

INDEPENDENT EXTERNAL AUDIT:
2014 AUDIT FINDINGS REPORT

Vermont Intended Corrective Action Plan

DEPARTMENT OF VERMONT HEALTH ACCESS (DVHA)
VERMONT HEALTH CONNECT (VHC)

I. RESPONSE TO THE AUDIT REPORT FINDINGS

The State appreciates the opportunity to participate in the first independent external audit for Vermont Health Connect (VHC,) and we are committed to remediating any deficiencies or weaknesses identified by Grant Thornton.

The majority of findings in this audit highlight the lack of documented Standard Operating Procedures (SOPs) guiding the operations of VHC, and the State agrees with these findings. The scope was limited to Qualified Health Plans (QHP), and the State acknowledges that formal, documented SOPs do not exist regarding QHP operations for the areas identified. However, VHC functions as an integrated eligibility and enrollment system that serves both QHP and MAGI Medicaid customers. As such, VHC operational processes have frequently been based upon long-standing policies and documented procedures for administration of the State's Medicaid program. VHC will develop and document SOPs for all areas identified in this audit, and will refer to, integrate, or adopt existing Vermont Medicaid SOPs where appropriate. Detailed corrective action plans for the remainder of the findings can be found below.

***Please note** that work to develop and implement this corrective action plan (CAP) began in May, 2015 prior to the anticipated release of the final report by May 31st, 2015. Grant Thornton's delivery of the final report was significantly delayed, and this CAP reflects status as of November, 2015. As such, some items have been closed, some are on track for a November, 2015 completion date, and some of the original target dates have been extended into 2016.

II. INTENDED CORRECTIVE ACTION PLAN

Audit Finding Recommendation #2015-001: VHC should design and implement SOPs and document formal policies to ensure compliance with Federal regulation for the stated areas to ensure that it complies with the requirements of 45 CFR 155.

Corrective Action

1. **Description of the identified weakness or deficiency and of the root cause of such weakness:**

VHC does not have formal, documented SOPs, inclusive of the QHP population, for the designated areas. The VHC business process development model includes generation of process flows, job aids, and training content for our processes. During this reporting period (Q1-Q4, 2014) VHC was actively operating while simultaneously working to design, develop and implement remaining functionality and processes. Due to system limitations and lack of automated functionality, many of our operational processes rely upon manual workarounds that will be retired when automated functionality is implemented as designed. Stabilization of these processes will allow for completion of all process documentation, including SOPs.

2. Proposed action steps and timeline to resolve the weakness or deficiency:

VHC will document formal SOPs for the identified areas using the existing Department of Vermont Health Access (DVHA) operating procedure template and process. When applicable, VHC will refer to, integrate, or adopt existing Vermont Medicaid SOPs. Ownership for each area and target completion dates are provided below:

Topic	Owner	Target Completion Date
<p>1. SOPs for addressing complaints a) Section §155.205(d)(2) – the Exchange, and §155.210(e)(4) – Navigators, are required to “Provide referrals to any applicable office for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage”.</p>	<p>Devon Downing Customer Service Director</p>	<p>Complete</p>
<p>2. SOP’s for performing relationship checks a) Section §155.215 (a)(1) – Conflict-of-interest standards for Navigators</p>	<p>Victoria Jarvis Assister Program Manager</p>	<p>Complete</p>
<p>3. SOP’s over user provisioning of new hires and terminations a) Section §155.260 – ‘Privacy and security of personally identifiable information’ b) Section §155.270 – ‘Use of standards and protocols for electronic transactions’ c) Section §155.280 – ‘Oversight and monitoring of privacy and security requirements’</p>	<p>Maureen O’Day BASU Supervisor</p>	<p>11/30/2015</p>
<p>4. SOPs for making accurate eligibility determinations a) Section §155.305 – Eligibility standards and §155.315 – Verification process related to eligibility for enrollment in a QHP through the Exchange. 5. SOPs regarding the prevention of improper eligibility determinations a)Section §155.305 – Eligibility standards and §155.315 – Verification process related to eligibility for enrollment in a QHP through the Exchange. 6. SOPs regarding management’s identification of incorrect eligibility determinations a) Section §155.315 and §155.320</p>	<p>Michele Betit Health Care Eligibility Director</p>	<p>3/1/2016</p>
<p>7. SOPs in making accurate enrollments a) Section §155.410 – Initial and annual open enrollment periods b) Section §155.415 – Allowing issuer application assisters to assist with eligibility applications c) Section §155.420 – Special enrollment periods d) Section §155.430 – Termination of coverage</p>	<p>Cindy Olson Premium Processing and Enrollment Manager</p>	<p>3/1/2016</p>

