>Applicants complete an application through the DCF online portal which determines program eligibility. If eligible for premium assistance, individuals call the member services line with their plan selection. Member Services enters their selection to ACCESS, and this information is transmitted to the carrier.</p>	<p>Inmates are automatically eligible to receive medical and mental health care while incarcerated.</p>	<p>Individual eligibility is determined by the group’s health plan carrier.</p>	<p>Individual eligibility is determined by the Employee Benefits Division of DHR. Beginning January 2013, this determination will be automated based on the employee’s position in State government and other factors (e.g., FTE).</p>	<p>It is anticipated that DVHA will use a joint eligibility system to determine and coordinate eligibility.</p>

6. Eligibility Determinations for Exchange Participation, Advance Payment of Premium Tax Credits, Cost-Sharing Reductions and Medicaid

Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(5) Appeal: An appeals process will be available for eligibility determinations made by the Exchange and include providing notices to individuals, receiving appeal requests, adjudicating appeals and implementing appeal decisions.</p>	<p>Act 48 requires that consumers have easy and simple access to the relevant grievance and appeals processes (i.e., human services board).</p>	<p>The Human Services Board within the Agency of Human Services (AHS) is responsible for hearing appeals involving eligibility, benefits, coverage and financial assistance made by AHS departments, including DVHA.</p>	<p>Inmates are not eligible to select their own plans.</p>	<p>Individual eligibility is determined by the group’s health plan carrier.</p>	<p>Individual eligibility is determined by the Employee Benefits Division of DHR. The appeals process is detailed in the Plan Document. The process begins with the Benefits Director. Members who require resolution beyond the first level go to the Commissioner of Human Resources.</p>	<p>A centralized appeals process for consumers and employers would be needed. Additional research is required to determine the best mechanism for the appeals process.</p>

6. Eligibility Determinations for Exchange Participation, Advance Payment of Premium Tax Credits, Cost-Sharing Reductions and Medicaid

Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(6) Premium tax credit and cost-sharing: Processes would be required to determine the premium tax credit and cost-sharing amounts for the consumer, as well as collection methods and payment.</p>		<p>Several of Vermont’s existing public health insurance programs require that beneficiaries pay some portion of the monthly premium and co-payments. The State relies on a contractor to mail invoices to clients and process payments.</p>	<p>Inmates are not required to pay premiums or co-payments while incarcerated.</p>	<p>Employees may be responsible for payment of some portion of their monthly premium depending on their plan and employment contract.</p>	<p>Employees are currently responsible for 20 percent of the premium cost, regardless of the level of coverage (i.e., 1, 2 or family coverage) elected. Also, employees are responsible for any applicable co-payments, deductibles and cost-sharing. There is a Flexible Spending Account Plan (medical) in place to assist employees in paying for out of pocket expenses. Currently the upper limit is \$5,000/year. The ACA reduces this amount to \$2,500 beginning in 2013.</p>	<p>The website would contain a calculator. More research is needed regarding data exchange between the Exchange, plans and employers. HHS anticipates developing guidance, best practices and the model website template. Also, HHS will be finalizing more specific standards for the electronic calculator in the near future.</p>

Core Function Overview: Exchanges will determine an individual’s eligibility for Medicaid, CHIP and other applicable state health subsidy programs as the Exchange’s eligibility function would share similarities to eligibility determinations in other programs. The State also must ensure that individuals are seamlessly enrolled in the program for which they are eligible without need for further determination by the other program.

- Coordination of program eligibility determinations
- Streamlined application
- Assistance Program referrals
- Attestation & electronic verification
- Electronic verification data sources
- Privacy & security of PHI

7. Seamless Eligibility and Enrollment Process with Medicaid and Other State Health Subsidy Programs						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(1) Coordination of program eligibility determinations: HHS expects the use of a shared eligibility service to adjudicate placement for most individuals, which would coordinate determination and renewal requirements for eligibility. The Exchange must notify the state Medicaid or CHIP agency and transmit all information from the records of the Exchange to the state Medicaid or CHIP agency, promptly and without undue delay, that is necessary for such agency to provide the applicant with coverage.</p>		<p>DVHA and DFR have entered into MOUs delineating their respective responsibilities with the Exchange and coordination of Medicaid eligibility.</p>	<p>Inmates are automatically eligible to receive medical and mental health care while incarcerated.</p>	<p>Employers choose plans for their employees, and then the employees enroll in the plan. For example, each school group that purchases health benefits plans through VEHI chooses plans to offer to its members. Members then enroll and communicate directly with the carrier</p>	<p>Individual eligibility is determined by the Employee Benefits Division of DHR. Beginning January 2013, this determination will be automated based on the employee’s position in State government and other factors (e.g., FTE).</p>	<p>New MOUs would need to be drafted to establish roles as the existing ones are specific to the Level 1 grant year.</p>

