

Sec. X. VERMONT HEALTH CONNECT MILESTONES; JOINT FISCAL COMMITTEE

(a) The Joint Fiscal Committee shall hear a report from the Chief of Health Care Reform on the Vermont health benefit exchange at its November meeting or at a special meeting as called by the Chair. The Chief of Health Care Reform shall report on the Vermont Health Connect milestones established in subsection (b) of this Section and shall make a recommendation on whether the state should request approval from the U.S. Department of Health and Human Services to move from a state-based health benefits exchange to a federally-supported state based marketplace (FSSBM).

(b) The Chief shall report to the Committee on the following milestones for Vermont Health Connect processes for qualified health plans offered through the individual market:

(1) On or before May 31, 2015, the vendor shall deliver the information technology release providing the “back end” of the technology supporting changes in circumstances and information to allow for significant reduction in the amount of time necessary for the state to process changes requested by individuals and families enrolled in qualified health plans.

(2) On or before May 31, 2015, the state shall have a contract for renewing qualified health plans offered to individuals and families, which has been reviewed and agreed to by the state, registered carriers offering qualified health plans, and the chosen vendor. This contract shall be sent to the Centers for Medicare and Medicaid Services for its review and approval by this date.

(3) Vermont Health Connect shall develop a contingency plan for renewing qualified health plans offered to individuals and families for calendar year 2016 by August 1st, and shall ensure that registered carriers offering these qualified health plans have agreed to the process.

(4) On or before October 1, 2015, the vendor shall deliver the information technology release providing for the renewal of qualified health plans offered to individuals and families.

(5) On or before October 1, 2015, Vermont Health Connect’s customer service representatives shall be processing new changes in circumstances or information received in the first half of a month in time to be reflected on the next invoice and shall be processing these changes received in the latter half of the month within 2 successive invoices.

(6) On or before October 1, 2015, registered carriers offering qualified health plans who wish to directly enroll individuals and families shall have any necessary information technology completed.

(c) The Chief shall also provide the Committee with the information necessary to inform the Committee’s decision, including:

(1) the outcome of King v. Burwell, Docket No. 14-114 (U.S. Supreme Court), relating to whether federal Advanced Premium Tax Credits are available to reduce the cost of health insurance providing through a federally-supported state based marketplace (FSSBM), and impacts on Vermont individuals and families if the state were to move to a FFSBM;

(2) whether it is feasible to offer state premium and cost-sharing assistance to individuals and families purchasing qualified health plans through a FFSBM, how this could be operationalized, if federal financial participation is available through the Medicaid program, and the cost impacts;

(3) how the regulatory authority of the Department of Financial Regulation and the Green Mountain Care Board over insurers and qualified health plans is impacted is impacted, including the timing of insurance form and rate review;

(4) any impacts on the state's other health care reform efforts, including the Blueprint for Health and payment reform;

(5) any available cost-estimates attributable to moving from a state-based exchange to a FFSBM.

(d)(1) No later than December 1, 2015, the Joint Fiscal Committee shall determine whether the state should request approval from the U.S. Department of Health and Human Services to move from a state-based health benefits exchange to a federally-supported state based marketplace (FSSBM).

(2) If the Committee determines that the state shall request such approval, the Chief of Health Care Reform and the Commissioner of Vermont Health Access shall:

(A) prior to December 31, 2014, request that the U.S. Department of Health and Human Services begin the approval process with the Department of Vermont Health Access.

(B) on or before January 15, 2016, provide the House Committee on Health Care and the Senate Committee on Health and Welfare with recommended statutory changes necessary in order to align with operating a FFSBM, if approved by the U.S. Department of Health and Human Services.