

**MEMORANDUM OF UNDERSTANDING BETWEEN
THE DEPARTMENT OF VERMONT HEALTH ACCESS AND THE
DEPARTMENT FOR CHILDREN AND FAMILIES: MARCH 2013**

I. Purpose

The purpose of this Agreement is to formalize and clarify the relationship and responsibilities between the Department of Vermont Health Access (DVHA) and the Department for Children and Families (DCF) for developing, implementing and operating Vermont's Health Benefit Exchange, known as Vermont Health Connect (VHC) and all other publically funded health benefit programs operated by the State. Certain activities outlined within this Agreement will be funded through the federal Cooperative Agreement to Support the Establishment of State Operated Health Insurance Exchanges – Level 2 Establishment grant awarded to Vermont by the U.S. Department of Health and Human Services (HHS) and will be governed by the terms and conditions of that award.

II. Collaboration and Definitions

DCF and DVHA will work together to fulfill the responsibilities outlined in this Agreement to establish and operate all public health care functions, including the VHC, within all applicable state and federal laws and regulations. The DCF and DVHA will also work cooperatively in responding to any request for information, data or other reporting required by the HHS, Vermont Legislature, the Green Mountain Care Board, Agency of Human Services (AHS) and/or the Governor's Office or its Health Care Reform designees.

DVHA and DCF agree to communicate to each other any requirements or changes in federal Health Benefits Exchange, Medicaid or other HHS guidance and any laws or regulations impacting roles and responsibilities outlined in this Agreement. At a minimum, the DVHA Deputy Commissioner(s) and the DCF/Economic Services Division (ESD) Deputy Commissioner or designees shall meet on a monthly basis. Both parties will collaborate to ensure that state policies, operations and/or statute(s) are aligned and updated as needed.

Legislative liaisons for DVHA and DCF will work jointly on drafting updates for commissioners, legislative bill reviews, and handouts or testimony to ensure alignment of policy positions and budget impacts related to eligibility, enrollment, exchange and other health care related activities. DCF and DVHA agree to name and communicate their designated legislative liaisons to each other and to the Office of the Secretary of the AHS by Dec 1st of each calendar year,

Prior to issuance, all Requests for Proposals (RFPs), contracts, and grants associated with activities in this MOU must be pre-approved through the existing project management structure which supports the AHS Health Services Enterprise and by the Centers for Medicare and Medicaid Services (CMS). All such agreements and documents will be submitted to Joe Liscinsky (joseph.liscinsky@state.vt.us) and Kate Jones (kate.jones@state.vt.us) to route to CMS for approval prior to release or execution. Reimbursement cannot be made for any claimed expenses that have not been preapproved through this process.

Definitions

Eligibility and enrollment processes within the Vermont Agency of Human Services are interrelated and Departments responsible for different functions share the same systems, and at times the same contractors, to manage operations and transmit required information to internal and external stakeholders and vendors. For purposes of this MOU and the activities identified within, the following definitions will apply:

Eligibility involves all functions and business processes related to:

- a. The receipt of information bearing upon a request for enrollment in a benefit program;
- b. The verification of such information;
- c. The determination of the completeness and accuracy of the information;
- d. The application of program rules to the information;
- e. The determination of eligibility;
- f. The establishment of a benefit level or premium obligation, if applicable;
- g. The determination of enrollment start date; and,
- h. The generation and transmission of information necessary for billing by the premium processor.

Additionally, Eligibility includes establishing the defined roles, reporting changed circumstances, the annual renewal of eligibility and defense of any appeal regarding efforts in the execution of the preceding tasks.

The initial phase of eligibility is completed when the enumerated tasks are accomplished and the results are uploaded to any interface that communicates with issuers and other claims payers (MMIS).

Enrollment begins once the eligibility transaction is completed. Enrollment includes any and all functions required to ensure that the eligible individual or entity is correctly enrolled in the appropriate program and such other functions that may be needed to support an individual's relationship with the issuer or other claims payer. This includes both paper and electronic processes.

III. Roles and Responsibilities

DVHA and DCF eligibility policies, operations and information technology systems must operate in a fully integrated and aligned environment. To that end, there are functions within each Department that will need to be complementary and in many cases exchange information in a seamless manner. Those areas and respective roles are outlined below.

A. Eligibility

1. **DCF Economic Services Division (ESD)** is responsible for all eligibility functions, including coordination and resolution of information from applications that have been referred by the Exchange's contracted Customer Support Center, for persons in the individual

market including applicants to Qualified Health Plans (QHP), Medicaid, the Children's Health Insurance Program (CHIP) and other publicly funded programs. ESD is also responsible for all eligibility functions and coordination with contractors as needed for employees who seek enrollment in QHP's offered by their small employer . This includes:

- a. Creation of eligibility rules and processes such as drafting revisions to current Vermont eligibility rules to ensure compliance with all federal ACA requirements and ensuring rules align with any and all populations recognized in CMS 1115 Demonstration waiver agreements (currently Global Commitment to Health and Choices for Care);
 - b. Facilitation of all Administrative Procedures Act requirements including stakeholder involvement, LCAR presentations and testimony for all eligibility rules;
 - c. Ensuring necessary Medicaid state plan amendments are processed;
 - d. Ensuring all adopted rules related to individual and employee eligibility are properly reflected in the IT system's rules engine including the testing of rules engine operations prior to the effective date of the rule changes;
 - e. Ensuring all individual and employee eligibility rules are maintained and updated as needed based on state and federal law, including ensuring needed updates and accuracy of the IT rules engine; and,
 - f. Designing and implementing the system builds needed to support all aspects of the eligibility process.
2. **DCF-ESD** will review and determine whether all forms relevant to health care, including the federal single application form, meet legal and functional requirements of the Vermont system and ensure that any form adopted for use in Vermont is in a consumer friendly format using terminology and literacy levels that will promote a favorable customer service experience for Vermonters.
 3. **DCF-ESD** will facilitate, in collaboration with DVHA, stakeholder involvement and adoption of final applications, notices and other forms associated with eligibility for QHP, Medicaid, CHIP and any 1115 Demonstration expansion populations.
 4. **DCF** will communicate all notice, application or other form changes to the One Gate system within the timelines necessary to ensure implementation by the effective date of the change.
 5. **DVHA** will be responsible for all related eligibility functions outlined above for the employer including oversight of adopted rules regarding small business eligibility and enrollment.

B. Enrollment

1. **DVHA** will collaborate with DCF as needed to establish the specifications for the interfaces necessary to exchange eligibility information for all health care programs including with QHP issuers and other claims payers and the Medicaid Management Information System (MMIS) to ensure consumers are enrolled in the appropriate plan.
2. **DVHA** will be responsible for evaluating any reports of system-wide or individual enrollment errors for both MMIS and private insurers. DVHA will independently resolve such errors if they do not implicate eligibility issues. However, if the source or solution of the error involves a redetermination of eligibility, DVHA will inform DCF – ESD Healthcare BPAA staff, who will then be responsible for any needed corrective actions.

C. Web Portal

1. **DVHA** is responsible for the procurement of the Exchange web portal. DVHA will collaborate with DCF-ESD regarding the functionality of the portal and its eligibility content. In particular, the portal will host DCF-ESD's web-based application, including e-forms, change reports, appeal requests and self-service functionality available to enrollees and assisters. DVHA will consult with DCF-ESD on issues relating to these DCF-ESD functions, web portal design and development, and if requested by DCF-ESD, arrange for vendor demonstrations for DCF staff and supervisors.
2. **DVHA and DCF-ESD** will work jointly on the identification and creation of standards for any needed web portal interface which includes, but is not limited to:
 - a. Defining the information and data types that need to be captured through the VHC web portal to the DCF-ESD eligibility system;
 - b. Determining if both DCF-ESD and VHC web portals will need to be maintained simultaneously;
 - c. Creating standardized data dictionaries, whenever possible, to allow for the DCF-ESD processing of multiple types of eligibility determination.
3. **DVHA** will work with DCF to assess future development needs related to the Integrated Eligibility system with regard to web portal functionality.

D. Call Center Activities

1. **DVHA** will be responsible for oversight of all contracted call center activities related to the administration of the state's health-benefits programs. In addition to VHC programs, this also includes non-MAGI-based health-benefits programs, such as SSI-related Medicaid and

long-term care. In conducting its activities in this regard, DVHA acknowledges and agrees: that it acts as an agent of DCF-ESD with regard to the eligibility-related functions to be met by the contracted call-center vendor; to represent DCF-ESD's interests in matters relating to such eligibility call center activities; and, to consult with and partner with DCF-ESD in all such matters.

2. **DVHA and DCF-ESD** will, within the first 30 days of this Agreement, jointly identify and finalize the types of calls that will be escalated to state staff by the contracted vendor and clearly identify which entity, DVHA or DCF, will be responsible for resolution of those calls.
3. **DVHA and DCF-ESD** will jointly create standards for all call center operations whether operated by the state or through contractors. Standards will include but not be limited to: caller wait time, after hours coverage, timely resolution of caller issues, state reporting and monitoring requirements, etc. While DVHA and DCF-ESD agree that the goal is the achievement of a uniform set of standards across all call-center operations, the parties acknowledge that the parties' ability to meet such standards is dependent upon and subject to available funding and other resources that will be required to meet that goal.
4. **DVHA and DCF-ESD** will implement and monitor compliance with agreed upon call center standards.

E. Grievance, Appeals and Fair Hearing processing

1. **DVHA and DCF-ESD** will review federal rules and jointly implement a uniform grievance, appeals and fair hearing system for eligibility. DVHA will be responsible for employer grievance and appeals processing and DCF-ESD will be responsible for the processing of individual and employee grievances, appeals and fair hearings related to health care eligibility.
2. **DVHA and DCF-ESD** will jointly identify information technology needs related to receiving, tracking, resolving and reporting on grievance, appeals and fair hearings in the VHC, including but not limited to: specifications of interfaces, definition of data elements, timelines for each stage of processing, notices, categorization of the types of grievances, appeals and fair hearings and generation of standard reports. DCF-ESD will take the lead on defining all such elements as they relate to the processing of appeals and fair hearings related to individual and employee eligibility. This includes, but is not limited to, the manner in which DCF-ESD staffs and otherwise manages its fair-hearing workload. DVHA shall take the lead with respect to employer appeals.
3. **DVHA and DCF-ESD** will jointly recommend to AHS Secretary Office any internal structural changes needed for handling grievances, appeals and fair hearings within the VHC.