8. SOPs to reconcile enrollment information with QHP issuers and CMS a) Section §155.400 (d) – Reconcile Files.	Cindy Olson <i>Premium Processing and Enrollment Manager</i>	3/1/2016
9. SOPs for the recertification process for QHPs a) Section §155.1000 and §155.1075 10. SOPs for the decertification process for QHPs a) Section §155.1080 (a – Definition, b – Decertification Process, c – Decertification by the Exchange) 11. SOPs for the appeal of a decertification of a QHP a) Section §155.1080 (d) - Appeal of decertification 12) SOPs to provide notice of decertification to all affected parties a) Section §155.1080 (e)(1)(2)(3)(4) - Notice of decertification 13) SOPs for the certification process of QHPs a) Section §155.1000 (c)(1)(2)(i)(ii)(iii) - General certification criteria	Dana Houlihan <i>Director, Enrollment Policy & Plan Management</i>	Complete

3. Plan for monitoring the implementation and validating that the implemented steps correct the weakness or deficiency:

The designated owners above will be responsible for ensuring completion of SOPs in their areas. The VHC Compliance Officer will monitor overall progress and completion, and will work with the identified owners to validate that the implemented steps correct the deficiency.

4. Point of contact: Paul Hochanadel, VHC Compliance Officer

Audit Finding Recommendation #2015-002: VHC should create SOPs for addressing complaints in an effective and timely manner. Furthermore, putting in place a complaint logging and monitoring system would help VHC stay current on the status of complaint responses and tracking the completion of complaints in an effective and timely manner.

Corrective Action

1. Description of the identified weakness or deficiency and of the root cause of such weakness:

As the administrator of Vermont’s Medicaid program, the State has well-established processes to receive and respond to customer feedback and complaints, including a complaint logging and monitoring system. Because VHC serves both QHP and MAGI Medicaid customers, VHC uses these processes for all VHC customer feedback. VHC staff are trained to listen to customer feedback and provide information about the range of options that exist:

- **Feedback/complaints** that are logged but without the expectation of a reply
- A formal **grievance**, with a written response from the State
- An **appeal** of a decision to deny, terminate, or reduce services
- An **expedited appeal** that requires a decision within 3 days
- A **fair hearing**, which is a legal process to contest any decision, including an appeal decision

However, during this audit sufficient information about this process was not provided to Grant Thornton in a timely manner.

2. Proposed action steps and timeline to resolve the weakness or deficiency:
 - A. Review our approach to tracking of customer feedback, by 7/1/2015. **Complete**
 - B. Document formal SOP for addressing complaints using existing DVHA operating procedure template by 11/30/2015.
3. Plan for monitoring the implementation and validating that the implemented steps to correct the weakness or deficiency:

The VHC Compliance Officer will monitor progress and completion, and will work with the Customer Service Director to validate that the implemented steps correct the deficiency.

4. Point of contact: Devon Downing, Customer Service Director

Audit Finding Recommendation #2015-003: VHC should obtain HHS approval for trainings to be compliant with Federal guidelines. VHC should appoint resources to correct LMS's technical errors to ensure accurate representation of passed courses. Additionally, VHC should consider developing LMS into a comprehensive and accurate tracking tool for courses, exams, and certifications completed. To fix redundancy and duplication of efforts, VHC should standardize the trainings within LMS to have just one course covering each topic and requirement instead of several versions of the training circulating containing the same content. Additionally, VHC should have an acting Navigator Project Director who administers the 21 grants awarded to Navigator Organizations oversee the certification process of individual Navigators and CACs. The Project Director should work closely with the Vermont Health Connect training team to develop training content that is relevant and should be responsible for documenting and tracking that certification requirements have been met for individual Assistants prior to requesting accounts on the Vermont Health Connect portal for those who have met certification requirements.

Corrective Action

1. Description of the identified weakness or deficiency and of the root cause of such weakness:

In Q1 2015 VHC identified that the VHC LMS allowed some individuals seeking to complete privacy & security training to complete training without receiving the requisite training materials. Additionally, the existing reporting capability did not allow VHC to accurately determine who completed mandated training. VHC took the following corrective actions to resolve LMS deficiencies:

- a. Worked with the vendor to resolve the outstanding logic issues around reporting functionality and provisioning/de-provisioning.
- b. Updated the Privacy & Security training course requirements to comply with CMS guidance. The materials were also reviewed and approved by the State's Privacy & Security team.
- c. Reviewed user lists to ensure appropriate individuals received access, in collaboration with operations business leads.