7. Seamless Eligibility and Enrollment Process with Medicaid and Other State Health Subsidy Programs						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(2) Streamlined application: Coordination between Exchanges, Medicaid, and CHIP is required so that there is “no wrong door into coverage.” For example, an applicant who applies for and is determined ineligible for Medicaid would not need to file a new application in order to participate in Exchange coverage. States have the option to use a federal model application or develop one with federal approval.</p>		<p>DCF operates an online application portal for applicants. Applicants also may complete a paper application which is available on the DCF website. The application serves both public health insurance program and public benefit programs. Enrollment takes about 30 days.</p>	<p>Inmates are automatically eligible to receive medical and mental health care while incarcerated.</p>	<p>Groups complete an enrollment packet provided by the selected plan. Employees complete an employee enrollment form for that plan.</p>	<p>Individual eligibility is determined by the Employee Benefits Division of DHR. Beginning January 2013, this determination will be automated based on the employee’s position in State government and other factors (e.g., FTE).</p>	

7. Seamless Eligibility and Enrollment Process with Medicaid and Other State Health Subsidy Programs						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(3) Assistance Program referrals: Navigators would provide fair and impartial, culturally and linguistically appropriate information concerning enrollment in qualified health plans and available subsidies through the Exchange, facilitate enrollment in qualified health plans and provide referrals for complaints. Medicaid applicants would have access to these resources.</p>		<p>DVHA’s current vendor Maximus provides customer service for public health coverage programs including Medicaid, CHIP, VHAP and Catamount Health.</p>	<p>Inmates are automatically eligible to receive medical and mental health care while incarcerated.</p>	<p>Employees applying for group coverage complete an employee enrollment form supplied by the carrier’s coverage packet.</p>	<p>DHR staff provide assistance to State Employees regarding enrollment. Members also have access to the State’s Consumer Assistance Program.</p>	<p>Navigators could provide support for all consumers regardless of program. However, specialized training should be given to Navigators so that consumers could receive necessary and relevant program information. GMMB is reviewing federal requirements and best practices for use of Navigators and current programs and activities that provide outreach and enrollment assistance.</p>

7. Seamless Eligibility and Enrollment Process with Medicaid and Other State Health Subsidy Programs						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(4) Attestation and electronic verification: under both Medicaid and proposed exchange rules, most eligibility criteria may be verified by a combination of attestation and/or verification through electronic databases. Reasonable time is provided to allow the applicant to resolve any discrepancies.</p>		<p>The DCF online application allows for attestation with respect to some eligibility criteria; applicants may be required to submit verifying documentation in compliance with federal and State laws.</p>	<p>Inmates are automatically eligible to receive medical and mental health care while incarcerated.</p>	<p>Employees applying for group coverage complete an employee enrollment form supplied by the carrier's coverage packet which excludes much of the eligibility information and documentation required under the Exchange. Such verification would have been requested or verified at time of employment by employer.</p>	<p>Employees may become covered under a health plan upon submission of a completed Enrollment/Change Application to the Employee Benefits Division of DHR. The form excludes much of the eligibility information and documentation required under the Exchange. Such verification is not necessary because the State is the employer and already poses this information.</p>	

7. Seamless Eligibility and Enrollment Process with Medicaid and Other State Health Subsidy Programs						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(5) Electronic verification data sources: Electronic resources include SSA, Dept. of Treasury, Dept. of Homeland Security and other appropriate agencies. HHS serves as an intermediary between the exchange and federal agencies. Medicaid/CHIP agencies and the Exchange are required to use information available through the federal system to verify eligibility information. State Medicaid agencies also are required to establish a third party database infrastructure for verifying current income and non-financial eligibility criteria.</p>		<p>The State accesses federal and State electronic databases for verification of certain eligibility criteria.</p>	<p>Inmates are automatically eligible to receive medical and mental health care while incarcerated.</p>	<p>Employees applying for group coverage complete an employee enrollment form supplied by the carrier's coverage packet which excludes much of the eligibility information and documentation required under the Exchange. Such verification would have been requested or verified at time of employment by employer.</p>	<p>Employees may become covered under a health plan upon submission of a completed Enrollment/Change Application to the Employee Benefits Division of DHR. The form excludes much of the eligibility information and documentation required under the Exchange. Such verification is not necessary because the State is the employer and already possesses this information.</p>	<p>Additional research is required to determine the availability of identification management systems and resources HHS anticipates that states may access. CMCS reports that states will have access to a "hub" that will ping off data sources and serve as a "one-stop shopping" mechanism to get verification (03/22/12).</p>

7. Seamless Eligibility and Enrollment Process with Medicaid and Other State Health Subsidy Programs						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(6) Privacy and security of PHI: Agencies and entities performing functions on behalf of one another that involve the use or disclosure of an individual’s health information would be required to comply with the applicable business associate provisions of the privacy and security rules under HIPAA.</p>		DVHA adheres to all HIPAA requirements.	DOC adheres to all HIPAA requirements.	DFR Rule H-2009-03 includes requirements for health plans to adhere to privacy and security requirements.	The Employee Benefits Division of DHR has necessary HIPAA policies in place due to the nature of its operations. Business Associate Agreements are in place with all vendors with whom the Department exchanges or could potentially exchange (even if de-identified) an individual’s health information.	