This includes but is not limited to reviewing various structural models, internal and external staffing (e.g., Human Services Board), fiscal impacts and any necessary statutory changes that may be needed.

F. Quality Control

1. **DVHA and DCF-ESD** will be jointly responsible for ensuring all state systems are in compliance with all federal health benefit regulations including exchange related requirements. In this regard, DCF-ESD will take the lead with respect to regulations as they relate to eligibility and DVHA will take the lead in other such respects.
2. **DVHA and DCF** will jointly design and implement a quality control structure and corrective action planning for all health benefit related eligibility decisions as needed.
3. **DVHA and DCF-ESD** will immediately notify the other party upon the identification of significant anomalies in system functioning, beneficiary communication or other operations that could have negative consumer, fiscal or legal impact, and will jointly agree on steps to resolve the problem. Notifications will be made by the respective Deputy Commissioner or his/her designee.

G. Training/Work Force Development

1. **DVHA and DCF** will jointly identify staff training needs in the work areas listed in this MOU and develop a training plan to include, but not be limited to, electronic medium such as the computer assisted training currently available to DCF.
2. **DVHA and DCF** will jointly collaborate with AHS central office change management staff to ensure eligibility and other ESD and DVHA workers have support and proactive options to retrain for new health benefits and exchange related functionality.

Proactive Project Management & Problem Resolution

H. DCF and DVHA will identify designees and program leads for each of the work areas outlined above: Eligibility and Enrollment, including both electronic and paper processing; Web Portal; Call Center; Grievance; Appeals and Fair Hearing; Quality Control; Training; and, Legislative Affairs. These designees and assigned task areas will be documented in the RACI matrix and follow project timelines, task assignments and priorities as identified in the RACI process.

The identified designee will be responsible for:

- a. Participating in or ensuring that necessary DCF and/or DVHA representatives participate in all meetings and/or project teams related to their topic areas;

- b. Completing deliverables with accuracy and within the timelines established by the project plan, or based upon on a mutually agreed timeline;
- c. Notifying DCF and/or DVHA supervisors of conflicting priorities or timelines and work to resolve conflicts and raising these conflicts to the project manager or supervisor;
- d. Communicating relevant information, data, risks, decisions and/or questions internally within their departments and externally to contractors and/or other AHS staff as needed; and,
- e. Identifying areas where organizational policies and procedures will need to be changed and facilitating a plan for making those changes and communicating any policy or workload conflicts to DCF and/or DVHA supervisors.

I. DVHA and DCF-ESD Supervisors will jointly and proactively address problems by following the RACI project management structure developed for the Health Services Enterprise which includes communicating in a timely manner, and at least weekly, with project managers, supervisors and program leads identified in the RACI matrix. When it is known that deadlines will not be met, Supervisors must proactively address:

- a. Conflicts between staff (i.e., interpersonal issues and/or conflicts arising out of disagreements with key decisions);
- b. Staff performance issues (i.e., failure to participate, communicate and/or follow through on assigned deliverables); and,
- c. Conflicts with workload and allocation of staff time to competing projects (i.e., staff work assignments).

C. DCF-ESD will be a member of the Process and Issues Cross Departmental team that has been convened to address areas across the RACI matrix and will report on issues, trends and errors that impact customer experience and workflow efficiencies including but not limited to those listed throughout this MOU. When competing Policy or Project Priorities (i.e., departmental or AHS projects that have equal prioritization and demand time for the same staff on the same timeline), this team will make collaborative decisions regarding corrective actions and refer items and/or recommendations that have significant fiscal, legal or beneficiary implications to the Health Services Enterprise Operations Team and more specifically:

- a. Problems related to competing policy or project priorities will be brought by the DCF and/or DVHA Health Services Enterprise Operations Team representative to the attention of division head in charge of the policy area, commissioners or their Deputies, the AHS Secretary's Office and/or the Health Services Executive Committee, as needed for resolution.

IV. MOU Contacts

DVHA: Lori Collins

Title: Deputy Commissioner

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DCF: Richard Giddings

Title: Deputy Commissioner

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V. Term of Agreement

This MOU will be effective upon signature and remain so until a Successor Agreement is written or it is determined to be unnecessary. No changes, modifications or amendments to or the termination of this Agreement shall be effective unless reduced to writing and signed by the duly authorized representative of the AHS, DVHA and DCF.

The provisions of this Memorandum of Understanding are hereby entered into and agreed to by:

Mark Larson, Commissioner
Department Vermont Health Access

Date

Dave Yacovone, Commissioner
Department for Children and Families

Date

Douglas Racine, Secretary
Agency of Human Services

Date