- d. Released an updated version of the Privacy & Security training module for VHC employees, contractors and Assisters, ensuring all users are current in their training and are scheduled to receive refresher training on an annual cadence.
- e. Conducted a “lessons learned” exercise to improve processes in the future.

The Assister Program Manager is responsible for overall management of the Navigator program, including administration of Navigator grants and oversight of the certification process for Navigators and CAC’s. The VHC Training Manager was on-boarded on April 1st, 2015, and has assumed responsibility for LMS administration. The State is working with the Agency on plans to develop a new coordinated LMS that would reduce duplication and improve the user experience.

Finally, the State has communicated with our CMS State Officer regarding the recommendation to receive HHS approval of Navigator trainings, and we have determined this recommendation to be unwarranted. Per CMS: “HHS reviews evidence of states’ Navigator programs, including the components of training materials and ongoing training opportunities, through Establishment Readiness Reviews. However, HHS does not require approval of the specific content of each SBM’s Navigator training materials.”

- 2. Proposed action steps resolve the weakness or deficiency:
Required action steps have been completed.

Timeline for implementing the action steps: N/A

- 3. Plan for monitoring the implementation and validating that the implemented steps correct the weakness or deficiency:
Front end provisioning will be monitored by the LMS Administrator while back-end work and updating of content will be performed by the VHC training team, led by the Training Manager.

The training team will identify checkpoints that require monitoring and review, including smoke/stress tests of the LMS in December, 2015 prior to annual P&S training.

In November 2015, the Training team will begin restructuring and reformatting the training modules to ensure that they are in compliance with CMS guidelines. Risks and issues will be identified and documented for resolution, and any outstanding logic issues will be identified and addressed with the LMS vendor. This process will be monitored by the Training Manager and the Director of Operations.

- 4. Point of contact: Eric Seel, VHC Training Manager

Audit Finding Recommendation #2015-004: VHC should obtain written attestation from each Navigator organization and Navigator staff on their agreement to be in compliance with conflict of interest provisions outlined in the “Navigator Conflict of Interest Framework” during the term of the agreement. Additionally, VHC should require, and have readily available, relationship check submissions from Navigator organizations and their staff members prior to being on-boarded.

Corrective Action

1. Description of the identified weakness or deficiency and of the root cause of such weakness:

VHC has contractual agreements with all Navigator and IPA organizations binding them to the conflict of interest framework developed from the federal rule, which states that all Navigator and IPA organizations and staff members are conflict of interest free and remain as such through the completion of their contract. Maintenance of written attestation from individual Navigators was completed by each Navigator and IPA organization, and not by VHC.

2. Proposed action steps to resolve the weakness or deficiency:

- A. Develop an additional relationship check process, with documented written attestation for each Navigator maintained by the State.
- B. Modify process to ensure that completion of the relationship check form will be required prior to start of work.

3. Timeline for implementing the action steps:

- A. **Complete.** This process was added to the grant contract process for the FY2016 grant cycle.
- B. **Complete.** Process was implemented on June 15th, and completed June 28th, 2015.

4. Plan for monitoring the implementation and validating that the implemented steps correct the weakness or deficiency:

N/A

5. Point of contact: Victoria Jarvis, Assister Program Manager

Audit Finding Recommendation #2015-005: VHC should design and implement SOPs and document formal policies for the prevention and detection of improper eligibility determinations. The SOPs should, at a minimum, include the Federal Regulations outlined in 45 CFR 155, Subpart D—Exchange Functions in the Individual Market: *Eligibility Determinations for Exchange Participation and Insurance Affordability Programs*: §155.305 Eligibility standards and §155.315 Verification process related to eligibility for enrollment in a QHP through the Exchange.

Corrective Action

1. Description of the identified weakness or deficiency and of the root cause of such weakness;

Vermont's Health Benefits Eligibility and Enrollment (HBEE) rules comply with federal regulations and are a resource for all eligibility staff. MAGI/QHP training materials were created in 2013 (and modified in 2014-2015) which also address Vermont's rules and business processes.