Core Function Overview: The Exchange must implement all requirements for applications and notices consistent with federal requirements, including facilitating the use of a single, streamlined application. Applications and notices include mechanisms for consumers to carry out enrollment steps (e.g., screening, enrollment forms, verifications) both in person or online. Applications and notices facilitate the application, eligibility determination process and enrollment of individuals into QHPs. Issued notices facilitate program operations and communications with enrollees.

- Application & application process
- Notification & frequency of notice
- Compliance with ADA & Section 504 of the Rehabilitation Act & provide meaningful access to those with limited English proficiency

8. Applications and Notices						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(1) Application and application process: The Exchange would use a single streamlined application to determine eligibility and to collect information necessary for enrollment for QHPs, advance payments of the premium tax payment, cost-sharing reductions and Medicaid. The application would be from an applicant, authorized representative or responsible individual acting for the applicant. The application would be filed via internet, phone, mail or in person.</p>		<p>DCF operates an online application portal for applicants. Applicants may also complete a paper application which is available on the DCF website. The application serves both public health insurance program and public benefit programs. Enrollment takes about 30 days.</p>	<p>Inmates are automatically eligible to receive medical and mental health care while incarcerated. Within 7 days, a physician, nurse practitioner or physician assistant completes a history and physical exam on any person who is incarcerated for more than 48 hours. The provider makes a plan of care with the inmate for any identified conditions.</p>	<p>Employees applying for group coverage complete an employee enrollment form supplied by the carrier's coverage packet. For example, school districts may purchase health benefit plans through VEHI-selected plans. The employee then completes the application for enrollment into the plan.</p>	<p>Employees may become covered under a health plan upon submission of a completed Enrollment/Change Application to the Employee Benefits Division of DHR.</p>	<p>Standardizing content of applications and notices will improve consistency of communication to consumers within and across Exchanges.</p>

8. Applications and Notices						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(2) Notification and frequency of notice: Notices would be developed to ensure that applicants, qualified individuals and enrollees understand their eligibility and enrollment status, including the reason for receipt of the notice and information about any subsequent action(s) they must take. Notices would be in writing and include: (1) contact information for customer service resources; (2) an explanation of rights to appeal; and (3) regulation serving as the cause for notice.</p>		<p>DCF sends notices to enrollees about the status of their enrollment, overdue premium payments, etc. These notices include customer service contact information.</p>		<p>Private insurance plans conduct annual enrollment periods, and distribute notices to members regarding re-enrollment, premiums due, etc.</p>	<p>The Employee Benefits Division of DHR conducts an annual enrollment period as defined and dictated by Collective Bargaining Agreements, each year running November 1-November 30.</p>	<p>The responsibility for generating notices needs to be explored as well as the format and content of the notices. HHS believes that the notices should be in writing and electronically wherever possible/practical. Currently, HHS is taking specific content, timing and format-related recommendations received from commenters into consideration as it moves forward with the development of model Exchange-issued notices. Notices also are to include the date on which the notice is sent and the reason for intended action. (77 Fed. Reg. 18310 (3/27/12).)</p>

8. Applications and Notices						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(3) Compliance with ADA, Rehabilitation Act and LEP: All applications, forms and notices must be provided in plain language. In addition, applications, forms and notices should be written in a manner that meets the needs of diverse populations by providing meaningful access to limited English proficient individuals (LEP) and ensure effective communication for individuals with disabilities.</p>		<p>All DCF and DVHA applications, forms and notices comply with the ADA, Rehabilitation Act and LEP.</p>		<p>Rule H-2009-03, Section 2.2 requires plans to provide information on obtaining translation and interpretation of policy forms, certificates and handbooks.</p>		<p>The application and notices should be reviewed with advocacy and stakeholder groups to provide meaningful access by consumers.</p>

Core Function Overview: Health consumers would need to be educated about the Exchange and coverage options available. The Exchange also would educate consumers about the benefits of purchasing health insurance coverage through the Exchange, including access to health plans that meet State and federal certification standards and access to assistance with paying premiums and cost-sharing. This would be a separate function from implementation of a Navigator Program. Further, the campaign would be designed to meet the needs of Exchange participants including individuals with disabilities, individuals with limited English proficiency and others with potential barriers to enrollment. States have latitude with developing a unique strategy for conducting outreach and education activities.

