

Vermont Open Enrollment and Qualified Health Plan (QHP) Renewals for 2020

Background

This memo summarizes the state of Vermont's intended methodology for QHP annual redeterminations ("renewals") for 2020, pursuant to 45 CFR 155.335(a)(2)(iii). Vermont's state-based exchange, Vermont Health Connect (VHC), is administered by the eligibility and enrollment unit within the Department of Vermont Health Access (DVHA). DVHA's QHP renewals plan prioritizes customer experience, coordination with QHP issuers, and use of automated functionality.

2020 QHP Renewals

For 2020 renewals, DVHA will again utilize automated renewals functionality which allows for self-service plan selection during open enrollment, self-service change reporting, automated noticing, and automated QHP issuer and billing integration.

1. Renewals Preparation and System Setup

In early August, DVHA will notice those who did not provide authorization to obtain IRS data for their renewal.¹ This "0 auth" notice will give instructions for providing authorization and explain that, if authorization is not given, any APTC will be removed for 2020.

As soon as 2020 QHPs have completed the rate review and certification process in early September, the VHC rules engine will be updated to calculate 2020 eligibility. The exchange will implement one-to-one plan mapping for default reenrollment. Additionally, carriers will be given the opportunity to confirm the accuracy of 2020 plan data from the VHC live system prior to open enrollment, and the plans will be posted on the VHC informational website for customer shopping.

The goal of this preparatory phase is to have all the updated rules, plans and authorizations in place to project 2020 eligibility for QHP enrollees prior to open enrollment.

2. Noticing and Plan Mapping

In late October,² DVHA will send standardized renewal notices to all enrolled households³ directing them to the portal, or to call the call center, for their projected eligibility and mapped

¹ 45 CFR 155.335(k).

² 45 CFR 155.335(d), 155.410(d).

³ Approximately 20,000 households.

plan for 2020. The notices will stress the importance of reporting updated household information, the requirement to report any eligibility change, and instructions for doing so. The notices will also include a description of open enrollment, the redetermination process, and the plan selection deadline for January 1, 2020 coverage. Finally, the standard renewal notices will include generic reminders and calls to action for those who have not provided authorization for retrieval of IRS data, those with outstanding data-matching issues, age-off populations, and those who have not yet reconciled APTC with the IRS through the tax filing process.⁴

Concurrently, carriers will send renewal notices to customers that will include the cost of their 2019 plan and cost of 2020 plan.⁵ The carriers' notices will also explain that these costs are the gross premiums – premiums before subsidies – and will refer customers to DVHA's notices and/or Plan Comparison Tool to see their 2020 subsidies and net costs.

Subsequently in October, DVHA will process a batch activity wherein eligibility is projected for every household based on most recent, customer-reported case data. As part of this process, the hub is pinged,⁶ verification statuses are refreshed, and failure to reconcile codes are implemented. The projected eligibility is populated into the VHC portal along with default re-enrollment (plan mapping) for customer review. Projected eligibility will account for age-offs including age 30 catastrophic plan enrollees.

This activity will also be the basis of the transmission of a batch re-enrollment file to QHP issuers. This will re-enroll all known QHP enrollees into an equivalently mapped 2020 QHP. This default passive enrollment will aid to maintain the State's existing high rate of insured individuals.

3. Outreach and Education

Vermont's open enrollment effort will be supported by the broad availability of in-person assistance, online health insurance literacy resources, key community partners, and mass media. Key messages include reminders of the December 15 deadline⁷ and encouragement to reconsider plan selection through comparison shopping.

Vermont's Assister Network consists of more than 250 Navigators, Brokers, and Certified Application Counselors. These Assistors provide in-person enrollment assistance in all 14 counties of the state. They also coordinate with state eligibility staff to promote health insurance literacy, help customers understand the total cost of insurance, and ensure that Vermonters are aware of the deadline for signing up as well as the requirement to maintain health insurance.⁸

⁴ 45 CFR 155.305(f)(4).

⁵ 45 CFR 156.1255.

⁶ The State now uses the Renewals Re-Verification (RRV) Service for renewals.

⁷ 45 CFR 155.410(f)(2)(i).

⁸ 32 VSA 10452.

DVHA uses the Plan Comparison Tool to help Vermonters better understand their subsidies and assess how various plan designs and out-of-pocket costs could impact their total health care costs. The tool is expected to continue to play a key role in equipping individuals and employees of small businesses to choose the best health plan for their families' needs and budgets.

This year, DVHA will roll-out a new, mobile-responsive informational website by September 1, and will initiate an outreach campaign to alert consumers to the change prior to open enrollment. The goal of the website migration is to provide consumers with clear, well-organized information which can be read on a smartphone or tablet. Additionally, DVHA will again team up with partners, such as community libraries, to hold events and distribute "Health Insurance 101" materials across the state. Invoice stuffers regarding open enrollment will also be mailed to current QHP enrollees with the August through November invoice runs leading up to open enrollment. As with 2019, outreach will reinforce the December 15 deadline and encourage comparison shopping. Finally, earned and paid media will be used in an attempt to reach other Vermonters – especially the small remaining number of uninsured Vermonters – and make sure that they know about open enrollment deadlines and the availability of financial help.

4. Redetermination

Beginning November 1, 2019, QHP enrollees will be able to call or log into the portal to make a change for their renewal. This will include the ability to authorize retrieval of tax information. Changes will be implemented using the automated change of circumstance process, and 2020 eligibility will be updated accordingly. An 834 transaction will be generated overriding the original re-enrollment.

All households, whether or not they have made an active re-enrollment as described above, will receive a notice of decision reflecting their 2020 redetermination in late November. The notice will be updated if a household takes further action on their renewal. If an enrollee does not report or make a change by December 15, they will remain re-enrolled according to their projected eligibility and mapped plan.

5. Failure to Reconcile (FTR)

Redetermination includes the loss of APTC for those who did not provide authorization, or the IRS indicates did not file taxes to reconcile APTC for 2018. The exchange will remove APTC for those households receiving any of the three IRS FTR indicators (007, 009 and 010). Those enrollees projected to lose their APTC pursuant to FTR can call the call center to attest that taxes have been filed and APTC reconciled and receive a new eligibility determination for APTC. Since eligibility is projected in October—before the IRS data is updated to account for all those with automatic extensions who met their filing deadline—in December, DVHA will recheck customers who received the 009 code (valid filing extension) and grant APTC to those eligible.

6. Interaction with Medicaid

VHC is an integrated marketplace providing both Medicaid and QHP coverage. DVHA renews the MAGI-based Medicaid population on a monthly basis. Therefore, QHP renewals and certain Medicaid renewals will be taking place contemporaneously during open enrollment. For "mixed" households with both Medicaid and QHP enrollees, the QHP renewal notice includes language reminding customers that eligibility for the entire household will be

updated as a result of a reported change, if applicable. Medicaid members in mixed households will be renewed through a separate process and will receive Medicaid specific renewal notices.

Regulatory Standard

The State's approach to annual redetermination meets federal standards for approval of an alternative procedure⁹ by:

- facilitating continued enrollment in coverage,
- providing clear information about the process to the qualified individual or enrollee (including regarding any action by the qualified individual or enrollee necessary to obtain the most accurate redetermination of eligibility), and
- providing adequate program integrity protections.

⁹ 45 CFR 155.335(a)(2)(iii).