Since the launch of VHC in October 2013, Vermont has experienced numerous pending eligibility defects and delayed functionality. Therefore, eligibility workers in the Health Access Eligibility Unit (HAEU) have been required to perform manual workarounds for change of circumstance and other business processes. Those workarounds have been necessary to ensure access to health care benefits for our clients.

To ensure compliant eligibility decisions, manual workarounds have procedural documents that were developed by Health Care SME's in conjunction with VHC project business analysts. Those documents are functionally "Mitigation Process SOP's" which eligibility staff use to ensure clients get access to health care benefits until defects are resolved. Completing the remainder of the VHC system build will allow permanent processes and procedures to be implemented and documented.

2. Proposed action steps resolve the weakness or deficiency:
 - A. Continue to resolve VHC system defects and complete delivery of automated system functionality.
 - B. Ensure processes are documented as formal SOPs using the existing Department of Vermont Health Access (DVHA) operating procedure template.
3. Timeline for implementing the action steps:
 - A. Per delivery schedule, next major deployment occurs 12/17/2015.
 - B. 3/1/2016

4. Plan for monitoring the implementation and validating that the implemented steps correct the weakness or deficiency:

The VHC Compliance Officer will monitor progress and completion, and will work with the Health Care Eligibility Director Director to validate that the implemented steps correct the deficiency.

5. Point of contact: Michele Betit, Health Care Eligibility Director

Audit Finding Recommendation #2015-006: VHC should design and implement a corrective action plan to address the backlogged applications to detect improper eligibility determination and ensure compliance with Federal Regulations 45 CFR 155, Subpart D—Exchange Functions in the Individual Market: *Eligibility Determinations for Exchange Participation and Insurance Affordability Programs*: §155.305 Eligibility standards and §155.315 Verification process related to eligibility for enrollment in a QHP through the Exchange.

Corrective Action

1. Description of the identified weakness or deficiency and of the root cause of such weakness;

Vermont has been working closely with CMS in 2014 and 2015 regarding corrective action for the lack of automated VHC functionality necessary to perform automated verifications for QHP annual income, immigration status, MAGI income, social security number, and citizenship. Because of the functionality limitations, Vermont submitted an updated verification plan which reflected an agreement with CMS that VHC would not require verification prior to an eligibility determination as cited in Vermont rule. Instead, VHC would be granted a Medicaid E14 waiver until defects were fixed and additional systems functionality was delivered to do the automated verifications. In that verification plan, VHC agreed to base eligibility determinations upon self- attested data and then perform verification work within 90 days post-eligibility decision.

Unfortunately, because of resource limitations including lack of automated notices and sufficient staff to do the manual work, VHC was not able to perform those post eligibility verifications within the 90 day reasonable opportunity period. Because of this, CMS has been working closely with Vermont to develop a new mitigated verification plan. When CMS approves Vermont's mitigated verification plan, they will issue Vermont an E14 waiver (allowing post eligibility verifications within 90 days) going forward.

2. Proposed action steps resolve the weakness or deficiency:
 - A. Continue implementation of current verification plans (See "Verifications Proposal 3.17.15" and "Verifications Proposal 3.17.15_Income addendum 4.28.2015".)
 - B. Implement product enhancements and defect fixes to allow verification to occur as designed. MAGI Income reasonable compatibility has been fixed and functioning as expected. We are still awaiting fixes for Annual Income, Immigration Status, MEC, and Incarceration status. We expect those to come in an upcoming release the end of 2015.
 - C. In 2015, VHC came into compliance with QHP verification requirements at 45 CFR 155.315 for SSN, citizenship, and immigration status. The verification process is as follows:
 - a. Check electronic data source (EDS) at time of application, renewal or COC: if customer attestation doesn't match EDS response, that item is noted as "pending review" in the VHC system.
 - b. Check legacy system for previous documentation-based verification.
 - c. Notice customer for documentation. (Note: Sometimes inconsistencies are able to be resolved prior to noticing, i.e. typo is apparent in the case record.)
 - d. Customer is sent 2 reminders during the 90 day period.
 - e. If response received, items are logged as verified in VHC system.
 - f. If no response received or inadequate response received, customer is noticed that termination will take place at the end of the month (under state law this notice must be sent 2 weeks prior to termination).
 - D. VHC will complete its first round of inconsistency resolution for SSN, citizenship, and immigration status in late 2015 (notices were sent in August). VHC will send its next round of verification notices in January 2016 based on the customer attestations and EDS responses received during the annual redetermination process. VHC intends to include annual income in its verification noticing for 2016 pending resolution of a technical defect related to reasonable compatibility.
3. Timeline for implementing the action steps:
 - A. Ongoing
 - B. Q4, 2015
 - C. Complete
 - D. Q1, 2016
4. Plan for monitoring the implementation and validating that the implemented steps correct the weakness or deficiency:
 - A. We have a ticketing method in place to monitor all defects that have been identified to the contractors and are alerted when they are corrected and updated in the system.
 - B. We have a daily report out that indicates how many verifications are completed and how many are outstanding. Monitoring of that daily report would indicate a greater success rate and thus indicate that the deficiency is being addressed.

