

# **Redeterminations and Reenrollment Procedures for Plan Year 2024**

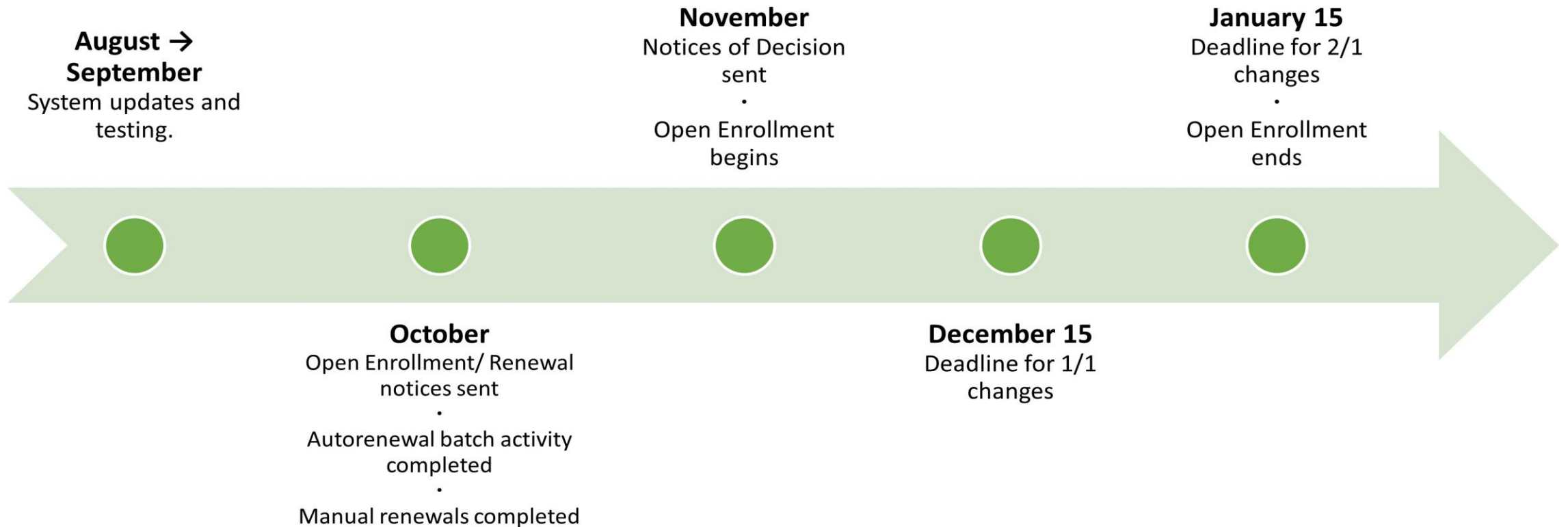
August 2023

- APTC: Advance premium tax credit
- CMS: Centers for Medicare and Medicaid Services
- EHB: Essential Health Benefits
- FPL: Federal Poverty Limit
- FTR: Failure to Reconcile
- IRS: Internal Revenue Service
- QHP: Qualified Health Plan
- RRV: Renewal and Redetermination Verification Service
- SOV: State of Vermont
- VHC: Vermont Health Connect

- Annual Open Enrollment Period for 2024 QHP enrollment
- Open Enrollment runs November 1 – January 15
  - Dec 15 deadline for 1/1 changes
  - Jan 15 deadline for 2/1 changes

# Timeline

4



- No significant program or process changes
- Due to overlap with Medicaid renewals, expectation to increase QHP enrollment through Open Enrollment
- Certain activities continue to be suspended this year to support coverage retention (e.g., FTR, Dr Dynasaur premiums)

- August: outreach to QHP enrollees to request updated information including tax authorization
- August-September: testing for autorenewal process (passive file) and eligibility system updates
- October: Autorenewal batch activity updates portal with projected eligibility and default plan selection
- October: Manual (eligibility staff) renewal for subpopulations including age-offs and missing data cases
- November 1: Open enrollment, Notices of decision
- December 15: Deadline for 1/1 changes

- Updates to FPL tables, applicable benchmark plan, EHB percentage, applicable percentage, required contribution
- Federal data services hub (“hub”) renewal and redetermination verification (RRV) service, including IRS
  - Vermont Department of Labor is secondary data source for income
- Autorenewal batch activity:
  - Projected eligibility
  - Verification statuses refreshed to inform outreach during plan year

