

SAO Comments on Draft 1.5—Vermont Health Connect Outcomes: House Health Care 4-21-15

Timing

- The next open enrollment/renewal period is scheduled to start 11/1/15 so the Joint Fiscal Committee and Health Reform Oversight Committee will know no later than this whether the automated COC and renewals processing were fixed. However, the Administration should know earlier whether these development efforts were successful or whether manual COC or renewal processes are to be continued.
- As a result, we suggest splitting up the reporting requirements for informing the committees whether certain dates were met and making the recommendation to continue or move to the FSSBM. For example, as pertaining to section (b):
 - The Joint Fiscal Committee and Health Reform Oversight Committee are notified June 1, 2015 or when the automated COC process is implemented, whichever is later, whether the automated COC was implemented and is working without significant defects.
 - The Joint Fiscal Committee and Health Reform Oversight Committee are notified within 5 days of a decision being made to utilize a manual renewal process for the 2016 plan year open enrollment/renewal period and no later than October 1, 2015 whether an automated renewal process or manual process will be utilized for the 2016 plan year open enrollment/renewal period.
 - The Joint Fiscal Committee and the Health Reform Oversight Committee shall receive testimony from the Chief of Health Care Reform regarding the Vermont Health Benefit Exchange at their November meetings or at special meetings in November called by the respective Committee Chairs. The Chief of Health Care Reform shall ~~report on the intended Vermont Health Connect outcomes established in subsection (b) of this section and shall~~ recommend whether the State should request approval from the U.S. Department of Health and Human Services to move from a State-based health benefit exchange to a federally supported State-based marketplace (FSSBM). ...
- Section (d)(3)—The January 15, 2016 date may be too late to make the switch for the 2017 plan year. Suggest that these alternatives be explored as part of the cost/benefit analysis we are suggesting be due in November 2015 (see next section).

Basis for Decision

- Consistent with our report and our recommendations to the legislature, we suggest that the following are added to Section (c), as part of the additional information be provided by the Chief of Health Care Reform:
 - A cost-benefit analysis[w/Leg.-JFO input] of alternatives that includes the costs and quantitative and qualitative benefits of each alternative. To include the following alternatives (1) staying with the current VHC, (2) FSSBM, (3) others???. A summary of the current security status of VHC, to include the number of high and moderate risk weaknesses that remain unremediated and the timeline and estimated cost of fixing these weaknesses.
 - The timeline and estimated costs associated with making additional planned enhancements to the VHC system, to include at a minimum the implementation of the Small Business Health Options Program (SHOP).

Technical

- Sections (b)(2) and (b)(4)—both of these relate to renewals, but neither say “automated” renewals. We suggest adding the word “automated” to these sections.