5. Point of contact: Michele Betit, Health Care Eligibility Director

Audit Finding Recommendation #2015-007: VHC should upgrade HR and system capabilities to ensure that a complete list of new hires, terminations, and changes in access for SIEBEL, WebCenter, and ACCESS is accessible to ensure that users have appropriate provisioning levels to ensure compliance with Federal Regulation. Additionally, we recommend that VHC perform periodic user access reviews and reconciliations to ensure that all system provisioning is up-to-date.

Corrective Action

1. Description of the identified weakness or deficiency and of the root cause of such weakness:

The State acknowledges the need to improve the effectiveness of our user provisioning system. During this reporting period the State implemented a transition to a new user provisioning tracking tool, Landesk, which has significantly improved the provisioning and account management process. Through implementing this tool we have discovered additional process and system enhancements that are required. These enhancements will improve our ability to perform ad-hoc and quarterly reviews of active users, and ensure that account creation, modification, and termination happens in an appropriate, timely manner.

2. Proposed action steps and timeline to resolve the weakness or deficiency:

- A. Utilize enhanced IDM functionality to allow user groups to attest to accuracy of current system access. To be included in "R2C" deployment, scheduled for 12/17/2015.
- B. Perform quarterly attestations of active accounts and review roles and responsibilities with operations business leads. In the event resulting changes or de-provisioning are required, enter a Landesk ticket to document corrections. Landesk tickets to be entered and approved within 2 weeks of the business leads' responses to the attestation request. Attestations will be performed on September 30th, Dec 30th, 2015, and quarterly ongoing.
- C. Develop a Landesk workflow for Optum DDI resource provisioning by November 30, 2015.
- D. Implement Landesk workflow enhancements to require requester to provide pertinent information for level of provisioning as a mandatory field. Updates to existing workflow for VHC provisioning will be submitted to the Landesk DII group by October 15th, 2015.
- E. Document SOP for operations user provisioning to include initial provisioning, changes, and termination by November 30th, 2015. Documentation currently in practice will be updated with new roles and responsibilities, Landesk ticketing system, and resolver group changes by December 30th, 2015.

BASU staff will track and hold parties accountable to deliverables for the system development in Siebel, IDM, OBIEE and LANDesk. She will monitor deliverable dates and ensure accountability. Suzannah will update the existing SOP to include current state provisioning responsibilities, resolver groups and the Landesk ticketing system. The SOP will also include the attestation requirements and responsibilities for business leads.

3. Plan for monitoring the implementation and validating that the implemented steps correct the weakness or deficiency:

- A. Once functionality is present, changes will be processed by BASU to ensure users have the proper system access.
- B. BASU will review results of attestation with business leads and Director of Operations in October, 2015 and quarterly thereafter.
- C. Once DDI Landesk workflow is available BASU will ensure it is meeting all audit and business requirements and modify as needed.
- D. Once VHC workflows have been updated in Landesk, BASU will review the new requirements with all workgroups, distribute the new SOP, and provide additional training as requested.
- E. BASU will review completed SOP document with operations business leads, perform training with work groups as required/requested and make the SOP available on SharePoint.

The VHC Compliance Officer will monitor overall progress and completion, and will work with the Business Applications Support Unit Supervisor to validate that the implemented steps correct the deficiency.

- 4. Point of contact: Maureen O’Day, Business Applications Support Unit Supervisor

Audit Finding Recommendation #2015-008: VHC should establish policies and procedures to ensure that initial enrollment transactions are confirmed prior to the first insurance premium installment.

Corrective Action

- 1. Description of the identified weakness or deficiency and of the root cause of such weakness:

Initial enrollment transactions do not occur prior to payment, as it is our policy to require receipt of payment prior to initial effectuation for new customers. Per the 834 Companion Guide, a document that provides detail regarding the sharing of information between VHC and external partners, “An Initial Enrollment transmission is created by the Exchange and sent to the QHP Issuer after an application has been determined eligible, a QHP has been selected, and payment has been verified.”