- Statewide outreach approach

9. Outreach and Education						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
(1) Statewide outreach approach: Outreach would ensure eligible individuals are aware of their options for subsidized and unsubsidized coverage through the Exchange and public insurance programs.		After passage of Acts 190 and 191, which established Catamount Health and instituted other policies to improve the affordability of and access to health care, DVHA contracted with GMMB, a national marketing firm, to implement an outreach strategy for all public insurance products. Also, since 2007, DVHA has funded an Outreach Coordinator position at Bi-State Primary Care Association to provide outreach and training to providers and agencies involved in enrollment and conduct meetings to share best practices.	Inmates are automatically eligible to receive medical and mental health care while incarcerated.	Health plans and employers provide assistance with enrollment and cost-sharing. For example, VEHI’s website is dedicated to insurance options and information for participating school districts.	DHR has a website dedicated to employee health benefits. Employees are notified of plan coverage options upon hire, and additional information is available by contacting the Employee Benefits Division.	GMMB is assisting the State to develop a comprehensive outreach campaign to inform individuals and employers about the Exchange.

Core Function Overview: Individuals would have the opportunity to contest the eligibility determinations made by the Exchange for premium subsidies and Exchange participation. Exchanges would need to implement a process for processing appeals that would coordinate with Medicaid and CHIP as well. HHS proposes to address the content and manner of appeals of individual eligibility determinations in future rulemaking (as noted in 77 Fed. Reg. 18310 (3/27/12)). The Exchange would notify employers when one or more of their employees is determined to be eligible for advance payment of a premium tax credit because the employer does not offer minimum essential coverage or the coverage is not affordable or does not meet the minimum value requirement. Employers would have an opportunity to appeal the determination.

- Grievance & appeals process
- Provide information about consumer protections
- Collect data on inquiries/problems & resolution

10. Adjudication of Appeals of Eligibility Determinations						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
(1) Grievance and appeals process: HHS anticipates addressing the content and manner of appeals in future rulemaking.	Act 48 requires that consumers have easy and simple access to the relevant grievance and appeals processes (i.e., human services board).	The Human Services Board within the Agency of Human Services (AHS) is responsible for hearing appeals involving eligibility, benefits, coverage and financial assistance made by AHS departments, including DVHA.	The offender/inmate grievance system has an internal administrative means for the resolution of complaints and grievances pertaining to health services provided.	Health insurance carriers have their own eligibility appeals and grievance and appeals process that subscribers may access. DFR Rule H-2009-03 provides requirements for plan processes.	The appeals process for the SEHP is defined in the Plan Document and also on the DHR Employee Benefits website.	PHPG will be assisting the State with the evaluation and development of appeals processes for individuals and small employers.

10. Adjudication of Appeals of Eligibility Determinations						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(2) Provide information about consumer protections: Information about consumer protections would be available through the call center, website and the Navigator Program which also provides public education; provide fair and impartial enrollment information; facilitate enrollment; and Ombudsman referral. Applicants also would receive a notice of appeal rights.</p>		<p>Public insurance enrollees are notified of their appeal rights in the Member Handbook and notices; this information is also available on the DVHA website. The Consumer Assistance Program currently is operated as a partnership between the Attorney General and the University of Vermont. Vermont Legal Aid operates the Office of Health Care Ombudsman and operates a statewide hotline.</p>		<p>DFR Rule H-2009-03 provides regulations about consumer protections for private insurance plans.</p>	<p>Information on protections for members of the SEHP is detailed in the “Plan Document,” available on the DHR website.</p>	<p>The Exchange website could serve as a centralized location for information about consumer protections. Navigators also would serve as a valuable resource for placing consumers in contact with the appropriate advocacy entity.</p>

10. Adjudication of Appeals of Eligibility Determinations						
Federal Requirements	Vermont-Specific Requirements	Current Functions of Health Insurance Programs				Next Steps & Opportunities for Integration
		Public Insurance	Correctional Inmate Healthcare	Non-Exchange Private Insurance (e.g., grandfathered, large group and self-insured plans)	State Employees	
<p>(3) Collect data on inquiries/problems and resolution: Data gathered would be available on the Exchange website and would be used to further quality improvement initiatives.</p>		<p>The DVHA call center contractor, Maximus, collects information about the nature of calls from enrollees and this information is contained in quarterly reports to CMS. It is not readily available to consumers.</p>			<p>While DHR is not required to comply with this requirement due to its grandfathered and self-insured status, the Department does require performance data through the ASO contract with CIGNA.</p>	