# 2024 Income Thresholds

Vermont Household Income Thresholds for Cost Sharing Reductions (CSR), Vermont Premium Assistance (VPA), and Premium Tax Credits (PTC)*										
Eligibility for 2024 Benefits Determined Based on 2023 Federal Poverty Level (FPL)										
Upper FPL% and <i>annual</i> income limits for:		Silver 94 (94% AV) CSR Tier I*	Silver 87 (87% AV) CSR Tier II	Silver 77 (77% AV) CSR Tier III	VPA & Silver 73 (73% AV) CSR Tier IV	PTC - typical threshold	PTC - expanded through 2025 by Inflation Reduction Act			
Household Size**	100% (for reference)	150%	200%	250%	300%	400%	N/A	N/A	N/A	N/A
Coverage Tier		All	All	All	All	All	Single	Couple	Parent and Child(ren)	Family
1	\$14,580	\$21,870	\$29,160	\$36,450	\$43,740	\$58,320	\$134,058	N/A	N/A	N/A
2	\$19,720	\$29,580	\$39,440	\$49,300	\$59,160	\$78,880	\$134,058	\$268,117	\$258,733	N/A
3	\$24,860	\$37,290	\$49,720	\$62,150	\$74,580	\$99,440	\$134,058	\$268,117	\$258,733	\$376,704
4	\$30,000	\$45,000	\$60,000	\$75,000	\$90,000	\$120,000	\$134,058	\$268,117	\$258,733	\$376,704
5	\$35,140	\$52,710	\$70,280	\$87,850	\$105,420	\$140,560	\$137,538***	\$268,117	\$258,733	\$376,704
6	\$40,280	\$60,420	\$80,560	\$100,700	\$120,840	\$161,120	\$148,119***	\$268,117	\$258,733	\$376,704
7	\$45,420	\$68,130	\$90,840	\$113,550	\$136,260	\$181,680	\$158,153***	\$268,117	\$258,733	\$376,704
8	\$50,560	\$75,840	\$101,120	\$126,400	\$151,680	\$202,240	\$167,730***	\$268,117	\$258,733	\$376,704
For each additional person add	\$5,140	\$7,710	\$10,280	\$12,850	\$15,420	\$20,560	N/A			

\*\*Household size = tax filer + spouse (even if they live apart) + tax filer's dependents. Married couples must file jointly to be eligible for APTC and CSR.  
 \*\*\*At this income level, you will qualify for PTC if you enroll in a Couple, Parent and Child(ren), or Family plan, but not a Single plan.



- Testing for autorenewal process (passive file) allows for population refinement
- Manual renewal populations processed separately:
  - Age-offs
  - Cases with missing data
- Anticipate 99% autorenewal rate
- Default passive reenrollment critical to Vermont's high insured rate

- QHP rate review and certification complete by early September
- Issuer review of plan data loaded on exchange
- Consistent QHP options = 1:1 QHP crosswalk
- Default plan mapping through autorenewal process
- Transmission of batch reenrollment file to QHP issuers
- Reenrollment into equivalent 2024 QHP
- New QHP selection requires binder payment to issuer

## Failure to Reconcile (FTR) \* FTR process suspended for PY2024 consistent with CMS guidance

- FTR codes consumed by eligibility system triggering loss of APTC for upcoming plan year
  - 007,009, 010
  - 009 (valid filing extension) recheck in late Nov
- Customer attestation of filing compliance overrides FTR on a prospective basis

## Inconsistencies

- Inconsistencies for income and other eligibility factors addressed through outreach during the plan year

- August: “Zero Authorization” notice
  - Describes steps to provide updated authorization to obtain tax information for renewal
  - ~700
- September and during Open Enrollment
  - Planned targeted outreach using multiple modalities to encourage customers to report changes
- October: Open Enrollment/Renewal notice
  - Explains OE dates and deadlines
  - ~20,000
- November: Uninsured Vermonters notice
  - Sent to those who don’t have minimum essential coverage based on past year tax information and explains coverage options
  - ~25,000
- October: Issuer Renewal notices
  - Includes premiums and current subsidies
  - ~20,000
- November: Renewal Notice of Decision
  - Describes eligibility determination for upcoming plan year
  - ~20,000

- Plan Comparison Tool launches in October to allow for plan shopping
- Annual Assister training
  - 110Assisters spread among Vermont's 14 counties
- Other:
  - Website updates, online stakeholder toolkit
  - Social media campaigns
  - Informational e-mails, texting to specific populations
  - Stakeholder newsletters
  - Public virtual town halls

- Integrated marketplace
- Vermont Health Connect serves approximately 5,000 mixed eligibility households (households containing both QHP and Medicaid enrollees)
- Medicaid renewals restarted in April 2023
  - Medicaid members in mixed eligibility households will be renewed through a separate process and will receive Medicaid specific renewal notices.

- The State's approach to annual redetermination meets federal standards for approval of an alternative procedure 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

45 CFR 155.335(a)(2)(iii)