- 2. Proposed action steps resolve the weakness or deficiency:
 - A. N/A

- 3. Timeline for implementing the action steps: N/A

- 4. Plan for monitoring the implementation validating that the implemented steps correct the weakness or deficiency:

N/A

- 5. Point of contact: Cindy Olson, Premium Processing and Enrollment Manager

Audit Finding Recommendation #2015-009: VHC should design and implement Standard Operating Procedures and document formal policies to ensure timely preparation of reconciliations between QHP

issuers and CMS. We recommend that VHC begin a monthly reconciliation between QHP issuers and CMS to ensure that enrollment information is recorded accurately and in a timely manner. Additionally, we recommend that VHC assign appropriate resources to perform this reconciliation.

Corrective Action

A. Description of the identified weakness or deficiency and of the root cause of such weakness:

VHC does not currently send 834 enrollment transactions to CMS to facilitate payment of APTC to carriers. CMS is not yet prepared to receive these transactions and was not during the 2014 reporting period.

B. Proposed action steps resolve the weakness or deficiency:

Implementation of enrollment transmissions from VHC to CMS is proposed for inclusion in the VHC 2015 project/implementation plan. However, VHC has not finalized procurement of necessary system integration services to complete the design, development, and implementation of this functionality. Additionally, VHC's ability to reconcile 834 enrollment transactions with CMS is contingent upon CMS establishing this capability, currently targeted for Q4 2015 per most recent CMS guidance.

Next steps:

- A. Finalize procurement of necessary system integration services by receiving CMS approval of SOV-Optum contract amendment 8, receiving CMS approval of re-baselined Level 2 Establishment Grant # HBEIE 120130, and completing SOV execution of contract amendment 8.
- B. Include development of SOPs and allocation of resources to perform all work required in integrated master schedule.

C. Timeline for implementing the action steps:

- A. **Complete.** Intended go-live date is 12/17/2015.
- B. 3/1/2016

C. Plan for monitoring the implementation validating that the implemented steps correct the weakness or deficiency:

The VHC Compliance Officer will monitor progress and completion, and will work with the Premium Processing and Enrollment Manager to validate that the implemented steps correct the deficiency.

D. Point of contact: Cindy Olson, Premium Processing and Enrollment Manager

Audit Finding Recommendation #2015-0010: VHC should develop and establish a timeline for the recertification of QHPs process that ensure completion on or before September 15th of the applicable calendar year in compliance with Federal regulation 45 CFR 155. Additionally, we recommend that VHC should design and implement controls to monitor compliance with Federal regulations and develop corrective action plans to remediate instances of non-compliance.

Corrective Action

1. Description of the identified weakness or deficiency and of the root cause of such weakness:

Recertification of the Qualified Health Plans was not completed in a timely manner. For 2015, Vermont Health Connect completed QHP certification on September 22, 2014; CMS guidance in effect stipulated that certification needed to be completed by September 15.

2. Proposed action steps resolve the weakness or deficiency:

- A. Create an annual QHP certification timeline.
- B. Ensure that the timeline complies with federal requirements including overall completion date
- C. Incorporate a minimum two-week buffer into the annual QHP certification completion date

Note: In 2015, federal guidance was revised to require completion of QHP certification two weeks in advance of the beginning of open enrollment, instead of the previous requirement to complete certification specifically by September 15.

3. Timeline for implementing the action steps:

- A. **Complete.** The 2016 QHP certification timeline was completed in March 2015.
- B. **Complete.** The 2016 QHP certification timeline provides for completion on September 5, 2015. This task was completed on September 4th, 2015. CMS guidelines updated in 2015 for the 2016 plan year requires completion of QHP certification two weeks prior to the beginning of open enrollment on November 1.
- C. **Complete.** The target date for Vermont Health Connect's certification is six weeks in advance of the CMS requirement.

4. Plan for monitoring the implementation and validating that the implemented steps correct the weakness or deficiency:

N/A

5. Point of contact: Dana Houlihan, Director of Enrollment Policy and Plan Management

III. CONCLUSION

We affirm to the best of our knowledge that the information included in this Intended Corrective Action Plan is accurate and based on a thorough review of the Key Findings and Recommendations stated in the Audit Findings Report, which is in compliance with the Marketplace's procedures.

SIGNATURE OF SBM EXECUTIVE DIRECTOR/CEO:



