



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: James Reardon, Commissioner of Finance & Management  
From: Nathan Lavery, Fiscal Analyst  
Date: January 13, 2011  
Subject: JFO #2550

No Joint Fiscal Committee member has requested that the following items be held for review:

**JFO #2550** – \$18,090,369 grant from the U.S. Department of Health and Human Services to the Department of Vermont Health Access. This grant will be used for planning of design and implementation of a Health benefit Exchange pursuant to the Affordable Care Act (ACA). **Twenty-seven (7) limited service positions** are included with this request.

*[JFO received 12/27/11]*

The Governor's approval may now be considered final. We ask that you inform the Secretary of Administration and your staff of this action.

cc: Mark Larson, Commissioner



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: Joint Fiscal Committee Members  
From: Nathan Lavery, Fiscal Analyst  
Date: January 6, 2011  
Subject: Grant Requests

Enclosed please find four (4) items that the Joint Fiscal Office has received from the administration. Twenty-seven (27) limited service position requests are included among these items.

**JFO #2547 – One limited service position** to for inventory management and emergency supply distribution under the terms of the Public Health Emergency Preparedness Readiness Initiative. These duties are currently performed by a contractor. Conversion to a limited service position will save approximately \$65,000 per year. This position will be funded through a previously approved grant.

*[JFO received 12/27/11]*

**JFO #2548 – \$996,566 grant** from the U.S. Department of Energy to the Vermont Department of Public Service. These funds will be used to create a self-sustaining market for energy-efficient retrofitting of commercial buildings. The project will utilize existing partnerships between regulators, efficiency experts, the lending industry, and the business community to create a program that provides access to financing capital through a combination of private and federal funding sources.

*[JFO received 12/27/11]*

**JFO #2549 – \$852,557 grant** from the Federal Emergency Management Agency to the Vermont Agency of Transportation. These funds will be used to provide deferral disaster assistance for damages caused by flooding on May 20, 2011 in the Franklin County, Washington County and Windham County.

*[JFO received 12/27/11]*

**JFO #2550 – \$18,090,369 grant** from the U.S. Department of Health and Human Services to the Department of Vermont Health Access. This grant will be used for planning of design and implementation of a Health benefit Exchange pursuant to the Affordable Care Act (ACA). **Twenty-seven (7) limited service positions** are included with this request. **Expedited review has been requested. Joint Fiscal Committee members will be contacted by January 20 with a request to waive the balance of the review period and approve this item.**

*[JFO received 12/27/11]*

Please review the enclosed materials and notify the Joint Fiscal Office (Nathan Lavery at (802) 828-1488; [nlavery@leg.state.vt.us](mailto:nlavery@leg.state.vt.us)) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by January 20 we will assume that you agree to consider as final the Governor's acceptance of these requests.

**State of Vermont**  
 Department of Finance & Management  
 109 State Street, Pavilion Building  
 Montpelier, VT 05620-0401

[phone] 802-828-2376  
 [fax] 802-828-2428

Agency of Administration

JFO 2580

**STATE OF VERMONT  
 FINANCE & MANAGEMENT GRANT REVIEW FORM**

<b>Grant Summary:</b>		This is a one year federal grant that crosses two state fiscal years. It is an Affordable Care Act (ACA) Grant from US Department of Health and Human Services to lay the groundwork for establishing a health insurance exchange. Almost all of the funding is for limited service positions and contracts.			
<b>Date:</b>		12/20/2011			
<b>Department:</b>		Department of Vermont Health Access			
<b>Legal Title of Grant:</b>		Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchange (Affordable Care Act)			
<b>Federal Catalog #:</b>		93.525			
<b>Grant/Donor Name and Address:</b>		Office of Consumer Information and Insurance Oversight, U.S. Department of Health and Human Services, 200 Independence Ave., Washington D.C., 20201.			
<b>Grant Period:</b>		<b>From:</b>	<b>To:</b>		
		10/1/2011	9/30/2012		
<b>Grant/Donation</b>		\$18,090,369			
	<b>SFY 1</b>	<b>SFY 2</b>	<b>SFY 3</b>	<b>Total</b>	<b>Comments</b>
<b>Grant Amount:</b>	\$14,857,498	\$3,232,871	\$	\$18,090,369	
<b>Position Information:</b>	<b># Positions</b>	<b>Explanation/Comments</b>			
	30	There are 27 new limited service positions. In addition, there are 3 existing limited service positions that will be funded from this grant. The positions are in DVHA, AHS Central Office, DCF and BISHCA.			
<b>Additional Comments:</b>		DVHA has requested that this grant be expedited.			
<b>Department of Finance &amp; Management</b>		[Signature]		(Initial)	
<b>Secretary of Administration</b>		[Signature]		(Initial)	
<b>Sent To Joint Fiscal Office</b>				<b>Date</b>	12/29/11

### MEMORANDUM

**TO:** Ann Cummings, Chair of Joint Fiscal Committee

**THRU:** Jeb Spaulding, Secretary of Administration  
Doug Racine, Secretary of Human Services *PF for DR 12/15/11*

**FROM:** Mark Larson, Commissioner of Vermont Health Access *[Signature]*

**DATE:** December 12, 2011

**SUBJECT:** Request for Expedited Routing of Grant Acceptance Request  
State Planning and Establishment Grants for the Affordable Care Act's Exchange

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The DVHA was recently awarded the State Planning and Establishment Grants for the Affordable Care Act's Exchange by the Office of Consumer Information and Insurance Oversight, U.S. Department of Health and Human Services. We are asking for the expedited approval process for this agreement due to the aggressive timelines and required completion date for this specific project of 11/28/2012.

The DVHA placed a Request for Proposal (RFP) out to bid for establishment of a Health Benefit Exchange planning and implementation which closed 11/30/11 and are currently in the award selection phase. The expected result of the RFP will be at minimum 3 executed contracts for the following services tied to building and implantation of the Health Benefits Exchange. These agreements must be executed as soon as feasibly possible in order to meet the first milestone of this intense project and form the framework for the remaining milestones.

All required and relevant grant documentation has been attached. If you require further documentation that what has been provided or if you have any questions, please feel free to contact me. Thank you for your attention in this matter.

State of Vermont  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston VT 05495-2807  
dvha.vermont.gov

[Phone] 802-879-5900  
[Fax] 802-879-5651

Agency of Human Services

TO: Toni Hartrich, Budget Analyst  
Department of Finance & Management  
Molly Ordway-Paulger, Director of Classification, Compensation & HRIS  
Department of Personnel

THRU: Doug Racine, Secretary *RF for DR 12/15/11*  
Agency of Human Services

FROM: Mark Larson, Commissioner *ML*  
Department of Vermont Health Access

DATE: December 12, 2011

SUBJECT: AA-1 request for Grant #1 HBEIE120080-01-00, Cooperative Agreements to Support Establishment of State-Operated Health Insurance Exchanges

The DVHA was recently awarded a Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges by the Office of Consumer Information and Insurance Oversight, U.S. Department of Health and Human Services. Through this grant award, OCIO has provided \$18,090,369 in ACA funds to assist in Vermont's second year of planning for design and implementation of the federally mandated American Health Benefits Exchange.

In order to accomplish this objective during the grant period the following tasks must be completed:

- Exchange business functions, including a call center and financial management
- IT systems
- Small Business Options Program (SHOP) Exchange
- Certification process for Qualified Health Plans
- Risk-leveling programs for private insurance plans
- Outreach, education, and marketing plan
- Navigator program
- Stakeholder input
- Administrative simplification plan
- Quality program and rating system for plans to be offered on the Exchange
- Wellness programs

Associated with those tasks DVHA must hire the appropriate staff to facilitate and manage these tasks. The grant application includes funds for positions in DVHA and other departments involved in Exchange work. Of total, DVHA has identified 28 FTE limited services positions to hire which will be located at DVHA, AHS, DCF and BISHCA. This work cannot currently be done by staff already employed as the complexities and demands of successfully implementing this important grant require dedicated professional full-time focus.

All required and relevant grant documentation has been attached. If you have any questions or are in need of further information, please feel free to give me a call. Thank you for your attention in this matter.



**VERMONT GRANT ACCEPTANCE REQUEST**  
**Affordable Care Act (Form AA-1-ACA)**

Priority Level (check one box):

Expedited 14 Days  Normal 30 days

**BASIC GRANT INFORMATION**

<b>1. Agency:</b>	Agency of Human Services		
<b>2. Department:</b>	Department of Vermont Health Access		
<b>3. Program:</b>	State Planning and Establishment Grants for the Affordable Care Act's Exchanges		
<b>4. Legal Title of Grant:</b>	Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchange		
<b>5. Federal Catalog #:</b>	93.525		
<b>6. Grant/Donor Name and Address:</b>	Office of Consumer Information and Insurance Oversight, U.S. Department of Health and Human Services, 200 Independence Ave., Washington D.C. 20201		
<b>7. Grant Period:</b>	<b>From:</b>	10/1/2011	<b>To:</b> 9/30/2012
<b>8. Purpose of Grant:</b>	The purpose of this award is to lay the groundwork for establishing a health insurance exchange. A Health insurance exchange will allow individuals and small businesses access to bargaining power comparable to that of established larger groups in the health insurance marketplace.		
<b>9. Impact on existing program if grant is not Accepted:</b>	Failure to enact the establishment of an exchange to fulfill the federal mandates included in the Affordable Care Act, signed into law in March of 2010.		

**10. BUDGET INFORMATION**

	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 2012	FY 2013	FY	
Personal Services	\$14,670,465	\$3,183,943	\$	Staff & Contracts
Operating Expenses	\$187,033	\$48,928	\$	Other Costs
Grants	\$	\$	\$	
<b>Total</b>	<b>\$14,857,498</b>	<b>\$3,232,871</b>	<b>\$</b>	
<b>Revenues:</b>				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$14,857,498	\$3,232,871	\$	
(Direct Costs)	\$14,519,441	\$3,045,249	\$	
(Statewide Indirect)	\$21,129	\$11,726	\$	2.5% of Wages
(Departmental Indirect)	\$316,928	\$175,896	\$	Included AHS Cap .
Other Funds:	\$	\$	\$	
Grant (source )	\$	\$	\$	
<b>Total</b>	<b>\$14,857,498</b>	<b>\$3,232,871</b>	<b>\$</b>	

Appropriation No:	Amount:
3410010000	\$17,550,639
3400001040	\$426,607
3440010000	\$113,123
	\$
	\$

REC'D DEC 16 2011

			\$
			\$
		<b>Total</b>	\$18,090,369

**PERSONAL SERVICE INFORMATION**

11. Will monies from this grant be used to fund one or more Personal Service Contracts?  Yes  No  
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: Mark Larson, Commissioner Agreed by: me (initial)

12. Limited Service Position Information:	# Positions	Title
		See attached list
	<i>MDR 27 New</i>	
	<i>3 existing - funding</i>	
<b>Total Positions</b>	<b>30</b>	

12a. Equipment and space for these positions:  Is presently available.  Can be obtained with available funds.

**13. AUTHORIZATION AGENCY/DEPARTMENT**

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: <i>Mark Larson</i>	Date: <i>12/12/11</i>
	Title: Mark Larson, Commissioner, Department of Vermont Health Access	
	Signature: <i>Doug Racine</i>	Date: <i>12/15/11</i>
	Title: Doug Racine, Secretary, Agency of Human Services	

**14. SECRETARY OF ADMINISTRATION**

<input checked="" type="checkbox"/> Approved: <i>24</i>	(Secretary or designee signature) <i>[Signature]</i>	Date: <i>12/28/11</i>
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**15. ACTION BY GOVERNOR**

<input type="checkbox"/> Accepted	<i>[Signature]</i>	Date: <i>12/29/11</i>
<input type="checkbox"/> Rejected	(Governor's signature)	Date:

**16. DOCUMENTATION REQUIRED**

**Required GRANT Documentation**

<input checked="" type="checkbox"/> Request Memo	<input type="checkbox"/> Notice of Donation (if any)
<input type="checkbox"/> Dept. project approval (if applicable)	<input type="checkbox"/> Grant (Project) Timeline (if applicable)
<input checked="" type="checkbox"/> Notice of Award	<input type="checkbox"/> Request for Extension (if applicable)
<input checked="" type="checkbox"/> Grant Agreement	<input type="checkbox"/> Form AA-1PN attached (if applicable)
<input checked="" type="checkbox"/> Grant Budget	

**End Form AA-1**

**STATE OF VERMONT**  
**Joint Fiscal Committee Review**  
**Limited Service - Grant Funded**  
**Position Request Form**

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: AHS - Department of Vermont Health Access Date: 12/9/11

Name and Phone (of the person completing this request): Kate Jones (802)879-8256

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # \_\_\_\_\_

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

Office of Consumer Information and Insurance Oversight, U.S. Department of Health and Human Services  
 Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchange  
 Grant Documents Attached

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

Title\* of Position(s) Requested   # of Positions   Division/Program   Grant Funding Period/Anticipated End Date

See attached list of 28 new, and 2 extensions Grant period: Begins 10/1/2011, ends 09/30/2012

\*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

The American Health Benefits Exchange (HIX) is a federally mandated program, funded 100% by the federal OCIO award. Through this grant award, OCIO has provided ACA funds to assist in Vermont's second year of planning for design and implementation of the HIX. These positions will be vital to this work, without the positions the State will not be able to meet the federal deadlines for implementation of the HIX.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

[Signature] \_\_\_\_\_ Date 12/12/11  
 Signature of Agency or Department Head

[Signature] \_\_\_\_\_ Date 12/14/11  
 Approved/Denied by Department of Human Resources

[Signature] \_\_\_\_\_ Date 12/27/11  
 Approved/Denied by Finance and Management

[Signature] \_\_\_\_\_ Date 12/23/11  
 Approved/Denied by Secretary of Administration

Comments:

REC'D DEC 16 2011



STATE OF VERMONT AA-1 REQUEST  
 HIX GRANT POSITION ATTACHMENT

Position Identifier	Position Title (RFR)	Position Title (Fed Grant)	Dept	% to Project	Grant Funding Period	
<b>New Limited Service Positions Requested</b>						
New	Financial Specialist II	Accountant	DVHA	100%	10/1/2011	9/30/2012
New	Executive Office Manager	Admin. Assistant for Exchange at Medicaid	DVHA	100%	10/1/2011	9/30/2012
New	Financial Administrator I	Accountant	DVHA	100%	10/1/2011	9/30/2012
New	Contract and Grants Administrator	Contract/Grant Writer	DVHA	100%	10/1/2011	9/30/2012
New	Communications Director	Outreach Program Manager	DVHA	100%	10/1/2011	9/30/2012
New	Health Access Policy & Planning Chief (Medicaid)	Attorney /Policy Analyst (step 12) Exchange/Medicaid	DVHA	100%	10/1/2011	9/30/2012
New	Health Care Policy Analyst (private market)	Attorney /Policy Analyst (step 12) Exchange/Private Market	DVHA	100%	10/1/2011	9/30/2012
New	Change Management Director	Business Analyst	DVHA	100%	10/1/2011	9/30/2012
New	Exchange Project Director	Operations Manager	DVHA	100%	10/1/2011	9/30/2012
New	Exchange Project Director (Basics)	Project Manager - Exchange Basics	DVHA	100%	10/1/2011	9/30/2012
New	Exchange Project Director (Medicaid LT Integration)	Project Manager - Medicaid LT Integration	DVHA	100%	10/1/2011	9/30/2012
New	Exchange Project Director (Public Health & Wellness)	Project Manager - Exchange Public Health & Wellness	DVHA	100%	10/1/2011	9/30/2012
New	Executive Staff Assistant	Administrative Assistant for IT	AHS IT	100%	10/1/2011	9/30/2012
New	Systems Developer II	SOA Developer 1	AHS IT	100%	10/1/2011	9/30/2012
New	Systems Developer II	SOA Developer 2	AHS IT	100%	10/1/2011	9/30/2012
New	Database Administrator	Database Administrator	AHS IT	100%	10/1/2011	9/30/2012
New	Senior Sys Dev - SOA QA Interegator	SOA QA Interegator	AHS IT	100%	10/1/2011	9/30/2012
New	Project Manager	Project Manager - IT	AHS IT	100%	10/1/2011	9/30/2012
New	AHS Information Systems Security Director	Infrastructure Architecture Security Specialist	AHS IT	100%	10/1/2011	9/30/2012
New	Enterprise Business Analyst	Business Analyst	AHS IT	100%	10/1/2011	9/30/2012
New	Health Care Policy Analyst	Attorney /Policy Analyst Exchange/SP/ Other Intergration	AoA	100%	10/1/2011	9/30/2012
New	Business Analyst	Business Analyst	DCF	100%	10/1/2011	9/30/2012
New	Business Analyst	Business Analyst	DCF	100%	10/1/2011	9/30/2012
New	Data Analyst	Data Analyst	BISHCA	100%	10/1/2011	9/30/2012
New	Data Analyst	Data Analyst	BISHCA	100%	10/1/2011	9/30/2012
New	Project Coordinator BISHCA	Project Manager - BISHCA	BISHCA	100%	10/1/2011	9/30/2012
New	Director, QHP Certification (step 4)	Director of QHP Certification	BISHCA	100%	10/1/2011	9/30/2012
<b>Total New Limited Service Positions Requested</b>				<b>27</b>		
<b>Funding Extension Request for Existing LS Position</b>						
JFO #2468	Grants Management Specialist (Jason)	Grants Management Specialist (Jason)	DVHA	100%	10/1/2011	9/30/2012
Statue	Deputy Commissioner (Lindsey)	Deputy Commissioner (Lindsey)	DVHA	100%	10/1/2011	9/30/2012
JFO #2536	Executive Staff Assistant (TBD)	Admin for Agency of Administration	AoA	100%	10/1/2011	9/30/2012
<b>Total Funding Extension Request for Existing LS Position</b>				<b>3</b>		
<b>Subtotal for Limited Service Positions</b>				<b>30</b>		
<b>Total Funding Request to Support Permanent Future Positions</b>						
17002	Director, Health Care Affordability (Betsy Forester)	Director, Health Care Affordability (Betsy Forester)	DVHA	100%	10/1/2011	9/30/2012
17012	Director, Health Care Reform (Robin Lunge)	Director, Health Care Reform (Robin Lunge)	AoA	50%	10/1/2011	9/30/2012
20002	Information Management Officer (Mannus)	Information Management Officer (Mannus)	BISHCA	50%	10/1/2011	9/30/2012
<b>Total Funding Request to Support Permanent Existing Positions</b>				<b>3</b>		
<b>Grand Total of Positions Tied to the HIX Grant</b>				<b>33</b>		

# Project Abstract Summary

## Project Summary

Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges  
Department of Vermont Health Access  
Center for Consumer Information and Insurance Oversight  
FOA: IE-HBE-11-004

Project Director:  
Betsy Forrest  
312 Hurricane Lane, Suite 201, Williston, VT, 05495  
Phone: 802-879-5918 FAX: 802-879-5962  
betsy.forrest@state.vt.us  
<http://ovha.vermont.gov/>  
Vermont  
Level 1 Grant Application  
September 30, 2011 - September 29, 2012

The Department of Vermont Health Access (DVHA) is applying for a Level One Establishment Grant from the Center for Consumer Information and Oversight (CCIIO) to further its planning, development, and design of the Vermont Health Benefits Exchange (Exchange). The State of Vermont has embarked upon an unprecedented multiyear program, embodied in Vermont Act 48 of 2011, that aspires to create for its residents a health care system in which all residents receive coverage from a single source, with all coverage offered equitably and health care costs contained by a systemic reorganization of compensation for providers of care. Because of this ambitious undertaking, Vermont wants to build an Exchange that will interact with virtually all of the 622,000 Vermonters once reforms are fully in place.

Act 48 establishes the Exchange in the Department of Vermont Health Access (DVHA), the agency responsible for the management of Vermont's publicly funded health insurance programs. Vermont has made great progress in the last twelve months with support from our Planning Grant in the core areas laid out by CCIIO as demonstrated in the numerous completed reports and meeting notes that can be found on DVHA's website <http://dvha.vermont.gov/administration/health-benefits-exchange>.

This Level One Establishment Grant proposal describes a number of activities that will provide for the necessary infrastructure for Vermont's Exchange. Requested funding will support a refinement or continuance of a number of activities that Vermont initiated during its Planning Grant phase, including stakeholder engagement, program integration, financial management, health insurance market reforms, business operations, and the development of an information technology platform that collects and manages information in a streamlined process across a multitude of state and federal agencies. We are also seeking funds to support a number of staff positions for the Exchange and its sister agencies to ensure that Exchange implementation activities and coordination work move forward as planned. Funding for implementing Vermont's HIX platform is also included in this request, with the understanding that further detail will be required by CCIIO. Finally, we also propose using some Establishment Grant funds to support our evolving concept of a Universal Exchange.

With federal endorsement and support embodied in an Establishment Grant approval, Vermont will be able to proceed aggressively in the design of an Exchange that provides a marketplace for the transparent choice and purchase of individual and small group insurance, interoperability with other government health care programs in the state, and an active platform for the evolution of the single-payer health care system envisioned in Vermont statute.

Estimated number of people to be served as a result of the award of this grant.

622000

### Project/Performance Site Location(s)

**Project/Performance Site Primary Location**  I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

**Project/Performance Site Location 1**  I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

**Additional Location(s)**

## **Project Narrative**

### **A. Demonstration of Past Progress in Exchange Planning Areas**

The State of Vermont is embarked on an unprecedented multiyear program, embodied in Vermont Act 48 of 2011, that aspires to create for its residents a health care system in which all residents receive coverage from a single source, with all coverage offered equitably and health care costs contained by a systemic reorganization of compensation for providers of care. Because of this ambitious undertaking, Vermont has come to see the role of a Health Benefit Exchange (Exchange) somewhat differently than do most states. For Vermont, the Exchange will be a crucial but nevertheless initial step in our process of reform, and in the future we intend to ask it to perform a different—and broader—array of functions and services than will other states. This Establishment Grant request seeks to enable our full compliance with federal requirements for the design and construction of an Exchange under the Affordable Care Act (ACA). At the same time, however, we seek to go further and begin the design of an Exchange capable of effectively serving as the platform for a health care system that will by 2017 have the capacity to serve most or all of Vermont's current health care marketplace.

Vermont has made significant progress in the last twelve months in its planning for an Exchange. Vermont has used funds from the federal Exchange Planning Grant received on 10/1/10 to complete a number of reports and engage stakeholders in the process of establishing an Exchange. Significant progress has been made in the core areas laid out by the United States Department of Health and Human Services (HHS). Because of Vermont's own health care reform program, the work has had the full support of Governor Shumlin and his administration and has been accomplished under the direction of Robin Lunge, Health Care Reform Director in the Agency of Administration, and Betsy Forrest, Health Care Reform Project Director for the Department of Vermont Health Access (DVHA). The State of Vermont has also received assistance from Bailit Health Purchasing and other contractors during this planning grant process. Work groups have been actively involved in planning for various aspects of the overall work of the Exchange. All reports referenced in this proposal can be found on DVHA's website under the heading Health Benefits Exchange located at <http://dvha.vermont.gov/administration/health-benefits-exchange>. Work completed during the Planning Grant in each of the HHS core areas follows.

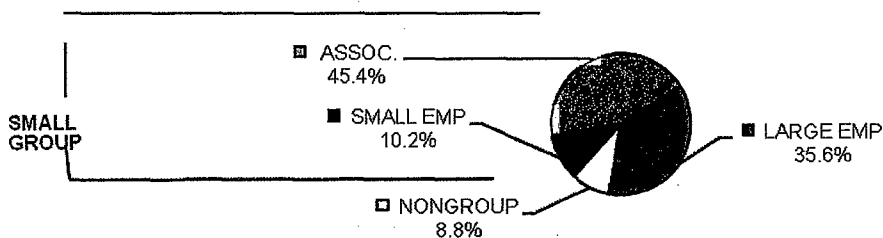
**Background Research:** Vermont has in place a rich base of information on insurance coverage from various sources developed during the implementation of earlier health care reforms. These data were relied on extensively in the early phases of planning for the Exchange. First, funds from the federal Exchange Planning Grant were used to further analyze data from the most recent Vermont household health insurance surveys to better understand the characteristics of the uninsured and underinsured. The results presented in a report, titled "Study of the Uninsured and Underinsured," were derived from the three Vermont Household Health Insurance Surveys administered in 2005, 2008, and 2009. The three surveys used somewhat different sampling designs based on the goals for the survey for each specific year. This report analyzed these data and assessed who would be eligible for coverage under the ACA via the Exchange and Medicaid expansions. Table 1 summarizes the results of these analyses.

**Table 1: ACA Eligibility for Medicaid and Tax Credits for Uninsured**

Income Category		No Access to ESI	Access to ESI
Currently Eligible for Medicaid	3,758		
Currently Eligible for VHAP	10,643		
Newly Eligible for Medicaid < 133%FPL	1,524		
<b>Total Eligible for Medicaid</b>	<b>15,925</b>		
Income 134-150%FPL	1,113	857	256
Income 151-200%FPL	5,603	3,742	1,861
Income 201-250% FPL	5,357	2,740	2,617
Income 251-300% FPL	4,099	2,259	1,840
Income 351-400% FPL	5,198	3,185	2,013
<b>Total eligible for Exchange subsidies</b>		<b>12,783</b>	
Income > 400% FPL	6,481	4,028	2,453

Funds from the federal Exchange Planning Grant were also used to analyze the existing health insurance markets in Vermont. A report titled “The Current Vermont Health Insurance Market” was prepared to better understand how the commercial health insurance market currently operates in Vermont and what changes may need to occur to comply with the federal requirements of the Exchange by January 1, 2014. Section 1 of the report looks at readily available information from the Department of Banking, Insurance, Securities, and Health Care Administration (BISHCA) with regard to health insurers offering comprehensive major medical coverage for insured and self-insured plans, and includes what markets they operate in, the number of lives they cover, and the amount of premiums they collect. Section 2 of the report provides summary information obtained from interviews with leading health insurers in Vermont, including Blue Cross and Blue Shield of Vermont, MVP Health Care, and CIGNA, about their products, their arrangements for paying providers, and their thoughts regarding the Exchange design and operation. This section also includes information obtained by interviewing staff from BISHCA. The report summarizes the unde-65, privately-insured marketplace in 2009 as shown in Figure 1 below:

**Figure 1: Health Insurance Coverage in Vermont, by Market Segment, 2009**



As Figure 1 shows, a large proportion of the privately insured obtain their insurance through association health plans. It will be important for Vermont to better understand the dynamics of this market moving forward, and this will be further studied in the upcoming year.

**Stakeholder Consultation:** Funds from the federal Exchange Planning Grant were used to support a number of stakeholder activities. An Exchange Advisory Group has met six times since March 2011. The Exchange Advisory Group is representative of stakeholders including providers, insurers, State legislators, advocacy organizations, and others (the full list of members can be found on the Health Benefits Exchange link) <http://dvha.vermont.gov/administration/health-benefits-exchange>. The meetings are two to three hours in length and are open to the public. All meeting materials are sent to members in advance and can also be found on the Health Benefits Exchange link above. Thus far, meetings have been used to report on progress in Vermont's reform planning process and any new federal Exchange-related direction and standards; present findings from studies conducted under the federal Exchange Planning Grant; and receive feedback on the roles of Navigators, the advantages and disadvantages of establishing a Basic Health Plan, various Exchange functions, and design of outreach and enrollment options.

In addition to these meetings, funds from the federal Exchange Planning Grant were used to conduct a formal "Stakeholder Study." This study used different approaches to solicit feedback and information on the Health Benefit Exchange in Vermont. Four focus groups with Vermont's uninsured, and four focus groups with Vermont's underinsured, were conducted. Key Informant Interviews were completed with nonprofit organizations and brokers and agents. Finally, a survey of small businesses was fielded. Detailed reports from each of these stakeholder activities are available on the Health Benefits Exchange link. Although these data are qualitative in nature, they provided useful information on motivations and behavior that are not available from other more quantitative data sources. Some of the key findings from these activities included:

- **Uninsured Focus Groups:** A surprising number of uninsured believe health insurance is of poor value. Even the cost of subsidized insurance seems high compared to how much care they believe they will use. Most had heard little about the Affordable Care Act and thought it was unlikely to help make health care more affordable for them. They didn't like the different levels of plans and felt everyone should have access to the same plan. Many were skeptical of the Exchange and how it might be able to help them. As shown in Table 1 above, thousands of uninsured Vermonters are actually eligible for a State health insurance program but have not enrolled in a program. These findings suggest significant work will be necessary to educate and enroll the remaining small percentage of Vermonters who are uninsured.
- **Underinsured Focus Groups:** The underinsured felt they were savvy shoppers of health care. Given that they have higher deductibles, they believe they have learned to manage their care aggressively. Most felt health care costs were growing out of control and that the ACA was unlikely to help them. The underinsured may be useful in helping to craft messages about using care appropriately and efficiently, the role of an Exchange in making informed health care coverage choices, and the value to them of moving to a health care system that aggressively contains cost.
- **Interviews with Nonprofits:** The representatives from the nonprofits were generally very enthusiastic about the ACA and had some good advice about enrolling the populations they serve in the health insurance plans offered through the Exchange. They felt that helping enrollees understand their eligibility for various programs and their plan options were the key challenges moving forward. They believe that the roles of customer service and navigators were critical, and that many different approaches and strategies would be necessary to reach the uninsured.

- Interviews with Brokers and Agents: Brokers and agents had mixed feelings about the ACA and the Exchange. They believe the focus of the Exchange should be on the uninsured and on small businesses that currently do not offer insurance. They also believe that whomever the state contracts with for the role of navigators will need consistent and comprehensive training, and ideally be licensed or certified, to provide the function of navigation.
- Small Employer Survey: Most small employers knew very little about the ACA and felt that the State should provide information to them about the reform. While about half of employers who offer insurance currently use broker services, only about a quarter felt that businesses would need a broker once the Exchange was established. Affordability was the most important feature to employers when thinking about products on the Exchange, followed by good coverage and benefits and ease of use.

It will be important to continue to engage all of these stakeholders as we move forward to establish the Exchange, and that need is reflected in this grant submission. Feedback from key stakeholder groups was helpful to us in our early planning stage, and their input is critical to establishing an Exchange that will best meet the needs of individuals and small businesses in Vermont.

**State Legislative/Regulatory:** Vermont was and remains one of a small number of states to pass legislation endorsing the purpose of and committing to fully implement the Exchange provisions in the ACA. In May 2011, the Vermont legislature enacted, and the Governor signed into law, a comprehensive reform of all aspects of health care delivery and payment that envisions a single-payer health care system decoupled from the traditional employer model. The Act also established the Vermont Health Benefit Exchange. It is the Vermont legislature's stated intention to leverage the basic Exchange concept and reach beyond the federally-required minimum functions to assist in its payment reform, cost control, and administrative simplification initiatives as it moves towards a single-payer plan. To the extent allowed under federal law, Vermont will use its Exchange as its platform to unify and simplify health plans and will include as many Vermont residents within the Exchange as early as possible. To that end, Act 48 directs the State to apply for a waiver from the Exchange requirements when available in 2017, or earlier if possible, and creates Green Mountain Care -- for all Vermonters - including State and municipal employees, Medicare enrollees, and those eligible for subsidized coverage through the Exchange and Medicaid.<sup>1</sup> Act 48 provides a framework for the Health Benefit Exchange and articulates goals, governance structure, and functions. Planning work proposed to be carried out under an Establishment Grant will, among other more familiar goals, assist the State and the Vermont legislature in integrating the respective goals of the ACA and the State's statutory reforms.

**Governance:** Vermont has made significant progress in the area of determining the governance structure for its Exchange. In addition to enacting the State's plan to move towards a single-payer plan, Act 48 authorizes the establishment of an Exchange within the Department of Vermont Health Access (DVHA) and assigns it the following goals:<sup>2</sup>

- to facilitate purchase of affordable, qualified health benefit plans in the individual and group markets to reduce number of uninsured and underinsured,
- to reduce disruption when individuals lose employer-based insurance,
- to reduce administrative costs in the insurance market,

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<sup>1</sup> See Section 2a.

<sup>2</sup> See Section 4, s. 1801(b).

- to contain costs,
- to promote health, prevention, and healthy lifestyles by individuals, and
- to improve quality of health care.

Because of Vermont's ultimate goal to create a single-payer plan, Act 48 includes a provision that the Exchange may offer coverage beyond that required under the ACA to the extent allowable (e.g., other individuals and employers, Medicaid to the extent that coverage is not reduced, Medicare to the extent that coverage is not reduced, State and municipal employees including teachers, and in lieu of worker's compensation).

The Exchange is to be administered by DVHA in consultation with an advisory committee (Joint Medicaid/Exchange Advisory Committee) and headed by a new DVHA Deputy Commissioner who will manage the Health Benefit Exchange Division in DVHA. The advisory committee must meet at least ten times a year and will advise the State on both Medicaid and the Exchange to ensure optimal integration of those programs. The Act requires the hiring and funding of a Deputy Commissioner of the Exchange beginning November 1, 2011.

**Program Integration:** Funds from the federal Exchange Planning Grant were used to study opportunities for program integration in Vermont. Significant planning tasks included: (1) beginning to perform business process documentation to reflect current State business processes and recommending future State business process changes that are necessary to support the proposed Exchange operational requirements, (2) studying the issue of churning in Vermont programs, and 3) studying the advantages and disadvantages of establishing a Basic Health Program in Vermont.

The work of DVHA has been closely integrated with the work of other Vermont State agencies in order to efficiently and effectively carry out all of the responsibilities involved in planning for the Exchange. There are several State work groups currently planning for different aspects of the Exchange, including health insurance operations; insurance market planning; administrative simplification; integration of public health, quality initiatives, and wellness programs into the Exchange; and integration between Medicaid and Exchange eligibility and health insurance operations and technology. In addition, there are monthly core team meetings of work group leaders to ensure coordination among the work groups, and quarterly meetings of the Governor's Health Care Cabinet. Staff from DVHA, working with its other State agency partners, BISHCA, and the Department for Children and Families (DCF) has begun the process of business process documentation. This work will continue in even greater detail under the Establishment Grant planning phase beginning in the fall of 2011 and continuing through the spring of 2012.

In addition, a study of churning in current Vermont programs was conducted. This study was undertaken both to understand the extent of the problem in Vermont and to make recommendations for the integration of programs to mitigate churning once the Exchange is operational. The analysis included assessment of churn observed in the Green Mountain Care Reports and DVHA enrollment data over the period of November 2007-December 2010. The study primarily focused on the Vermont Health Access Program (VHAP) for very low-income people and Catamount Health (CHAP) for middle-income residents. Considerable movement on and off CHAP was observed. While a substantial number of people have enrolled in CHAP and maintained their coverage, for the majority, coverage is brief and sporadic.



#### Key findings of quantitative churning analysis:

- The number of people enrolling into CHAP has risen slowly since the first month of the program; however, the number leaving the program has increased every month also, slowing down the net enrollment. The last six months of the period analyzed, July-December 2010, included four months of negative net enrollment.
- From a total of 24,431 CHAP enrollees, two thirds (16,425) discontinued their coverage. About 84% (13,738) discontinued enrollment within one year of their initial enrollment, 15% (2,376) within two years, and less than 1% within three years.
- About half of the individuals transitioning out of CHAP leave Vermont's public health insurance system. Unfortunately, the data do not allow further examination to determine who obtained coverage from another (non-public) source or became uninsured. About a third (34%) of individuals leaving CHAP transferred to VHAP. The distribution for those leaving CHAP is similar to that of those who enroll into CHAP.

Vermont has done some further research on churn and is in the preliminary stages of determining policy options to reduce churn. These options will be incorporated into the planning around eligibility integration between Medicaid, Vermont's existing Medicaid waiver programs, and the Exchange. Federal Exchange Planning Grant funds were used to study the feasibility of establishing a Basic Health Program in Vermont. This report can be found on the Health Benefits Exchange link. No final conclusions were made regarding this program, since additional analyses are required once federal guidance on this program and other issues (Essential Health Benefits) become available.

**Exchange IT Systems:** Vermont has met the challenges and opportunities presented by Exchange IT Systems within the context of extensive systems planning for both IT and programmatic integration to support the goals of health delivery system reform, administrative simplification, and expanded coverage and access to care. The State has been in a multi-phase, multi-year process to determine the requirements for and the design of a new Agency of Human Services (AHS) IT Enterprise Architecture.

With passage of Act 48, the required components of that IT infrastructure now include a comprehensive integration of Health Insurance Exchange, Eligibility & Enrollment, Medicaid IT, and Health Information Exchange systems. Just as Vermont is building a system of coverage based on integration of Medicaid and the Exchange, the State is building a foundation of integrated technology components to meet near-term needs to operate the Exchange and to have the capacity to operate long term as a single payer system. Through this approach, Vermont will be fully aligned with CMS' Seven Standards and Conditions for IT systems to implement flexible, modular, reusable, reconfigurable IT systems.

Vermont's IT gap analysis has been an ongoing process over recent years. Gap analysis for the Exchange is simply a further iteration of the process, the highlights of which are detailed below. The State's current integrated "to be" vision evolved from an initial understanding of an "as is" environment of disparate systems that required discrete upgrades. Over time, the distinctions between those systems have begun to blur and a more integrated vision has emerged. The formal gap analysis began with a MITA State Self-Assessment, completed in 2008 in preparation for development of a MMIS re-procurement that began in early 2009.

In that same time frame, the State began planning to replace Vermont's once cutting edge but now aging ACCESS mainframe eligibility system operating on a legacy Adabase platform written in Natural. The first iteration of a plan for a new Eligibility & Enrollment (E&E) system, known as VIEWS (the Vermont Integrated Eligibility Workflow System), was completed in 2009; however, an RFP for VIEWS was not issued as it became clear that the plan would need to be modified to reflect the emerging vision for an integrated Agency IT architectural framework. Release of the VIEWS RFP was subsequently further delayed by the passage of the ACA and Vermont's assessment of the opportunity to integrate a new E&E system with the Exchange. By early 2010, prior to passage of the ACA, a comprehensive "to be" vision of AHS IT infrastructure had emerged that included a modular, integrated platform. Passage of ACA and the opportunity to integrate the Exchange with Medicaid and VIEWS further solidified the integrated Enterprise framework approach. In May 2010, the Agency secured legislative support to proceed with a Service Oriented Architecture (SOA) design for building the new AHS Enterprise Architecture. The integrated SOA strategy was reviewed with Todd Park, HHS Chief Technology Officer, and Henry Chao and Mark Oh from CMS/CCIIO. Vermont issued an RFP in July, 2010 for core SOA components.

Concurrently, as the next stage in the MMIS re-procurement process, the State went through an extensive "visioning process" to ensure development of a comprehensive RFP for its new Medicaid Enterprise System (MES), based on the AHS SOA framework and MITA 2.0 requirements. Because of timing factors, the MES RFP was issued prior to selection of the SOA core components vendor, but the MES RFP made clear the State's intent to embody the approach subsequently articulated by CMS in the Seven Standards and Conditions.

A contract was awarded to Oracle for its suite of SOA core components in early 2011, creating the core platform for shared services to support Vermont's MMIS, E&E, and Exchange systems. Vermont has licensed the following suite of products:

- Oracle Policy Automation
  - Oracle Policy Modeling Application
  - Oracle Policy Automation
- Oracle Fusion Middleware
  - WebLogic Suite
  - SOA Suite for Oracle Middleware
- Oracle I&AM Suite
  - Identity and Access Management Suite Plus
- Oracle Unified Business Process Management Suite
  - Unified Business Process Management Suite
- Oracle MDM (Master Data Management)
  - Oracle Customer Hub Data Steward Application
  - Oracle Customer Hub B2B (Business to Business)
  - Oracle Customer Hub B2C (Business to Customer)
  - Oracle Activity Hub B2B for Oracle Customer Hub B2B
  - Oracle Activity Hub B2C for Oracle Customer Hub B2C
  - Oracle Customer Master Data Management Integration Base Pack
  - Oracle Data Quality Matching Server
  - Oracle Data Quality Address Validation Server
  - Oracle Data Quality Parsing and Standardization Server
  - Oracle Data Quality Profiling Server

Reflecting both the changes in State policy embodied in Act 48, and consideration of the rapidly evolving state/federal IT environment, including pending release of MITA 3.0 guidance, Vermont withdrew its MES RFP in July, 2011, after submission and preliminary review of bids. Vermont now plans to issue a set of complementary, modular MMIS, E&E, and Exchange RFPs starting in the fall of 2011 that reflect MITA 3.0, the integrated systems approach described above and further articulated in the Exchange IT Plan below.

Gap analysis related to portals is straightforward. Vermont currently operates the Green Mountain Care site, a small scale “exchange” for Vermont public and subsidized health plans, [www.greenmountaincare.org](http://www.greenmountaincare.org); the “Screen Door,” a simple human services screening portal <http://screendoor.vermont.gov/>, and My Benefits Vermont, [www.mybenefits.vt.gov/](http://www.mybenefits.vt.gov/), an interactive site for managing public benefit applications. All will be replaced through a transition to the new Exchange portal, which will also be linked from the new state Health Reform website, <http://healthcare.vermont.gov>.

Two other important components inform Vermont’s Exchange gap analysis. First, Vermont’s participation in an early innovator grant issued to the University of Massachusetts as part of the New England States Collaborative Insurance Exchange Systems (NESCIES), <http://nescies.org/>. This Center for Consumer Information and Insurance Oversight (CCIO) Innovation grant was designed to support re-useable processes and technologies developed for Massachusetts Health Insurance Exchange Implementation. Vermont will seek to leverage the work of this early Innovator grant during the establishment grant process, as indicated in the Exchange IT Plan.

An additional factor impacting insurance Exchange IT is Vermont’s Health Information Exchange (HIE) architecture. It utilizes a complementary, integrated approach that closely links the AHS Enterprise Architecture with the HIE network. This integrated HIE vision is articulated in the State Medicaid HIT Plan (SMHP) approved by CMS in August 2011, and includes the capacity to utilize the HIE for both clinical and administrative transactions. The HIE network is operated by Vermont Information Technology Leaders, Inc. (VITL), a non-profit 501c3 designated in statute to operate the statewide HIE. VITL utilizes Medicity as its technology vendor.

Taken together, the Medicaid Enterprise, Eligibility & Enrollment systems, the Health Information and Health Benefits Exchanges constitute Vermont’s integrated Health Reform and HIT Portfolio. A central Enterprise Master Persons Index (EMPI) and an authoritative State Provider Directory will be shared across the common Enterprise Service Bus (ESB) platform linking State systems and will be tightly coupled with the HIE network operated by VITL. In addition, through the AHS Enterprise SOA infrastructure, the Portfolio systems will utilize shared Rules Engine, Workflow, and other resources consistent with CMS expectations to leverage and align industry standard modular system components to ensure uniform cross-program business results, reporting, and cross-platform interoperability. This approach is consistent with National Information Exchange Model (NIEM) recommendation 3.1 separating business rules from core programming and transaction systems.

The State is in the process of completing contracts with vendors for technical and business process assistance to support the IT Portfolio integration. That engagement was delayed due to the substantial issues that AHS experienced following the flooding brought on by Tropical Storm Irene’s passage over Vermont. A significant element of the Portfolio vendors’ contracts includes working with State IT staff to ensure NIEM compliance across the Portfolio, as well as NIST, HIPAA, Fair Information Practices, and Federal Information Processing

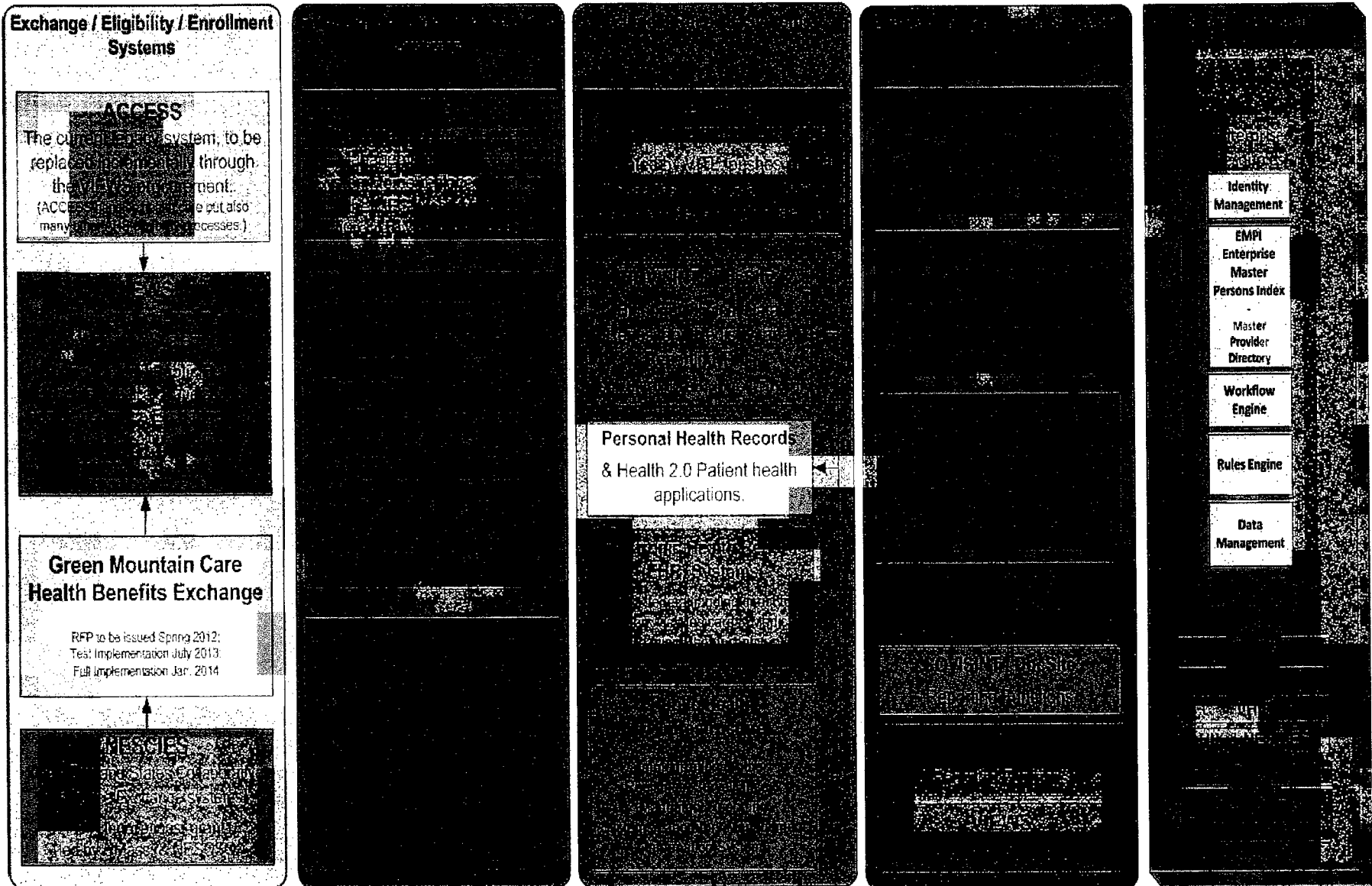
Standards compliance. The State's primary web services contractor, Vermont Information Consortium, works with State staff to ensure 508 and 504 standards compliance.

Vermont's iterative IT gap analysis will be further informed by work that will be conducted during the Establishment Grant phase of Exchange implementation as details related to the NESCIES Innovation Grant and the Federal Exchange hub become available. The goal of this continuing gap analysis and identification of additional opportunities is to ensure that Vermont can fully leverage potential partnerships with NESCIES participants, other Innovator grant states, and / or CCIIO so that all of the necessary systems are implemented by 2013 in the most efficient manner possible to accommodate all Exchange functions including and not limited to: conduct eligibility, enroll applications, process claims and account for federal/state funds.

The following two pages provide two views – thematic and schematic – of Vermont's Health Reform and HIT Portfolio.

# Health Reform Information Technology – Health Information Technology – AHS Information Technology

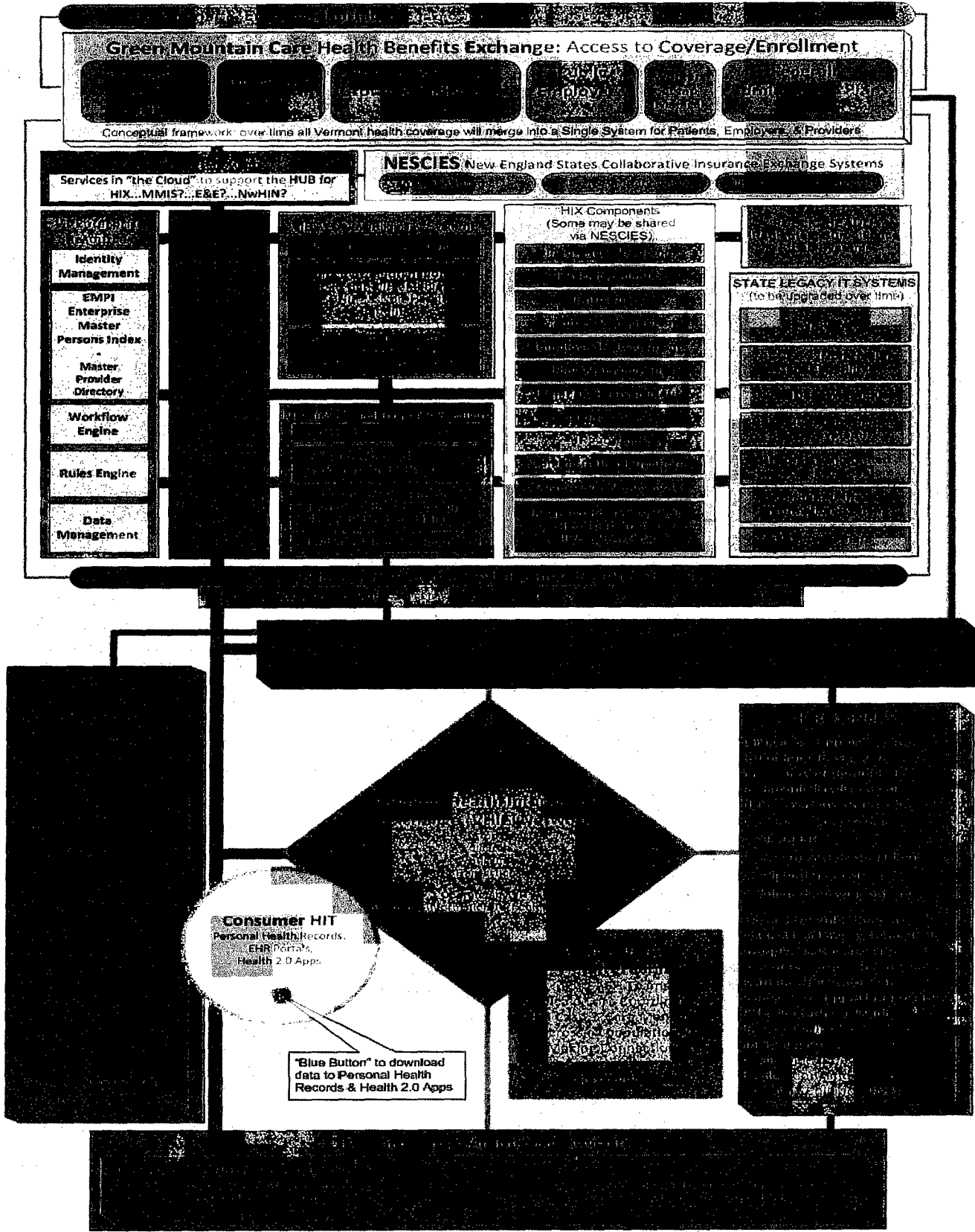
The Portfolio of HR IT, HIT, and AHS IT systems is shown here by thematic components.



Legacy systems due to be replaced are shown with check pattern.

**VT Health Reform IT Architecture: Maximizing Federal Resources, Increasing Administrative Systems Efficiencies**

*NOTE: this is only a suggestive schematic, not a definitive data flow diagram, for discussion purposes.*



**Request for Classification Action**  
**New or Vacant Positions**  
**EXISTING Job Class/Title ONLY**  
**Position Description Form C/Notice of Action**  
**For Department of Personnel Use Only**

Notice of Action # _____		Date Received (Stamp)
Action Taken: _____		
New Job Title _____		
Current Class Code _____	New Class Code _____	
Current Pay Grade _____	New Pay Grade _____	
Current Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____		
New Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____		
Classification Analyst _____	Date _____	Effective Date: _____
Comments:		Date Processed: _____
Willis Rating/Components:	Knowledge & Skills: _____	Mental Demands: _____
	Working Conditions: _____	Accountability: _____
	Total: _____	

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  AHS/DVHA/HIX GUC:  73035

Pay Group:  73Z Work Station:  Williston Zip Code:  05495

Position Type:  Permanent  Limited Service (end date )  9/30/2013

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:  Mylinda Trombly, Financial Manager I, (802)879-5950

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

- REQUIRED: Allocation requested: Existing Class Code  089030 Existing Job/Class Title:  Financial Specialist II
- Position authorized by:

Joint Fiscal Office – JFO # Pending Approval Date:

Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)

Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

a. Position Number:

b. Date position became vacant:

c. Current Job/Class Code:  Current Job/Class Title:

d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:

e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties: Assist the DVHA staff in meeting all federal and state requirements for tracking and managing exchange grant funds. Shall assist in budget development related to the Exchange grant.

Exchange Fund Accounting/Administration:

• Posts, balances and reconciles accounting records

• Processes financial transactions, disbursements, receipts, expenditures and fund transfer requests.

• Assists staff in preparing and maintaining accounting systems related to the HIX (Health Insurance Exchange).

• Prepares financial statements, summaries and reports for review.

• Prepares department or agency accounting and financial records.

• Tracks expenditures through electronic systems.

• May prepare payroll and personnel related documents

• Maintains agency records and filing systems

2. Provide a brief justification/explanation of this request: In an effort to meet the reporting requirements attached the Level 1 Exchange Establishment Grants for the Affordable Care Act's Exchange DVHA must have this position. Noncompliance with these requirements could jeopardize our funding through this important federal program.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). N/A



**Personnel Administrator's Section:**

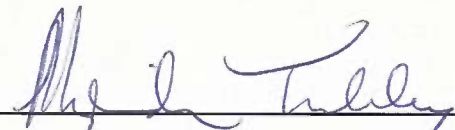
4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No
5. The name and title of the person who completed this form: Kate Jones, Financial Manager II
6. Who should be contacted if there are questions about this position (provide name and phone number):  
Kate Jones, 802-879-8256
7. How many other positions are allocated to the requested class title in the department: 0
8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) 0

**Attachments:**

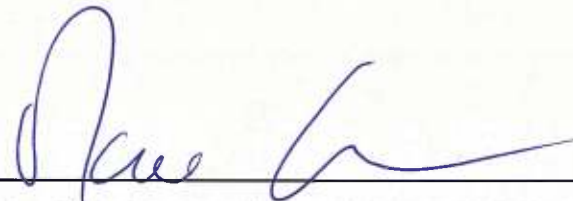
- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

\_\_\_\_\_  
Personnel Administrator's Signature (required)\*

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor's Signature (required)\*

12/2/11  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Appointing Authority or Authorized Representative Signature (required)\*

12/2/11  
\_\_\_\_\_  
Date

\* Note: Attach additional information or comments if appropriate.



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Current Pay Grade _____	New Pay Grade _____
Current Mgt Level _____ B/U _____ OT Cat. _____	EEO Cat. _____ FLSA _____
New Mgt Level _____ B/U _____ OT Cat. _____	EEO Cat. _____ FLSA _____
Classification Analyst _____	Date _____
Comments:	Effective Date: _____
	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____	Mental Demands: _____
Working Conditions: _____	Accountability: _____
	Total: _____

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  AHS/DVHA/HIX GUC:  73035

Pay Group:  73Z Work Station:  Williston Zip Code:  05495

Position Type:  Permanent  Limited Service (end date)  9/30/2013

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:  Sarah Gregorek, Executive Staff Assistant, (802)879-5901

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code  005300 Existing Job/Class Title:  Executive Office Manager

b. Position authorized by:

- Joint Fiscal Office – JFO #  Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code:  Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties:

**Job Duties relating to HIX:**

- Organize and directs day-to-day office support activities
- Will be responsible for providing high level of administrative support to various committees, boards, commissions, hearings and meetings; including planning and organizing meetings, providing official transcripts, public notice and legal notices as appropriate, attending meetings, arranging communications for the various committees, boards, stakeholder groups relating to the HIX
- May analyze and make recommendations regarding HIX operating practices and procedures to include personnel, workflow, cost reduction recordkeeping, performance standards, equipment and supply utilization, to ensure smooth and efficient office operation.
- Acts as principal assistant to the HIX Deputy Commissioner in a variety of operational areas including: disseminating directives, preparing required reports; performing special projects studies including needs assessments; obtaining, organizing and drafting administrative material for public information or office use; acting as liaison with state/federal representative, the public, etc.
- Performs related work as required

2. Provide a brief justification/explanation of this request:

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). N/A

**Personnel Administrator's Section:**

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No

5. The name and title of the person who completed this form: Kate Jones, Financial Manager II

6. Who should be contacted if there are questions about this position (provide name and phone number):  
Betsy Forrest, 802-879-5918

7. How many other positions are allocated to the requested class title in the department: 0

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) 0

**Attachments:**

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

\_\_\_\_\_  
Personnel Administrator's Signature (**required**)\*

\_\_\_\_\_  
Date



\_\_\_\_\_  
Supervisor's Signature (**required**)\*

12/2/11

\_\_\_\_\_  
Date



\_\_\_\_\_  
Appointing Authority or Authorized Representative Signature (**required**)\*

12.7.11

\_\_\_\_\_  
Date

\* Note: Attach additional information or comments if appropriate.



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Current Pay Grade _____	New Pay Grade _____
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____	
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____	
Classification Analyst _____	Date _____
Comments: _____	Effective Date: _____
	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____	
Working Conditions: _____ Total: _____	

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  AHS/DVHA/HIX GUC:  73035

Pay Group:  73Z Work Station:  Williston Zip Code:  05495

Position Type:  Permanent  Limited Service (end date)  9/30/2013

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:  Kate Jones, Financial Manager II, (802)879-8256

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code  089050 Existing Job/Class Title:  Financial Administrator I

b. Position authorized by: \_\_\_\_\_

Joint Fiscal Office – JFO # Pending Approval Date:

Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)

Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

a. Position Number:

b. Date position became vacant:

c. Current Job/Class Code:  Current Job/Class Title:

d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:

e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties: Assist the DVHA staff in meeting all federal and state requirements for tracking and managing exchange grant funds. Shall assist in budget development related to the Exchange grant.

Exchange Fund Accounting/Administration:

• Prepare and analyze monthly financial reports for the Exchange Fund, including expenditure rates, expenditure trends, anticipated financial problems and opportunities.

• Manage the Exchange Fund accounts receivable process, including production of quarterly invoices and accounts receivable collection

• Performs functional supervision over complex accounting activities such as compilation and analysis of complex data for federal reports, processing payment for contractual services requiring utilization of cost distribution formulas, and analysis of accounting initiatives.

• Directs the input of financial data into computerized systems.

• Prepares financial statements, summaries and reports for review.

• Prepares department or agency accounting and financial records.

• Tracks expenditures through electronic systems.

• Maintains agency records and filing systems

2. Provide a brief justification/explanation of this request: In an effort to meet the reporting requirements attached the Level 1 Exchange Establishment Grants for the Affordable Care Act's Exchange DVHA must have this position. Noncompliance with these requirements could jeopardize our funding through this important federal program.



3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). N/A

**Personnel Administrator's Section:**

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No

5. The name and title of the person who completed this form: Kate Jones, Financial Manager II

6. Who should be contacted if there are questions about this position (provide name and phone number):  
Kate Jones, (802)879-8256

7. How many other positions are allocated to the requested class title in the department: 0

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) 0

**Attachments:**

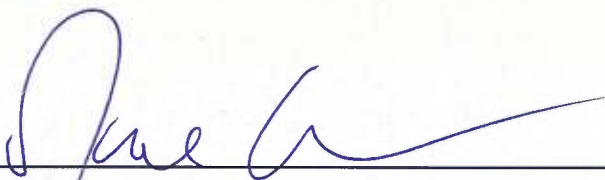
- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

\_\_\_\_\_  
Personnel Administrator's Signature (required)\*

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor's Signature (required)\*

12/2/2011  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Appointing Authority or Authorized Representative Signature (required)\*

12/2/11  
\_\_\_\_\_  
Date

\* Note: Attach additional information or comments if appropriate.



**Request for Classification Action**  
**New or Vacant Positions**  
**EXISTING Job Class/Title ONLY**  
**Position Description Form C/Notice of Action**  
**For Department of Personnel Use Only**

Notice of Action # _____	Date Received (Stamp) _____
Action Taken: _____	
New Job Title _____	
Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level _____ B/U _____ OT Cat. _____	EEO Cat. _____ FLSA _____
New Mgt Level _____ B/U _____ OT Cat. _____	EEO Cat. _____ FLSA _____
Classification Analyst _____	Date _____ Effective Date: _____
Comments: _____	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____	Mental Demands: _____ Accountability: _____
Working Conditions: _____	Total: _____

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  AHS/DVHA/HIX GUC:  73035

Pay Group:  73Z Work Station:  Williston Zip Code:  05495

Position Type:  Permanent  Limited Service (end date)  9/30/2013

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:  Kate Jones, Financial Manager II, (802)879-8256

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code  550200 Existing Job/Class Title:  Contracts and Grants Administrator

b. Position authorized by:

- Joint Fiscal Office – JFO #  Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code:  Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties:

**Job Duties relating to HIX:**

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2. Provide a brief justification/explanation of this request: In an effort to meet the reporting requirements attached the Level 1 Exchange Establishment Grants for the Affordable Care Act's Exchange DVHA must have this position. Noncompliance with these requirements could jeopardize our funding through this important federal program.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). N/A

**Personnel Administrator's Section:**

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No

5. The name and title of the person who completed this form: Kate Jones, Financial Manager II

6. Who should be contacted if there are questions about this position (provide name and phone number): Kate Jones, 802-879-8256

7. How many other positions are allocated to the requested class title in the department: 0

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) 0

**Attachments:**

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

\_\_\_\_\_  
Personnel Administrator's Signature (required)\*

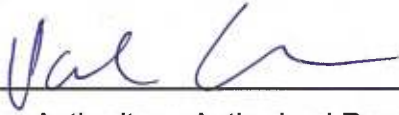
\_\_\_\_\_  
Date



\_\_\_\_\_  
Supervisor's Signature (required)\*

12/2/2011

\_\_\_\_\_  
Date

A handwritten signature in blue ink, appearing to read "Val C.", written over a horizontal line.

Appointing Authority or Authorized Representative Signature (**required**)\*

A handwritten date "12/12/11" in blue ink, written over a horizontal line.

Date

\* Note: Attach additional information or comments if appropriate.

**Request for Classification Action**  
**New or Vacant Positions**  
**EXISTING Job Class/Title ONLY**  
**Position Description Form C/Notice of Action**  
**For Department of Personnel Use Only**

Notice of Action # _____	Date Received (Stamp)
Action Taken: _____	
New Job Title _____	
Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
New Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
Classification Analyst _____	Date _____
Comments:	Effective Date: _____
	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____	
Working Conditions: _____ Total: _____	

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  AHS/DVHA/HIX GUC:  73035

Pay Group:  73Z Work Station:  Williston Zip Code:  05495

Position Type:  Permanent  Limited Service (end date)  9/30/2013

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:  Lindsey Tucker, Deputy Commissioner of Health Insurance Exchange, (802)879-5901

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code  857000 Existing Job/Class Title:  Communications Director, Outreach Program Manager

b. Position authorized by:

- Joint Fiscal Office – JFO #  Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code:  Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties: .

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- 

2. Provide a brief justification/explanation of this request:



3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). N/A

**Personnel Administrator's Section:**

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No

5. The name and title of the person who completed this form: Kate Jones, Financial Manager II

6. Who should be contacted if there are questions about this position (provide name and phone number):  
Betsy Forrest, 802-879-5918

7. How many other positions are allocated to the requested class title in the department: 0

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) 0

**Attachments:**

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

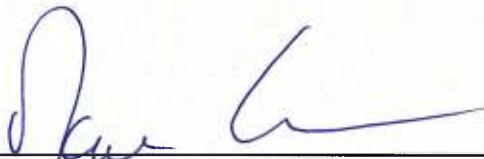
\_\_\_\_\_  
Personnel Administrator's Signature (**required**)\*

\_\_\_\_\_  
Date



\_\_\_\_\_  
Supervisor's Signature (**required**)\*

12/12/11  
\_\_\_\_\_  
Date



\_\_\_\_\_  
Appointing Authority or Authorized Representative Signature (**required**)\*

12/12/11  
\_\_\_\_\_  
Date

**\* Note: Attach additional information or comments if appropriate.**

**Request for Classification Action**  
**New or Vacant Positions**  
**EXISTING Job Class/Title ONLY**  
**Position Description Form C/Notice of Action**  
**For Department of Personnel Use Only**

Notice of Action # _____	Date Received (Stamp)
Action Taken: _____	
New Job Title _____	
Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
New Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
Classification Analyst _____	Date _____
Comments:	Effective Date: _____
	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____	
Working Conditions: _____ Total: _____	

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  AHS/DVHA/HIX GUC:  73035

Pay Group:  73Z Work Station:  Williston Zip Code:  05495

Position Type:  Permanent  Limited Service (end date)  9/30/2013

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:  Lindsey Tucker, Commissioner of Health Insurance Exchange, (802)879-5918

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code  048500 Existing Job/Class Title:  Health Access Policy & Planning Chief

b. Position authorized by:

- Joint Fiscal Office – JFO # Pending Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code:  Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties: Legal research and analysis, policy, regulatory, and statutory development work at a professional level for the Department of Vermont Health Access. Duties include coordination with all State departments administering programs related to the Health Insurance Exchange (HIX) program. Work is performed under the general direction of the Medicaid Director. This position will work with department, agency and other State staff along with stakeholders to develop proposed Exchange rules and usher them through the steps of Vermont's Administrative Procedure Act process. This position will also provide legal advice on Exchange design and ensure that Exchange rules are consistent and integrated with Medicaid rules and regulations.

Job Duties relating to HIX:

- Legal research and analysis to propose statutory and regulatory changes necessary and assesses legal arguments for and against these changes. Drafts statutory and regulatory initiatives or modifications.
- Coordinates and oversees policy development for the implementation and expansion of programs providing health care benefits to uninsured, low-income families and for the incorporation of current Medicaid recipients into managed care programs. Develops and interprets policies on included benefits and on eligibility standards and determinations.
- Analyzes health care assistance program impacts resulting from new legislation or regulation and recommends appropriate action.
- Conducts research to develop expertise in delineating how and when legislation and rules are effective to influence human behavior.
- Advises management on department policy and may carry out special projects related to health care assistance. May provide legal interpretations to management.
- Represents the Department before the Legislature and at public meetings.
- Performs related duties as required.

2. Provide a brief justification/explanation of this request: In an effort to meet the reporting requirements attached the Level 1 Exchange Establishment Grants for the Affordable Care Act's Exchange DVHA must have this position. Noncompliance with these requirements could jeopardize our funding through this important federal program.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). N/A

**Personnel Administrator's Section:**

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No

5. The name and title of the person who completed this form: Kate Jones, Financial Manager II

6. Who should be contacted if there are questions about this position (provide name and phone number): Betsy Forrest, (802)879-5918

7. How many other positions are allocated to the requested class title in the department: 0

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) 0

**Attachments:**

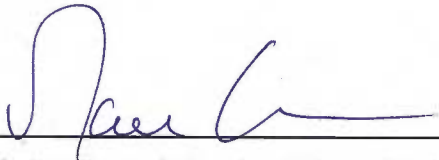
- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

\_\_\_\_\_  
Personnel Administrator's Signature (**required**)\*

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor's Signature (**required**)\*

12/12/11  
\_\_\_\_\_  
Date



Appointing Authority or Authorized Representative Signature **(required)\***

12/12/11

Date

\* Note: Attach additional information or comments if appropriate.

**Request for Classification Action**  
**New or Vacant Positions**  
**EXISTING Job Class/Title ONLY**  
**Position Description Form C/Notice of Action**  
**For Department of Personnel Use Only**

Notice of Action # _____		Date Received (Stamp)
Action Taken: _____		
New Job Title _____		
Current Class Code _____	New Class Code _____	
Current Pay Grade _____	New Pay Grade _____	
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
Classification Analyst _____	Date _____	Effective Date: _____
Comments: _____		Date Processed: _____
Willis Rating/Components: _____	Knowledge & Skills: _____	Mental Demands: _____
	Working Conditions: _____	Accountability: _____
	Total: _____	

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  AHS/DVHA/HIX GUC:  73035

Pay Group:  73Z Work Station:  Williston Zip Code:  05495

Position Type:  Permanent  Limited Service (end date)  9/30/2013

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:  Lindsey Tucker, Commissioner of Health Insurance Exchange, (802)879-5918

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

- REQUIRED: Allocation requested: Existing Class Code  499000 Existing Job/Class Title:  Health Care Policy Analyst
- Position authorized by:

- Joint Fiscal Office – JFO # Pending Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code:  Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties: Legal research and analysis, policy, regulatory, and statutory development work at a professional level for the Agency of Administration. Duties include carrying out tasks related to statutory and regulatory development, modification, defense, assessment, and compliance related to the Health Insurance Exchange (HIX) program. This position will work with agency and other State staff along with stakeholders to develop proposed Exchange rules and usher them through the steps of Vermont's Administrative Procedure Act process. This position will also provide legal advice in Exchange design and ensure that the Exchange rules and regulations are consistent and integrated with Medicaid rules and regulations. The Health Care Policy Analyst will be supervised by the Director of Health Care Reform and shall serve on the Exchange implementation team.

Job Duties Relating to HIX:

- Legal research and analysis to propose statutory and regulatory changes necessary and assesses legal arguments for and against these changes.
- Draft statutory and regulatory initiatives or modifications
- Draft Agency position papers on proposed federal and State legislation
- Analyzes health care reform program impacts resulting in new legislation or regulation and recommends appropriate action
- Conducts research to develop expertise in delineating how and when legislation and rules are effective to influence human behavior
- Advises management on Agency policy and may carry out special projects related to health care reform
- Many provide legal interpretations to management
- Represents the Agency before Legislative and public meetings
- Performs related duties as required



2. Provide a brief justification/explanation of this request: In an effort to meet the reporting requirements attached the Level 1 Exchange Establishment Grants for the Affordable Care Act's Exchange DVHA must have this position. Noncompliance with these requirements could jeopardize our funding through this important federal program.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). N/A

**Personnel Administrator's Section:**

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No

5. The name and title of the person who completed this form: Kate Jones, Financial Manager II

6. Who should be contacted if there are questions about this position (provide name and phone number): Betsy Forrest, (802)879-5918

7. How many other positions are allocated to the requested class title in the department: 0

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) 0

**Attachments:**

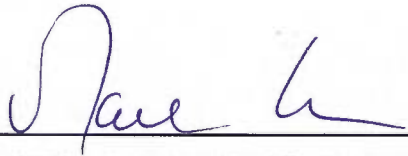
- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

\_\_\_\_\_  
Personnel Administrator's Signature (**required**)\*

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor's Signature (**required**)\*

12/12/11  
\_\_\_\_\_  
Date



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Appointing Authority or Authorized Representative Signature **(required)\***

12/12/12

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Date

\* Note: Attach additional information or comments if appropriate.

**Request for Classification Action**  
**New or Vacant Positions**  
**EXISTING Job Class/Title ONLY**  
**Position Description Form C/Notice of Action**  
**For Department of Personnel Use Only**

Notice of Action # _____	Date Received (Stamp) _____
Action Taken: _____	
New Job Title _____	
Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____	
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____	
Classification Analyst _____	Date _____
Comments: _____	Effective Date: _____
	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____	
Working Conditions: _____ Total: _____	

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  AHS/DVHA/HIX GUC:  73035

Pay Group:  73Z Work Station:  Williston Zip Code:  05495

Position Type:  Permanent  Limited Service (end date )  9/30/2013

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:  Betsy Forrest, Director of Health Care Affordability,  
 (802)879-5918

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

- REQUIRED: Allocation requested: Existing Class Code  018100 Existing Job/Class Title:  
 Change Management Director, Business Analyst
- Position authorized by:

Joint Fiscal Office – JFO #  Approval Date:

Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)

Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

a. Position Number:

b. Date position became vacant:

c. Current Job/Class Code:  Current Job/Class Title:

d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:

e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties:

**Job Duties relating to HIX:**

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- 

2. Provide a brief justification/explanation of this request:

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). N/A

**Personnel Administrator's Section:**

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No

5. The name and title of the person who completed this form: Kate Jones, Financial Manager II

6. Who should be contacted if there are questions about this position (provide name and phone number):  
Betsy Forrest, 802-879-5918

7. How many other positions are allocated to the requested class title in the department: 0

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) 0

**Attachments:**

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

\_\_\_\_\_  
Personnel Administrator's Signature (required)\*

\_\_\_\_\_  
Date

Betsy Forrest  
\_\_\_\_\_  
Supervisor's Signature (required)\*

12/5/11  
\_\_\_\_\_  
Date

Steve L.  
\_\_\_\_\_  
Appointing Authority or Authorized Representative Signature (required)\*

12/12/11  
\_\_\_\_\_  
Date

\* Note: Attach additional information or comments if appropriate.



## Request for Classification Review Position Description Form A

For Department of Personnel Use Only

Notice of Action # _____	Date Received (Stamp) _____
Action Taken: _____	
New Job Title _____	
Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____	
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____	
Classification Analyst _____	Date _____
Comments: _____	Effective Date: _____
	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____	
Working Conditions: _____ Total: _____	

### Incumbent Information:

Employee Name:  Employee Number:   
Position Number:  Current Job/Class Title:   
Agency/Department/Unit:  Work Station:  Zip Code:   
Supervisor's Name, Title, and Phone Number:   
How should the notification to the employee be sent:  employee's work location  or  other address, please provide mailing address:

### New Position/Vacant Position Information:

New Position Authorization:  Request Job/Class Title:   
Position Type:  Permanent or  Limited / Funding Source:  Core,  Partnership, or  Sponsored  
Vacant Position Number:  Current Job/Class Title:   
Agency/Department/Unit:  Work Station:  Zip Code:   
Supervisor's Name, Title and Phone Number:

### Type of Request:

- Management:** A management request to review the classification of an existing position, class, or create a new job class.
- Employee:** An employee's request to review the classification of his/her current position.

## 1. Job Duties

This is the **most critical** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review**. Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What** it is: The nature of the activity.
- **How** you do it: The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why** it is done: What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** Audits tax returns and/or taxpayer records. **(How)** By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency. **(Why)** To determine actual tax liabilities.

The Patient Protection and Affordable Care Act, signed into law in March, 2010, requires that each state create a Health Benefits Exchange (HIX) that offers residents of the state the means to compare information on available health benefit plans (including private insurance plans and state-sponsored plans such as Medicaid and Dr. Dynasaur), enroll in plans, and receive tax credits or public assistance, if eligible. In addition, the Exchange will approve "qualified health plans" to be offered on the Exchange, rate those plans based on quality, maintain a website and toll-free number, provide an online calculator for consumers to determine the amount of their tax credit, require insurance plans to justify rate increases, and contract for navigators to provide public education and help people enroll. The Exchange will also offer small businesses the opportunity to assist their employees in enrolling in health plans offered on the Exchange.

This position will be responsible for the process of implementing the Health Insurance Exchange at either DVHA or BISHCA by organizing Exchange development work with the implementation teams, and will document decisions made by the teams. The Project Director may be assigned to work with the contractor(s) on specific tasks as assigned by the HIX Deputy Commissioner. In conjunction with state agency project team leaders, this position will ensure project is properly designed to meet the business purpose of the agency and/or project sponsor. Ensures project management principles are incorporated into each project and provides leadership during all phases of a project. Project phases include conceptualization and determination of business needs, business requirement assessment, vendor selection, system design, configuration and development, testing, implementation and change management.

Job Duties May Include Any Combination of the Following:

- Creation of the standards for certification of Qualified Health Plans, the only types of insurance coverage that can be offered in the Exchange
- Reporting to and receiving direction for senior DVHA management on relevant exchange related activities
- Rate review of qualified health plans as well as plan certification.
- Creates and executes project work plans and revises as appropriate to support the HIX objectives
- Responsible for ensuring that plan-related information flows between BISHCA and the



exchange

- Identifies resources needed and ensures assignment of resources is carried out consistent with the overall project goals and timeframes
- Reviews deliverables prepared by vendor to ensure consistency with requirements
- Ensures that appropriate resources that are non-project specific are kept apprised of and consulted on their roles
- Ensures proper documentation is created, updated and filed. Ensures timely and accurate project reporting by project team members and vendor(s).
- Minimizes risk to State of Vermont and project sponsors through leadership of risk mitigation planning.
- Performs related work as required

## 2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change*.

Work requires interaction with DVHA/HIX management and BISHCA management, the DVHA and BISHCA Business Office, other state departments and divisions, Green Mountain Care Board, insurance partners, private or health care agency providers, professional associations and networks for the purpose of facilitating collaboration in the build and operations of the Vermont HIX.

## 3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

Bachelor's degree and at least 4 years as a manager or administrator in a health/health insurance/human services program or organization.

Knowledge of principles and practices of health care and public health

Knowledge of health care system and health care reform efforts

Familiarity with quality improvement strategies and evaluation metrics

Ability to develop and implement effective program policies and operating procedures

Ability to establish and maintain effective working relationships with diverse groups of state, regional and local partners, stakeholders, leaders and change agents

## 4. Do you supervise?

In this question "supervise" means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

No

### 5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

This position generally operates with minimal supervision and is responsible for identifying necessary assignments and appropriately prioritizing those assignments. Work is generally identified by interaction with various key contacts and adherence to set federal regulations and current state legislation.

### 6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

The mental demands of the position are consistent with those at a similar professional level. Understanding the needs of the health care community, the public's health care concerns, the current administrations health reform goals, and current federal health care regulations and folding them into the Health Insurance Exchange indicatives.

### 7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*

- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*

To act as the Exchange liaison with the various state departments in developing and implementing an Exchange wellness program or programs, act as the Exchange representative in the Medicaid/Medicare duals project, and development of the functional specifications for Exchange implementation.

## 8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?
New Federal & State Program Development	75%
Federal & State regulation/legislative interpretation	15%
Federal & State regulation/legislative development	10%

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?
N/A	

- c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?
N/A		

- d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

Type	How Much of the Time?
sitting, standing, walking	100%

**Additional Information:**

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

Employee's Signature (**required**): \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor's Section:**

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

Understanding the needs of the health care community, the public's health care concerns, the current administrations health reform goals, and current federal health care regulations and folding them into the Health Insurance Exchange indicatives. This position may also be called upon to testify during legislative sessions as well as represent the state in a national setting on the HIX program.

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

It is vital that an employee in this position hold in-depth knowledge of health, health insurance and human services programs as this position, in collaboration with the exchange team, will be responsible for implementation of the Health Insurance Exchange program for the citizens of Vermont. An individual in this position must have a broad yet deep understanding of human services programs within the State of Vermont coupled with experience in the health insurance industry.

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

N/A

4. Suggested Title and/or Pay Grade:

Exchange Project Director / Pay Grade 28

Supervisor's Signature (required):

Date: 12/12/11

**Personnel Administrator's Section:**

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes  No If yes, please provide detailed information.

Attachments:

Organizational charts are **required** and must indicate where the position reports.

Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

No

Suggested Title and/or Pay Grade:

Exchange Project Director / Pay Grade 28

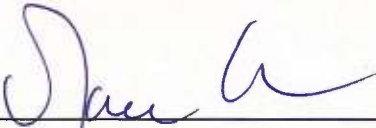
Personnel Administrator's Signature (**required**): \_\_\_\_\_ Date: \_\_\_\_\_

**Appointing Authority's Section:**

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

Suggested Title and/or Pay Grade:

Exchange Project Director / Pay Grade 28

  
\_\_\_\_\_  
Appointing Authority or Authorized Representative Signature (**required**)

6/2/2011  
\_\_\_\_\_  
Date



## Request for Classification Review Position Description Form A

For Department of Personnel Use Only

Notice of Action # _____		Date Received (Stamp)
Action Taken: _____		
New Job Title _____		
Current Class Code _____	New Class Code _____	
Current Pay Grade _____	New Pay Grade _____	
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
Classification Analyst _____	Date _____	Effective Date: _____
Comments:		Date Processed: _____
Willis Rating/Components:	Knowledge & Skills: _____	Mental Demands: _____
	Working Conditions: _____	Accountability: _____
	Total: _____	

### Incumbent Information:

Employee Name:  Employee Number:   
Position Number:  Current Job/Class Title:   
Agency/Department/Unit:  Work Station:  Zip Code:   
Supervisor's Name, Title, and Phone Number:   
How should the notification to the employee be sent:  employee's work location  or  other address, please provide mailing address:

### New Position/Vacant Position Information:

New Position Authorization:  Request Job/Class Title:   
Position Type:  Permanent or  Limited / Funding Source:  Core,  Partnership, or  Sponsored  
Vacant Position Number:  Current Job/Class Title:   
Agency/Department/Unit:  Work Station:  Zip Code:   
Supervisor's Name, Title and Phone Number:

### Type of Request:

**Management:** A management request to review the classification of an existing position, class, or create a new job class.

**Employee:** An employee's request to review the classification of his/her current position.



## 1. Job Duties

This is the **most critical** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review**. Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What it is:** The nature of the activity.
- **How you do it:** The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why it is done:** What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** Audits tax returns and/or taxpayer records. **(How)** By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency. **(Why)** To determine actual tax liabilities.

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This position will be responsible for the process of implementing the Health Insurance Exchange at either DVHA or BISHCA by organizing Exchange development work with the implementation teams, and will document decisions made by the teams. The Project Director may be assigned to work with the contractor(s) on specific tasks as assigned by the HIX Deputy Commissioner. In conjunction with state agency project team leaders, this position will ensure project is properly designed to meet the business purpose of the agency and/or project sponsor. Ensures project management principles are incorporated into each project and provides leadership during all phases of a project. Project phases include conceptualization and determination of business needs, business requirement assessment, vendor selection, system design, configuration and development, testing, implementation and change management.

Job Duties May Include Any Combination of the Following:

- Creation of the standards for certification of Qualified Health Plans, the only types of insurance coverage that can be offered in the Exchange
- Reporting to and receiving direction for senior DVHA management on relevant exchange related activities
- Rate review of qualified health plans as well as plan certification.
- Creates and executes project work plans and revises as appropriate to support the HIX objectives
- Responsible for ensuring that plan-related information flows between BISHCA and the

exchange

- Identifies resources needed and ensures assignment of resources is carried out consistent with the overall project goals and timeframes
- Reviews deliverables prepared by vendor to ensure consistency with requirements
- Ensures that appropriate resources that are non-project specific are kept apprised of and consulted on their roles
- Ensures proper documentation is created, updated and filed. Ensures timely and accurate project reporting by project team members and vendor(s).
- Minimizes risk to State of Vermont and project sponsors through leadership of risk mitigation planning.
- Performs related work as required

## 2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change*.

Work requires interaction with DVHA/HIX management and BISHCA management, the DVHA and BISHCA Business Office, other state departments and divisions, Green Mountain Care Board, insurance partners, private or health care agency providers, professional associations and networks for the purpose of facilitating collaboration in the build and operations of the Vermont HIX.

## 3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

Bachelor's degree and at least 4 years as a manager or administrator in a health/health insurance/human services program or organization.

Knowledge of principles and practices of health care and public health

Knowledge of health care system and health care reform efforts

Familiarity with quality improvement strategies and evaluation metrics

Ability to develop and implement effective program policies and operating procedures

Ability to establish and maintain effective working relationships with diverse groups of state, regional and local partners, stakeholders, leaders and change agents

## 4. Do you supervise?

In this question "supervise" means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

No

### 5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

This position generally operates with minimal supervision and is responsible for identifying necessary assignments and appropriately prioritizing those assignments. Work is generally identified by interaction with various key contacts and adherence to set federal regulations and current state legislation.

### 6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

The mental demands of the position are consistent with those at a similar professional level. Understanding the needs of the health care community, the public's health care concerns, the current administrations health reform goals, and current federal health care regulations and folding them into the Health Insurance Exchange indicatives.

### 7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*

- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*

To act as the Exchange liaison with the various state departments in developing and implementing an Exchange wellness program or programs, act as the Exchange representative in the Medicaid/Medicare duals project, and development of the functional specifications for Exchange implementation.

## 8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?
New Federal & State Program Development	75%
Federal & State regulation/legislative interpretation	15%
Federal & State regulation/legislative development	10%

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?
N/A	

- c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?
N/A		

- d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

Type	How Much of the Time?
sitting, standing, walking	100%

**Additional Information:**

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

Employee's Signature (**required**): \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor's Section:**

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

Understanding the needs of the health care community, the public's health care concerns, the current administrations health reform goals, and current federal health care regulations and folding them into the Health Insurance Exchange indicatives. This position may also be called upon to testify durring legislative sessions as well as represent the state in a national setting on the HIX program.

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

It is vital that an employee in this position hold in-depth knowledge of health, health insurance and human services programs as this position, in collaboration with the exchange team, will be responsible for implementation of the Health Insurance Exchange program for the citizens of Vermont. An individual in this position must have a broad yet deep understanding of human services programs within the State of Vermont coupled with experience in the health insurance industry.

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

N/A

4. Suggested Title and/or Pay Grade:

Exchange Project Director / Pay Grade 28

Supervisor's Signature (required):



Date: 12/12/11

**Personnel Administrator's Section:**

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes  No If yes, please provide detailed information.

Attachments:

Organizational charts are **required** and must indicate where the position reports.

Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

No

Suggested Title and/or Pay Grade:

Exchange Project Director / Pay Grade 28

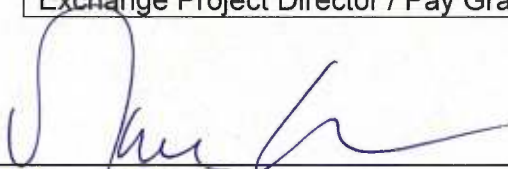
Personnel Administrator's Signature (**required**): \_\_\_\_\_ Date: \_\_\_\_\_

**Appointing Authority's Section:**

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

Suggested Title and/or Pay Grade:

Exchange Project Director / Pay Grade 28

  
\_\_\_\_\_  
Appointing Authority or Authorized Representative Signature (**required**)

12/12/11  
\_\_\_\_\_  
Date

## Request for Classification Review Position Description Form A

For Department of Personnel Use Only

Notice of Action # _____		Date Received (Stamp)
Action Taken: _____		
New Job Title _____		
Current Class Code _____	New Class Code _____	
Current Pay Grade _____	New Pay Grade _____	
Current Mgt Level _____ B/U _____ OT Cat. _____	EEO Cat. _____	FLSA _____
New Mgt Level _____ B/U _____ OT Cat. _____	EEO Cat. _____	FLSA _____
Classification Analyst _____	Date _____	Effective Date: _____
Comments:		Date Processed: _____
Willis Rating/Components:	Knowledge & Skills: _____	Mental Demands: _____
	Working Conditions: _____	Accountability: _____
	Total: _____	

### Incumbent Information:

Employee Name:  Employee Number:

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  Work Station:  Zip Code:

Supervisor's Name, Title, and Phone Number:

How should the notification to the employee be sent:  employee's work location  or  other address, please provide mailing address:

### New Position/Vacant Position Information:

New Position Authorization:  Request Job/Class Title:

Position Type:  Permanent or  Limited / Funding Source:  Core,  Partnership, or  Sponsored

Vacant Position Number:  Current Job/Class Title:

Agency/Department/Unit:  Work Station:  Zip Code:

Supervisor's Name, Title and Phone Number:

### Type of Request:

**Management:** A management request to review the classification of an existing position, class, or create a new job class.

**Employee:** An employee's request to review the classification of his/her current position.



## 1. Job Duties

This is the **most critical** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review**. Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

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Job Duties May Include Any Combination of the Following:

- Creation of the standards for certification of Qualified Health Plans, the only types of insurance coverage that can be offered in the Exchange
- Reporting to and receiving direction for senior DVHA management on relevant exchange related activities
- Rate review of qualified health plans as well as plan certification.
- Creates and executes project work plans and revises as appropriate to support the HIX objectives
- Responsible for ensuring that plan-related information flows between BISHCA and the

exchange

- Identifies resources needed and ensures assignment of resources is carried out consistent with the overall project goals and timeframes
- Reviews deliverables prepared by vendor to ensure consistency with requirements
- Ensures that appropriate resources that are non-project specific are kept apprised of and consulted on their roles
- Ensures proper documentation is created, updated and filed. Ensures timely and accurate project reporting by project team members and vendor(s).
- Minimizes risk to State of Vermont and project sponsors through leadership of risk mitigation planning.
- Performs related work as required

## 2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change*.

Work requires interaction with DVHA/HIX management and BISHCA management, the DVHA and BISHCA Business Office, other state departments and divisions, Green Mountain Care Board, insurance partners, private or health care agency providers, professional associations and networks for the purpose of facilitating collaboration in the build and operations of the Vermont HIX.

## 3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

Bachelor's degree and at least 4 years as a manager or administrator in a health/health insurance/human services program or organization.

Knowledge of principles and practices of health care and public health

Knowledge of health care system and health care reform efforts

Familiarity with quality improvement strategies and evaluation metrics

Ability to develop and implement effective program policies and operating procedures

Ability to establish and maintain effective working relationships with diverse groups of state, regional and local partners, stakeholders, leaders and change agents

## 4. Do you supervise?

In this question "supervise" means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

No

### 5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

This position generally operates with minimal supervision and is responsible for identifying necessary assignments and appropriately prioritizing those assignments. Work is generally identified by interaction with various key contacts and adherence to set federal regulations and current state legislation.

### 6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

The mental demands of the position are consistent with those at a similar professional level. Understanding the needs of the health care community, the public's health care concerns, the current administrations health reform goals, and current federal health care regulations and folding them into the Health Insurance Exchange indicatives.

### 7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*

- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*

To act as the Exchange liaison with the various state departments in developing and implementing an Exchange wellness program or programs, act as the Exchange representative in the Medicaid/Medicare duals project, and development of the functional specifications for Exchange implementation.

### 8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?
New Federal & State Program Development	75%
Federal & State regulation/legislative interpretation	15%
Federal & State regulation/legislative development	10%

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?
N/A	

- c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?
N/A		

- d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

Type	How Much of the Time?
sitting, standing, walking	100%

**Additional Information:**

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

Employee's Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor's Section:**

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

Understanding the needs of the health care community, the public's health care concerns, the current administrations health reform goals, and current federal health care regulations and folding them into the Health Insurance Exchange indicatives. This position may also be called upon to testify durring legislative sessions as well as represent the state in a national setting on the HIX program.

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

It is vital that an employee in this position hold in-depth knowledge of health, health insurance and human services programs as this position, in collaboration with the exchange team, will be responsible for implementation of the Health Insurance Exchange program for the citizens of Vermont. An individual in this position must have a broad yet deep understanding of human services programs within the State of Vermont coupled with experience in the health insurance industry.

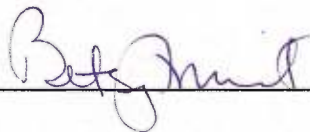
3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

N/A

4. Suggested Title and/or Pay Grade:

Exchange Project Director / Pay Grade 28

Supervisor's Signature (required):



Date: 12/12/11

**Personnel Administrator's Section:**

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes  No If yes, please provide detailed information.

Attachments:

Organizational charts are **required** and must indicate where the position reports.

Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

No

Suggested Title and/or Pay Grade:

Exchange Project Director / Pay Grade 28

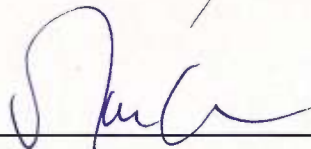
Personnel Administrator's Signature (**required**): \_\_\_\_\_ Date: \_\_\_\_\_

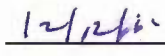
**Appointing Authority's Section:**

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

Suggested Title and/or Pay Grade:

Exchange Project Director / Pay Grade 28

  
\_\_\_\_\_  
Appointing Authority or Authorized Representative Signature (**required**)

  
\_\_\_\_\_  
Date

## Request for Classification Review Position Description Form A

For Department of Personnel Use Only

Notice of Action # _____	Date Received (Stamp)
Action Taken: _____	
New Job Title _____	
Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
New Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
Classification Analyst _____	Date _____
Comments:	Effective Date: _____
	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____	
Working Conditions: _____ Total: _____	

### Incumbent Information:

Employee Name:  Employee Number:

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  Work Station:  Zip Code:

Supervisor's Name, Title, and Phone Number:

How should the notification to the employee be sent:  employee's work location  or  other address, please provide mailing address:

### New Position/Vacant Position Information:

New Position Authorization:  Request Job/Class Title:

Position Type:  Permanent or  Limited / Funding Source:  Core,  Partnership, or  Sponsored

Vacant Position Number:  Current Job/Class Title:

Agency/Department/Unit:  Work Station:  Zip Code:

Supervisor's Name, Title and Phone Number:

### Type of Request:

**Management:** A management request to review the classification of an existing position, class, or create a new job class.

**Employee:** An employee's request to review the classification of his/her current position.



## 1. Job Duties

This is the **most critical** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review**. Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What** it is: The nature of the activity.
- **How** you do it: The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why** it is done: What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** *Audits tax returns and/or taxpayer records.* **(How)** *By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency.* **(Why)** *To determine actual tax liabilities.*

The Patient Protection and Affordable Care Act, signed into law in March, 2010, requires that each state create a Health Benefits Exchange (HIX) that offers residents of the state the means to compare information on available health benefit plans (including private insurance plans and state-sponsored plans such as Medicaid and Dr. Dynasaur), enroll in plans, and receive tax credits or public assistance, if eligible. In addition, the Exchange will approve "qualified health plans" to be offered on the Exchange, rate those plans based on quality, maintain a website and toll-free number, provide an online calculator for consumers to determine the amount of their tax credit, require insurance plans to justify rate increases, and contract for navigators to provide public education and help people enroll. The Exchange will also offer small businesses the opportunity to assist their employees in enrolling in health plans offered on the Exchange.

This position will be responsible for the process of implementing the Health Insurance Exchange at either DVHA or BISHCA by organizing Exchange development work with the implementation teams, and will document decisions made by the teams. The Project Director may be assigned to work with the contractor(s) on specific tasks as assigned by the HIX Deputy Commissioner. In conjunction with state agency project team leaders, this position will ensure project is properly designed to meet the business purpose of the agency and/or project sponsor. Ensures project management principles are incorporated into each project and provides leadership during all phases of a project. Project phases include conceptualization and determination of business needs, business requirement assessment, vendor selection, system design, configuration and development, testing, implementation and change management.

Job Duties May Include Any Combination of the Following:

- Creation of the standards for certification of Qualified Health Plans, the only types of insurance coverage that can be offered in the Exchange
- Reporting to and receiving direction for senior DVHA management on relevant exchange related activities
- Rate review of qualified health plans as well as plan certification.
- Creates and executes project work plans and revises as appropriate to support the HIX objectives
- Responsible for ensuring that plan-related information flows between BISHCA and the

exchange

- Identifies resources needed and ensures assignment of resources is carried out consistent with the overall project goals and timeframes
- Reviews deliverables prepared by vendor to ensure consistency with requirements
- Ensures that appropriate resources that are non-project specific are kept apprised of and consulted on their roles
- Ensures proper documentation is created, updated and filed. Ensures timely and accurate project reporting by project team members and vendor(s).
- Minimizes risk to State of Vermont and project sponsors through leadership of risk mitigation planning.
- Performs related work as required

## 2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change*.

Work requires interaction with DVHA/HIX management and BISHCA management, the DVHA and BISHCA Business Office, other state departments and divisions, Green Mountain Care Board, insurance partners, private or health care agency providers, professional associations and networks for the purpose of facilitating collaboration in the build and operations of the Vermont HIX.

## 3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

Bachelor's degree and at least 4 years as a manager or administrator in a health/health insurance/human services program or organization.

Knowledge of principles and practices of health care and public health

Knowledge of health care system and health care reform efforts

Familiarity with quality improvement strategies and evaluation metrics

Ability to develop and implement effective program policies and operating procedures

Ability to establish and maintain effective working relationships with diverse groups of state, regional and local partners, stakeholders, leaders and change agents

## 4. Do you supervise?

In this question "supervise" means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

No

#### 5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

This position generally operates with minimal supervision and is responsible for identifying necessary assignments and appropriately prioritizing those assignments. Work is generally identified by interaction with various key contacts and adherence to set federal regulations and current state legislation.

#### 6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

The mental demands of the position are consistent with those at a similar professional level. Understanding the needs of the health care community, the public's health care concerns, the current administrations health reform goals, and current federal health care regulations and folding them into the Health Insurance Exchange indicatives.

#### 7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*

- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*

To act as the Exchange liaison with the various state departments in developing and implementing an Exchange wellness program or programs, act as the Exchange representative in the Medicaid/Medicare duals project, and development of the functional specifications for Exchange implementation.

## 8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described:

Type	How Much of the Time?
New Federal & State Program Development	75%
Federal & State regulation/legislative interpretation	15%
Federal & State regulation/legislative development	10%

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?
N/A	

- c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?
N/A		

- d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

Type	How Much of the Time?
sitting, standing, walking	100%

**Additional Information:**

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

Employee's Signature (**required**): \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor's Section:**

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

Understanding the needs of the health care community, the public's health care concerns, the current administrations health reform goals, and current federal health care regulations and folding them into the Health Insurance Exchange indicatives. This position may also be called upon to testify during legislative sessions as well as represent the state in a national setting on the HIX program.

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

It is vital that an employee in this position hold in-depth knowledge of health, health insurance and human services programs as this position, in collaboration with the exchange team, will be responsible for implementation of the Health Insurance Exchange program for the citizens of Vermont. An individual in this position must have a broad yet deep understanding of human services programs within the State of Vermont coupled with experience in the health insurance industry.

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

N/A

4. Suggested Title and/or Pay Grade:

Exchange Project Director / Pay Grade 28

Supervisor's Signature (required):



Date:

12/12/11

**Personnel Administrator's Section:**

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes  No If yes, please provide detailed information.

Attachments:

Organizational charts are **required** and must indicate where the position reports.

Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

No

Suggested Title and/or Pay Grade:

Exchange Project Director / Pay Grade 28

Personnel Administrator's Signature (**required**): \_\_\_\_\_ Date: \_\_\_\_\_

**Appointing Authority's Section:**

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

Suggested Title and/or Pay Grade:

Exchange Project Director / Pay Grade 28



Appointing Authority or Authorized Representative Signature (**required**)



Date

**Request for Classification Action**  
**New or Vacant Positions**  
**EXISTING Job Class/Title ONLY**  
**Position Description Form C/Notice of Action**  
**For Department of Personnel Use Only**

Notice of Action # _____	Date Received (Stamp) _____
Action Taken: _____	
New Job Title _____	
Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____	
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____	
Classification Analyst _____	Date _____ Effective Date: _____
Comments: _____	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____	
Working Conditions: _____ Total: _____	

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  GUC:

Pay Group:  Work Station:  Zip Code:

Position Type:  Permanent  Limited Service (end date)

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code  Existing Job/Class Title:

b. Position authorized by:



Joint Fiscal Office – JFO #  Approval Date:

Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)

Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

a. Position Number:

b. Date position became vacant:

c. Current Job/Class Code:  Current Job/Class Title:

d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:

e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties: Will serve as the assistant to as the CIO of the Agency of Human Services, and perform the duty as an office manager for the Agency of Human Services in support of the Health Information Exchange (HIX). Incumbent will track and monitor legislation as it relates to HIX and Healthcare Reform. Position will interview people, both in person and over the phone to gather information or data in support of a particular HIX and Healthcare Reform functions as it pertains to the information technology for healthcare. Position will create data reports, spreadsheets and word documents. The position will organize the administrative meetings, outreach to stakeholders of the HIX program as it relates to IT.

2. Provide a brief justification/explanation of this request: This position is being created with the use of Grant funds from CCIO and passed through DHVA for the purpose of assisting the state in meeting the Federal Affordable Care Act (ACA) criteria and VT Act 48 regulations. This involves the planning and implementation of the Vermont Health Insurance Exchange that allows citizens to shop for and enroll in health insurance plans. DVHA is focusing on the ACA criteria to establish relationships with carriers to provide health insurance for beneficiaries meeting certain financial and other characteristics. However, this work is extremely complex since Vermont's approach to establishing an Exchange is to build a market mechanism that will fulfill the ACA requirements as well or better than other states, while designing an expanded capability to help transition its health care system to a single-payer plan. The Exchange infrastructure is critical in this transformation. The Exchange will be both the foundation and, eventually, the likely core of a system in which a single point of eligibility and purchase from a single payer or payers operating under identical programmatic rules. Therefore, the approach in Vermont is to build a robust Exchange with greater functionality than that required by the ACA and to encourage participation of as many individuals and employers as soon as possible. This position is critical to these efforts.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well).

**Personnel Administrator's Section:**

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No

5. The name and title of the person who completed this form:

6. Who should be contacted if there are questions about this position (provide name and phone number):

7. How many other positions are allocated to the requested class title in the department:

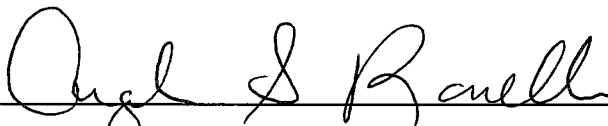
8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.)

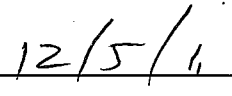
**Attachments:**

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

\_\_\_\_\_  
Personnel Administrator's Signature (**required**)\*

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor's Signature (**required**)\*

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Appointing Authority or Authorized Representative Signature (**required**)\*

  
\_\_\_\_\_  
Date

\* Note: Attach additional information or comments if appropriate.



**Request for Classification Action**  
**New or Vacant Positions**  
**EXISTING Job Class/Title ONLY**  
**Position Description Form C/Notice of Action**  
**For Department of Personnel Use Only**

Notice of Action # _____		Date Received (Stamp)
Action Taken: _____		
New Job Title _____		
Current Class Code _____	New Class Code _____	
Current Pay Grade _____	New Pay Grade _____	
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
Classification Analyst _____	Date _____	Effective Date: _____
Comments: _____		Date Processed: _____
Willis Rating/Components: _____	Knowledge & Skills: _____	Mental Demands: _____
	Working Conditions: _____	Accountability: _____
	Total: _____	

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  AHS/CO/IT GUC:

Pay Group:  72A Work Station:  Williston Zip Code:  05495

Position Type:  Permanent  Limited Service (end date)  09/30/2013

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)  100%

Supervisor's Name, Title and Phone Number:  SOA IT Manager I (currently under recruitment)

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code  058000 Existing Job/Class Title:  Systems Developer II

b. Position authorized by: \_\_\_\_\_

- Joint Fiscal Office – JFO #  Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code:  Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties: Analyzes the performance of hardware and software interfaces and identifies alternatives for optimizing the usage of computer resources for the Health Insurance Exchange (HIX). Applies generally accepted programming standards and techniques to assure efficient program logic and data manipulation. Participates in designing, coding, testing, debugging, configuring, and documenting operating systems and software applications for the HIX. Installs software and user utilities for modifications and upgrades of operating systems and workstation environments. Confers with personnel of organizational units involved to analyze current operational procedures, identify problems, and learn specific input and output requirement such as forms of data input, how data is to be summarized, and formats for reports. Writes detailed description of user needs, program functions, and steps required to develop or modify computer program. Studies existing information processing systems to evaluate effectiveness and develops new systems to improve production or workflow as required.

2. Provide a brief justification/explanation of this request: This position is being created with the use of Grant funds from CCIO and passed through DHVA for the purpose of assisting the state in meeting the Federal Affordable Care Act (ACA) criteria and VT Act 48 regulations. This involves the planning and implementation of the Vermont Health Insurance Exchange that allows citizens to shop for and enroll in health insurance plans. DVHA is focusing on the ACA criteria to establish relationships with carriers to provide health insurance for beneficiaries meeting certain financial and other characteristics. However, this work is extremely complex since Vermont's approach to establishing an Exchange is to build a market mechanism that will fulfill the ACA requirements as well or better than other states, while designing an expanded capability to help transition its health care system to a single-payer plan. The Exchange infrastructure is critical in this transformation. The Exchange will be both the foundation and, eventually, the likely core of a system in which a single point of eligibility and purchase from a single payer or payers operating under identical programmatic rules. Therefore, the approach in Vermont is to build a robust Exchange with greater functionality than that required by the ACA and to encourage participation of as many individuals and employers as soon as possible. This position is critical to these efforts.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well).

**Personnel Administrator's Section:**

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No

5. The name and title of the person who completed this form:

6. Who should be contacted if there are questions about this position (provide name and phone number):

7. How many other positions are allocated to the requested class title in the department:


8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.)

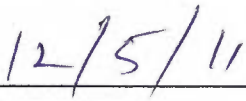
**Attachments:**


- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

\_\_\_\_\_  
Personnel Administrator's Signature (**required**)\*

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor's Signature (**required**)\*

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Appointing Authority or Authorized Representative Signature (**required**)\*

  
\_\_\_\_\_  
Date

\* Note: Attach additional information or comments if appropriate.



**Request for Classification Action**  
**New or Vacant Positions**  
**EXISTING Job Class/Title ONLY**  
**Position Description Form C/Notice of Action**  
**For Department of Personnel Use Only**

Notice of Action # _____		Date Received (Stamp)
Action Taken: _____		
New Job Title _____		
Current Class Code _____	New Class Code _____	
Current Pay Grade _____	New Pay Grade _____	
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
Classification Analyst _____	Date _____	Effective Date: _____
Comments: _____		Date Processed: _____
Willis Rating/Components: _____	Knowledge & Skills: _____	Mental Demands: _____
	Working Conditions: _____	Accountability: _____
	Total: _____	

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  GUC:

Pay Group:  Work Station:  Zip Code:

Position Type:  Permanent  Limited Service (end date)

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code  Existing Job/Class Title:

b. Position authorized by:



- Joint Fiscal Office – JFO #  Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code:  Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties:

2. Provide a brief justification/explanation of this request:

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well).

**Personnel Administrator's Section:**

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No

5. The name and title of the person who completed this form:

6. Who should be contacted if there are questions about this position (provide name and phone number):

7. How many other positions are allocated to the requested class title in the department:

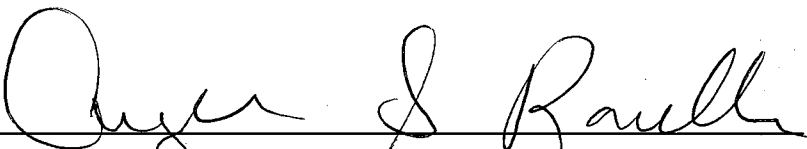
8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.)

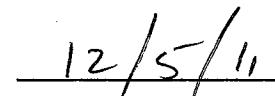
**Attachments:**

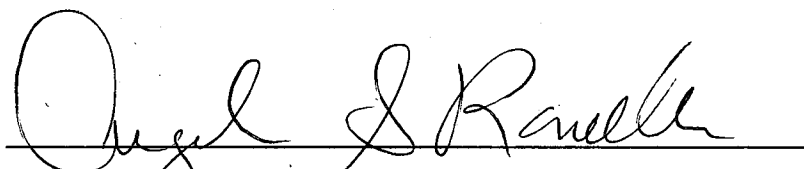
- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

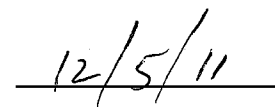
\_\_\_\_\_  
Personnel Administrator's Signature (**required**)\*

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor's Signature (**required**)\*

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Appointing Authority or Authorized Representative Signature (**required**)\*

  
\_\_\_\_\_  
Date

\* Note: Attach additional information or comments if appropriate.



**Request for Classification Action**  
**New or Vacant Positions**  
**EXISTING Job Class/Title ONLY**  
**Position Description Form C/Notice of Action**  
**For Department of Personnel Use Only**

Notice of Action # _____	Date Received (Stamp) _____
Action Taken: _____	
New Job Title _____	
Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____	
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____	
Classification Analyst _____	Date _____
Comments: _____	Effective Date: _____
	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____	
Working Conditions: _____ Total: _____	

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  AHS/CO/IT GUC:  72008

Pay Group:  72A Work Station:  Montpelier Zip Code:  05601

Position Type:  Permanent  Limited Service (end date)  9/30/2013

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.):  100%

Supervisor's Name, Title and Phone Number:  Craig Benson, Director of Data Services, 802-828-3941

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code  700100 Existing Job/Class Title:  Database Administrator

b. Position authorized by:

Joint Fiscal Office – JFO #  Approval Date:

Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)

Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

a. Position Number:

b. Date position became vacant:

c. Current Job/Class Code:  Current Job/Class Title:

d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:

e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties: The job candidate will collaborate with end users, business analysts, various Agency IT groups and contractors in effort to analyze, plan, design, document, test and deploy database and/or data warehouse strategies for the Vermont Health Insurance Exchange. The candidate will work closely with the AHS Director of Data Services to ensure Agency policies, standards and procedures governing database administration are followed. The candidate will seek every opportunity to leverage / reuse / improve upon existing Agency processes and artifacts wherever possible in effort to increase productivity and ROI.

2. Provide a brief justification/explanation of this request: This position is being created with the use of Grant funds from CCIO and passed through DHVA for the purpose of assisting the state in meeting the Federal Affordable Care Act (ACA) criteria and VT Act 48 regulations. This involves the planning and implementation of the Vermont Health Insurance Exchange that allows citizens to shop for and enroll in health insurance plans. DVHA is focusing on the ACA criteria to establish relationships with carriers to provide health insurance for beneficiaries meeting certain financial and other characteristics. However, this work is extremely complex since Vermont's approach to establishing an Exchange is to build a market mechanism that will fulfill the ACA requirements as well or better than other states, while designing an expanded capability to help transition its health care system to a single-payer plan. The Exchange infrastructure is critical in this transformation. The Exchange will be both the foundation and, eventually, the likely core of a system in which a single point of eligibility and purchase from a single payer or payers operating under identical programmatic rules. Therefore, the approach in Vermont is to build a robust Exchange with greater functionality than that required by the ACA and to encourage participation of as many individuals and employers as soon as possible. This position is critical to these efforts.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well).

- Joint Fiscal Office – JFO # 1000000 Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code:  Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties: The job candidate will collaborate with end users, business analysts, various Agency IT groups and contractors in effort to analyze, plan, design, document, test and deploy database and/or data warehouse strategies for the Vermont Health Insurance Exchange. The candidate will work closely with the AHS Director of Data Services to ensure Agency policies, standards and procedures governing database administration are followed. The candidate will seek every opportunity to leverage / reuse / improve upon existing Agency processes and artifacts wherever possible in effort to increase productivity and ROI.
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3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well).

**Personnel Administrator's Section:**

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No
5. The name and title of the person who completed this form:
6. Who should be contacted if there are questions about this position (provide name and phone number):
7. How many other positions are allocated to the requested class title in the department:
8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.)

**Attachments:**

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

\_\_\_\_\_  
Personnel Administrator's Signature (**required**)\*

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor's Signature (**required**)\*

12/2/11  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Appointing Authority or Authorized Representative Signature (**required**)\*

12/5/11  
\_\_\_\_\_  
Date

\* Note: Attach additional information or comments if appropriate.





**Request for Classification Action**  
**New or Vacant Positions**  
**EXISTING Job Class/Title ONLY**  
**Position Description Form C/Notice of Action**  
**For Department of Personnel Use Only**

Notice of Action # _____		Date Received (Stamp)
Action Taken: _____		
New Job Title _____		
Current Class Code _____	New Class Code _____	
Current Pay Grade _____	New Pay Grade _____	
Current Mgt Level _____ B/U _____	OT Cat. _____	EEO Cat. _____ FLSA _____
New Mgt Level _____	B/U _____	OT Cat. _____ EEO Cat. _____ FLSA _____
Classification Analyst _____	Date _____	Effective Date: _____
Comments: _____		Date Processed: _____
Willis Rating/Components:	Knowledge & Skills: _____	Mental Demands: _____
	Working Conditions: _____	Accountability: _____
	Total: _____	

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  AHS/CO/IT GUC:  72008

Pay Group:  72A Work Station:  Williston Zip Code:  05495

Position Type:  Permanent  Limited Service (end date)  09/30/2013

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)  100%

Supervisor's Name, Title and Phone Number:  SOA IT Manager I (currently under recruitment)

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code  460200 Existing Job/Class Title:  Senior Systems Developer

b. Position authorized by: \_\_\_\_\_

- Joint Fiscal Office – JFO #  Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code:  Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties:

2. Provide a brief justification/explanation of this request:

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well).

**Personnel Administrator's Section:**

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No

5. The name and title of the person who completed this form:

6. Who should be contacted if there are questions about this position (provide name and phone number):

7. How many other positions are allocated to the requested class title in the department:

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.)

**Attachments:**

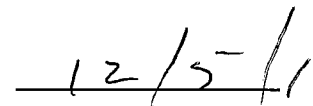
- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

\_\_\_\_\_  
Personnel Administrator's Signature (**required**)\*

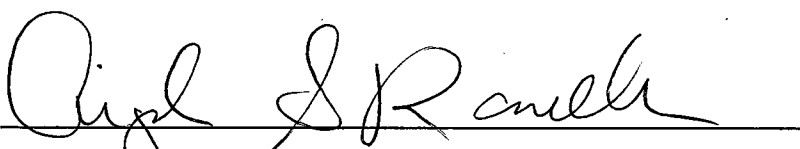
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor's Signature (**required**)\*

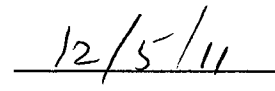
Supervisor's Signature (**required**)\*

  
\_\_\_\_\_  
Date

Date

  
\_\_\_\_\_  
Appointing Authority or Authorized Representative Signature (**required**)\*

Appointing Authority or Authorized Representative Signature (**required**)\*

  
\_\_\_\_\_  
Date

Date

\* Note: Attach additional information or comments if appropriate.

**Request for Classification Action**  
**New or Vacant Positions**  
**EXISTING Job Class/Title ONLY**  
**Position Description Form C/Notice of Action**  
**For Department of Personnel Use Only**

Notice of Action # _____		Date Received (Stamp)
Action Taken: _____		
New Job Title _____		
Current Class Code _____	New Class Code _____	
Current Pay Grade _____	New Pay Grade _____	
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
Classification Analyst _____	Date _____	Effective Date: _____
Comments:		Date Processed: _____
Willis Rating/Components:	Knowledge & Skills: _____	Mental Demands: _____
	Working Conditions: _____	Accountability: _____
	Total: _____	

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  AHS/CO/IT GUC:  72008

Pay Group:  72A Work Station:  Williston Zip Code:  05495

Position Type:  Permanent  Limited Service (end date)  09/30/2013

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)  100%

Supervisor's Name, Title and Phone Number:  Angela Rouelle, 828-3887

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code  068600 Existing Job/Class Title:  Project Manager (PM)

b. Position authorized by:

- Joint Fiscal Office – JFO # Pending Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code:  Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties: Professional oversight and management of software implementation related projects. In conjunction with state agency project team leaders, ensures project is properly designed to meet the business purpose of the agency and/or project sponsor. Ensures project management principles are incorporated into each project and provides leadership during all phases of a project. Project phases include conceptualization and determination of business needs, business requirement assessment, vendor selection, system design, configuration and development, testing, implementation and change management.

The essential services provided by the HIX PM are:

- To Create and execute Health Information Exchange project work plans and revise as appropriate.
- Manages day to day operational aspects of HIX project, as well as project oversight on behalf of the agency project sponsors to ensure it is successfully carried out.
- Reviews HIX deliverables prepared by vendor to ensure consistency with requirements.
- Minimizes risk to State of Vermont and project sponsors through leadership of risk mitigation planning.
- Collaborates with overall HIT sponsors and project managers to make sure HIX is appropriately coordinated across all Health Insurance Technology projects.

2. Provide a brief justification/explanation of this request: This position is being created with the use of Grant funds from CCIO and passed through DHVA for the purpose of assisting the state in meeting the Federal Affordable Care Act (ACA) criteria and VT Act 48 regulations. This involves the planning and implementation of the Vermont Health Insurance Exchange that allows citizens to shop for and enroll in health insurance plans. DVHA is focusing on the ACA criteria to establish relationships with carriers to provide health insurance for beneficiaries meeting certain financial and other characteristics. However, this work is extremely complex since Vermont's approach to establishing an Exchange is to build a market mechanism that will fulfill the ACA requirements as well or better than other states, while designing an expanded capability to help

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3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well).

**Personnel Administrator's Section:**

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No

5. The name and title of the person who completed this form:

6. Who should be contacted if there are questions about this position (provide name and phone number):

7. How many other positions are allocated to the requested class title in the department:

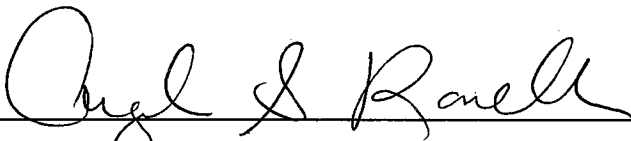
8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.)

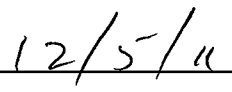
**Attachments:**

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

\_\_\_\_\_  
Personnel Administrator's Signature (required)\*

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor's Signature (required)\*

  
\_\_\_\_\_  
Date



---

Appointing Authority or Authorized Representative Signature **(required)\***

12/5/11  
Date

\* Note: Attach additional information or comments if appropriate.



**Request for Classification Action**  
**New or Vacant Positions**  
**EXISTING Job Class/Title ONLY**  
**Position Description Form C/Notice of Action**  
**For Department of Personnel Use Only**

Notice of Action # _____		Date Received (Stamp) _____
Action Taken: _____		
New Job Title _____		
Current Class Code _____	New Class Code _____	
Current Pay Grade _____	New Pay Grade _____	
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
Classification Analyst _____	Date _____	Effective Date: _____
Comments: _____		Date Processed: _____
Willis Rating/Components: _____	Knowledge & Skills: _____	Mental Demands: _____
	Working Conditions: _____	Accountability: _____
	Total: _____	

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  GUC:

Pay Group:  Work Station:  Zip Code:

Position Type:  Permanent  Limited Service (end date)

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code  Existing Job/Class Title:

b. Position authorized by:

Joint Fiscal Office – JFO #  Approval Date:

Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)

Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

a. Position Number:

b. Date position became vacant:

c. Current Job/Class Code:  Current Job/Class Title:

d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:

e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties:

2. Provide a brief justification/explanation of this request:

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well).

**Personnel Administrator's Section:**

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No

5. The name and title of the person who completed this form:

6. Who should be contacted if there are questions about this position (provide name and phone number):

7. How many other positions are allocated to the requested class title in the department:


8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.)

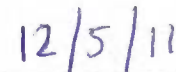
**Attachments:**

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

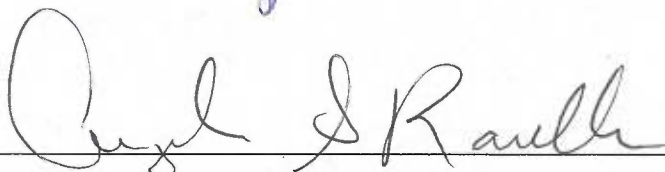
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Personnel Administrator's Signature (**required**)\*

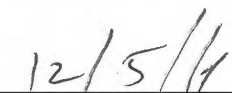
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor's Signature (**required**)\*

  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Appointing Authority or Authorized Representative Signature (**required**)\*

  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\* Note: Attach additional information or comments if appropriate.

**Request for Classification Action**  
**New or Vacant Positions**  
**EXISTING Job Class/Title ONLY**  
**Position Description Form C/Notice of Action**  
**For Department of Personnel Use Only**

Notice of Action # _____	Date Received (Stamp) _____
Action Taken: _____	
New Job Title _____	
Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____	
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____	
Classification Analyst _____	Date _____
Comments: _____	Effective Date: _____
	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____	
Working Conditions: _____ Total: _____	

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  AHS/CO/IT GUC:

Pay Group:  72A Work Station:  Williston Zip Code:  05495

Position Type:  Permanent  Limited Service (end date )  09/30/2013

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)  100%

Supervisor's Name, Title and Phone Number:  Director (Currently under recruitment)

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code  330300 Existing Job/Class Title:  Enterprise Business Analyst (EBA)

b. Position authorized by: \_\_\_\_\_

- Joint Fiscal Office – JFO #  Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code:  Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties: Leads business and systems analysis work at a professional level. Research and evaluation of business process, procedures and user requirements to identify opportunities to address problems or enhancements associated with existing processes or systems or to create new processes or systems. Analysis work to enhance performance of processes and systems for data analysis, reporting, and ease of use. Participate in various aspects of the systems development lifecycle as well as project life cycle process. Assist with or lead teams formed to collaborate with analysis of business processes. Creates system design documents and flow charts, and develops detailed requirements.

Extensive contact occurs internally with department program staff, systems development and network staff, financials staff, as well as management. Contact with external entities including software vendors, consultants, and others will also occur. Work is performed under the supervision of an administrative or professional supervisor or Information Technology Manager. Leads Health Insurance Exchange (HIX) initiatives planning, policy analysis, policy and rule development and updates; software requirements and design; data analysis and program/stakeholder outreach.

Conducts HIX business analysis associated with several functional system aspects of Health Information Technology (HIT) that will eventually feed into or make use of provider related data in the Health Insurance Exchange and the warehouse. Assist DBAs, analysts, and developers with identification of requirements for tighter coupling of MMIS, Eligibility and HIX across the Agency and external partners to increase the value of the information to its wide user base across HIT functions. Identify and implement requirements to interface Provider Directory and Master Person Index with the new Medicaid Enterprise System (MES), the new Eligibility and Enrollment System (VIEWS), and other systems as appropriate. As more sources of data are identified for inclusion in the HIX, and as the warehouse becomes an integral component of the HIT architecture, develop plans to meet the need to continue evaluating the effectiveness of the HIX for continuous improvement. The essential services provided by the HIX EBA are:

•To provide specifications and design attributes for the Health Insurance Exchange and associated services across the stakeholder population

•To identify system requirements for configurable Digital Dashboards for management and decision-making that enable others to make relevant decisions based on timely data

•Provide requirements for a comprehensive reporting environment and sophisticated end-user analytic reporting tools.

•Provide system assessments and needs analysis related to all member and provider data such as eligibility, enrollment, claims systems, etc. are structured to feed the required data to the data warehouse, and other repositories to serve HIT needs

2. Provide a brief justification/explanation of this request: This position is being created with the use of Grant funds from CCIO and passed through DHVA for the purpose of assisting the state in meeting the Federal Affordable Care Act (ACA) criteria and VT Act 48 regulations. This involves the planning and implementation of the Vermont Health Insurance Exchange that allows citizens to shop for and enroll in health insurance plans. DVHA is focusing on the ACA criteria to establish relationships with carriers to provide health insurance for beneficiaries meeting certain financial and other characteristics. However, this work is extremely complex since Vermont's approach to establishing an Exchange is to build a market mechanism that will fulfill the ACA requirements as well or better than other states, while designing an expanded capability to help transition its health care system to a single-payer plan. The Exchange infrastructure is critical in this transformation. The Exchange will be both the foundation and, eventually, the likely core of a system in which a single point of eligibility and purchase from a single payer or payers operating under identical programmatic rules. Therefore, the approach in Vermont is to build a robust Exchange with greater functionality than that required by the ACA and to encourage participation of as many individuals and employers as soon as possible. This position is critical to these efforts.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well).

#### Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No

5. The name and title of the person who completed this form:

6. Who should be contacted if there are questions about this position (provide name and phone number):

7. How many other positions are allocated to the requested class title in the department:

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.)

#### Attachments:

Organizational charts are **required** and must indicate where the position reports.

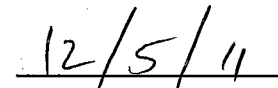
Class specification (optional).


- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

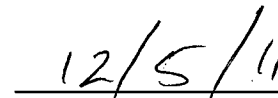
\_\_\_\_\_  
Personnel Administrator's Signature **(required)\***

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor's Signature **(required)\***

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Appointing Authority or Authorized Representative Signature **(required)\***

  
\_\_\_\_\_  
Date

\* Note: Attach additional information or comments if appropriate.



**Request for Classification Action**  
**New or Vacant Positions**  
**EXISTING Job Class/Title ONLY**  
**Position Description Form C/Notice of Action**  
**For Department of Personnel Use Only**

Notice of Action # _____		Date Received (Stamp)
Action Taken: _____		
New Job Title _____		
Current Class Code _____	New Class Code _____	
Current Pay Grade _____	New Pay Grade _____	
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
Classification Analyst _____	Date _____	Effective Date: _____
Comments:		Date Processed: _____
Willis Rating/Components:	Knowledge & Skills: _____	Mental Demands: _____
	Working Conditions: _____	Accountability: _____
	Total: _____	

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  GUC:

Pay Group:  Work Station:  Zip Code:

Position Type:  Permanent  Limited Service (end date)

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

- REQUIRED: Allocation requested: Existing Class Code  Existing Job/Class Title:
- Position authorized by:

Joint Fiscal Office – JFO #  Approval Date:

Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)

Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

a. Position Number:

b. Date position became vacant:

c. Current Job/Class Code:  Current Job/Class Title:

d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:

e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties:

**Job Duties Relating to HIX:**

• Performs related duties as required

• Performs related duties as required

2. Provide a brief justification/explanation of this request: In an effort to meet the reporting requirements attached the Level 1 Exchange Establishment Grants for the Affordable Care Act's Exchange DVHA must have this position. Noncompliance with these requirements could jeopardize our funding through this important federal program.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). N/A

**Personnel Administrator's Section:**

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No

5. The name and title of the person who completed this form: Kate Jones, Financial Manager II

6. Who should be contacted if there are questions about this position (provide name and phone number):  
Robin Lunge (802)828-0566

7. How many other positions are allocated to the requested class title in the department: 0

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.)

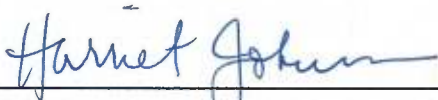
**Attachments:**

Organizational charts are **required** and must indicate where the position reports.

Class specification (optional).

For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.

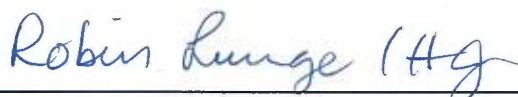
Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).



Personnel Administrator's Signature (required)\*

12/8/11

Date



Supervisor's Signature (required)\*

12/8/11

Date



---

Appointing Authority or Authorized Representative Signature (**required**)\*

12/8/11

---

Date

\* Note: Attach additional information or comments if appropriate.

**Request for Classification Action**  
**New or Vacant Positions**  
**EXISTING Job Class/Title ONLY**  
**Position Description Form C/Notice of Action**  
**For Department of Personnel Use Only**

Notice of Action # _____	Date Received (Stamp)
Action Taken: _____	
New Job Title _____	
Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
New Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
Classification Analyst _____ Date _____	Effective Date: _____
Comments: _____	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____	
Working Conditions: _____ Total: _____	

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  GUC:

Pay Group:  Work Station:  Zip Code:

Position Type:  Permanent  Limited Service (end date )

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code  Existing Job/Class Title:

b. Position authorized by:

- Joint Fiscal Office – JFO #  Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code:  Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties:

2. Provide a brief justification/explanation of this request:

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). Not supervisory

**Personnel Administrator's Section:**

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No

5. The name and title of the person who completed this form: Michele Betit, Health Care Eligibility Director

6. Who should be contacted if there are questions about this position (provide name and phone number):  
Michele Betit , 769-6500

7. How many other positions are allocated to the requested class title in the department:

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.)

**Attachments:**

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

\_\_\_\_\_  
Personnel Administrator's Signature (**required**)\*

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor's Signature (**required**)\*

12/6/11  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Appointing Authority or Authorized Representative Signature (**required**)\*

\_\_\_\_\_  
Date

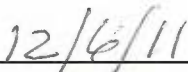
\* Note: Attach additional information or comments if appropriate.

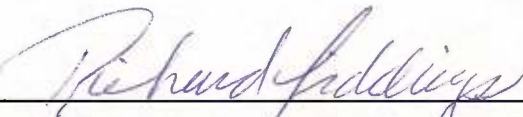
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

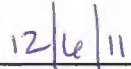
\_\_\_\_\_  
Personnel Administrator's Signature **(required)\***

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor's Signature **(required)\***

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Appointing Authority or Authorized Representative Signature **(required)\***

  
\_\_\_\_\_  
Date

\* Note: Attach additional information or comments if appropriate.



**Request for Classification Action  
New or Vacant Positions  
EXISTING Job Class/Title ONLY  
Position Description Form C/Notice of Action  
For Department of Personnel Use Only**

Notice of Action # _____		Date Received (Stamp) _____
Action Taken: _____		
New Job Title _____		
Current Class Code _____	New Class Code _____	
Current Pay Grade _____	New Pay Grade _____	
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
Classification Analyst _____	Date _____	Effective Date: _____
Comments: _____		Date Processed: _____
Willis Rating/Components: _____	Knowledge & Skills: _____	Mental Demands: _____
	Working Conditions: _____	Accountability: _____
	Total: _____	

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  GUC:

Pay Group:  Work Station:  Zip Code:

Position Type:  Permanent  Limited Service (end date )

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code  Existing Job/Class Title:

b. Position authorized by: \_\_\_\_\_

1

- Joint Fiscal Office – JFO #  Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code:  Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties:

2. Provide a brief justification/explanation of this request:

4. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). Not supervisory

**Personnel Administrator's Section:**

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No

5. The name and title of the person who completed this form: Michele Betit, Health Care Eligibility Director

6. Who should be contacted if there are questions about this position (provide name and phone number):  
Michele Betit , 769-6500

7. How many other positions are allocated to the requested class title in the department:

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.)

**Attachments:**

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

\_\_\_\_\_  
Personnel Administrator's Signature (**required**)\*

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Supervisor's Signature (**required**)\*

12/6/11  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Appointing Authority or Authorized Representative Signature (**required**)\*

\_\_\_\_\_  
Date

\* Note: Attach additional information or comments if appropriate.

- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

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Personnel Administrator's Signature **(required)\***

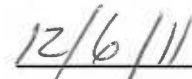
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Date



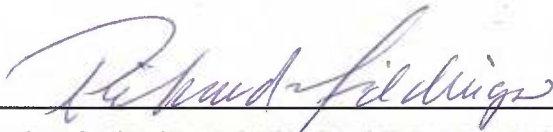
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Supervisor's Signature **(required)\***



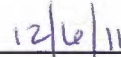
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Date



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Appointing Authority or Authorized Representative Signature **(required)\***



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Date

\* Note: Attach additional information or comments if appropriate.

## Request for Classification Review Position Description Form A

### For Department of Personnel Use Only

Notice of Action # _____		Date Received (Stamp)
Action Taken: _____		
New Job Title _____		
Current Class Code _____	New Class Code _____	
Current Pay Grade _____	New Pay Grade _____	
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
Classification Analyst _____	Date _____	Effective Date: _____
Comments:		Date Processed: _____
Willis Rating/Components:	Knowledge & Skills: _____	Mental Demands: _____
	Working Conditions: _____	Accountability: _____
	Total: _____	

#### Incumbent Information:

Employee Name:  Employee Number:   
Position Number:  Current Job/Class Title:   
Agency/Department/Unit:  Work Station:  Zip Code:   
Supervisor's Name, Title, and Phone Number:   
How should the notification to the employee be sent:  employee's work location  or  other address, please provide mailing address:

#### New Position/Vacant Position Information:

New Position Authorization:  Request Job/Class Title:   
Position Type:  Permanent or  Limited / Funding Source:  Core,  Partnership, or  Sponsored  
Vacant Position Number:  Current Job/Class Title: 24/ Data Analyst  
Agency/Department/Unit: BISHCA Work Station: Montpelier Zip Code: 05620  
Supervisor's Name, Title and Phone Number: Susan Donegan, Deputy Commisioner, 828-4846

#### Type of Request:

- Management:** A management request to review the classification of an existing position, class, or create a new job class.
- Employee:** An employee's request to review the classification of his/her current position.

## 1. Job Duties

This is the **most critical** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review**. Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What** it is: The nature of the activity.
- **How** you do it: The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why** it is done: What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** *Audits tax returns and/or taxpayer records.* **(How)** *By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency.* **(Why)** *To determine actual tax liabilities.*

The Patient Protection and Affordable Care Act, (ACA) signed into law in March, 2010, requires that each state create a Health Benefit Exchange that offers residents of the state the means to compare information on available health benefit plans (including private insurance plans and state-sponsored plans such as Medicaid and Dr. Dynasaur), enroll in plans, and receive tax credits or public assistance, if eligible. In addition, the Exchange will approve "qualified health plans" to be offered on the Exchange, rate those plans based on quality, maintain a website and toll-free number, provide an online calculator for consumers to determine the amount of their tax credit, require insurance plans to justify rate increases, and contract for navigators to provide public education and help people enroll. The Exchange will also offer small businesses the opportunity to assist their employees in enrolling in health plans offered on the Exchange.

This position will be responsible for analyzing data related to insurance carrier rates and underlying cost drivers of qualified health plans (QHP) sold by the Exchange. The Data Analyst may be assigned to work with the contractors on specific tasks as assigned.. In conjunction with the Green Mountain Care board (GMCB) and DHVA staff, this position will ensure the Exchange plans are affordable and there is data analysis to support policy decisions.

Job Duties May Include Any Combination of the Following:

- Serving as the primary BISHCA contact with responsibilities for data collection, data analysis and data reporting activities related to rate setting for QHPs sold by the Exchange..
- Provide support for data collection and reporting activities related to QHPs as required under the ACA
- Collaboration with other staff of BISHCA to gather and analyze data on trends spending and initiatives.
- May serve as a liaison with DHVA and GMCB on data collection, data analysis and data reporting activities.
- Query databases to create data files and reports
- May serve as BISHCA representative on committees and in group meetings.
- Performs related work as required

**KSAs:**

Considerable knowledge of the principles and practices or research, including the methods and procedures of statistical analysis.

Working knowledge of computers and the reipheral equipment normally associated with computers.

Ability to analyze complex activities, relationships, and situations, identify problems, draw logical conclusions, and develop and defend independent recommendations.

Ability to present complex concepts and analyses to a wide range of audiences.

Ability to prepare clear and accurate reports.

Ability to negotiate diplomatically and effectively with heads and officers of agencies, programs and public institutions.

Ability to plan, organize, and evaluate the work assignments of technical specialists in computer and information systems.

Ability to communicate effectively both orally and in writing, including making presentations to small and large groups of people.

Possess innovative capability.

**2. Key Contacts**

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change*.

Staff at GMCB, DHVA, insurance carriers.

**3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?**

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

Working knowledge of the methods of data communication.

Ability to compile, validate, and analyze complex data sets.

**4. Do you supervise?**

In this question "supervise" means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and



other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

No

### 5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

Work will be reviewed on an ongoing basis by direct supervisor. The majority of the tasks include technical analysis and work is completed with a high level of independence. Supervision will be involved primarily around final policy matters.

### 6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

The need to manage a multitude of tasks with competing timelines.

The need to quickly take complex issues and present them in a clear and understandable manner. .

### 7. Accountability

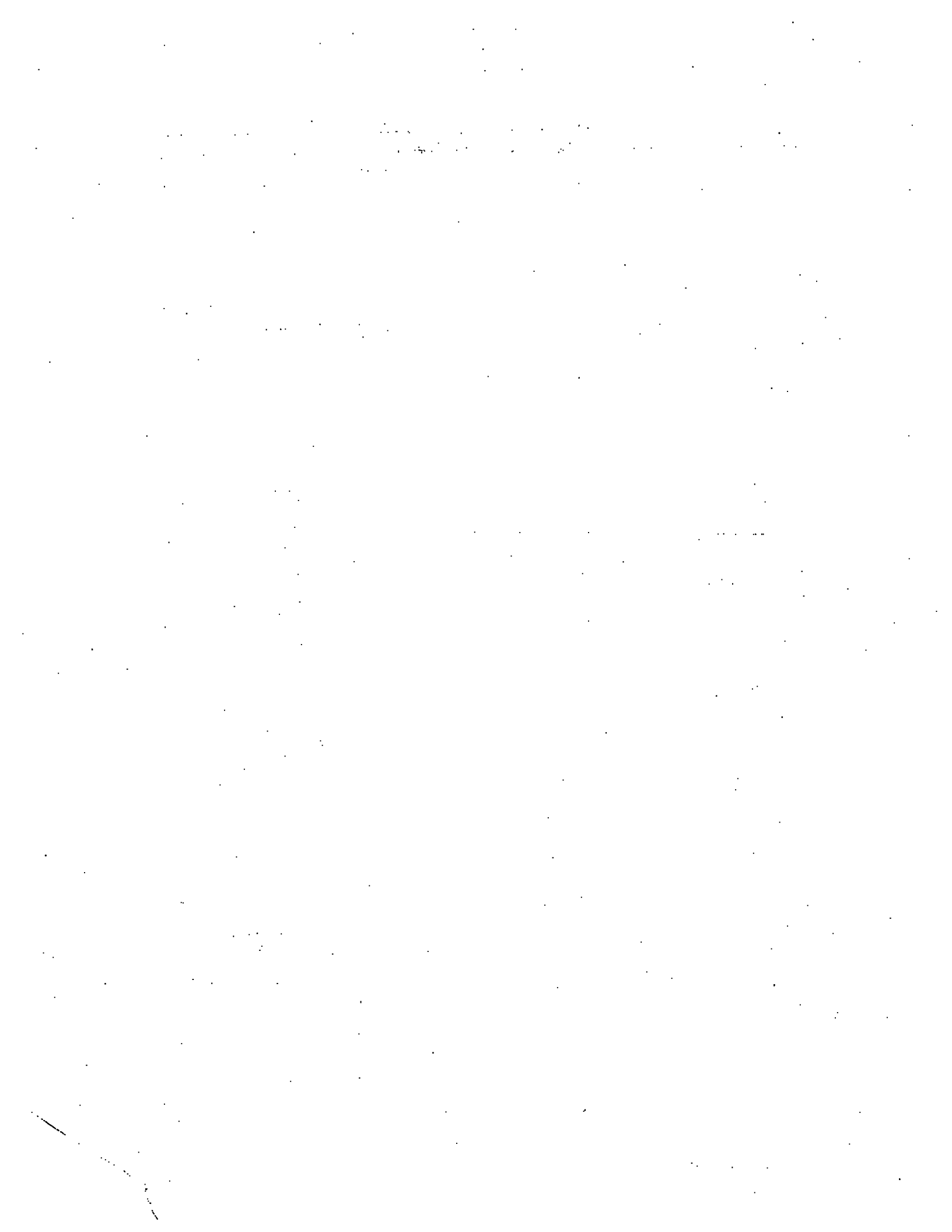
This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*
- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*



Provide data analysis in support of the development of affordable Exchange insurance products.

**8. Working Conditions**

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?
diplomacy and tact are required	ongoing part of the job
ability to meet tight deadlines	intermittently during the job

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?
None	

- c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?
None		

- d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

Type	How Much of the Time?
Sitting, some travel is required	90%
Standing	10%

**Additional Information:**

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

Education and Experience:

1. Education: Masters' degree; Experience: Two years of recent data administration, business analysis, statistics, or design work at a professional level.
2. Education: Bachelor's degree; Experience: Four years of recent data administration, business analysis, statistics, or design work at a professional level.
3. Education: Associate degree; Experience: Six year of recent data administration, business analysis, statistics, or design work at a professional level.

Employee's Signature (**required**): \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor's Section:**

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

[Empty box for answer to question 1]

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

[Empty box for answer to question 2]

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

[Empty box for answer to question 3]

4. Suggested Title and/or Pay Grade:

Pay Grade 24, Data Analyst

Supervisor's Signature (required): Susan L Donegan Date: 12/12/11

**Personnel Administrator's Section:**

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes  No If yes, please provide detailed information.

[Empty box for answer to question 4]

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

No

Suggested Title and/or Pay Grade:

[Empty rectangular box]

Personnel Administrator's Signature (required): Nancy Kirkland Date: 12/12/11

**Appointing Authority's Section:**

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

[Empty rectangular box]

Suggested Title and/or Pay Grade:

Pay Grade 24, Data Analyst

S.W. Kirkland  
Appointing Authority or Authorized Representative Signature (required)

12/12/11  
Date

## Request for Classification Review Position Description Form A

### For Department of Personnel Use Only

Notice of Action # _____ Action Taken: _____ New Job Title _____ Current Class Code _____      New Class Code _____ Current Pay Grade _____      New Pay Grade _____ Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____ New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____ Classification Analyst _____ Date _____      Effective Date: _____ Comments: _____ Date Processed: _____	Date Received (Stamp) : _____
Willis Rating/Components:      Knowledge & Skills: _____      Mental Demands: _____      Accountability: _____ Working Conditions: _____      Total: _____	

#### Incumbent Information:

Employee Name:  Employee Number:   
 Position Number:  Current Job/Class Title:   
 Agency/Department/Unit:  Work Station:  Zip Code:   
 Supervisor's Name, Title, and Phone Number:   
 How should the notification to the employee be sent:  employee's work location  or  other address, please provide mailing address:

#### New Position/Vacant Position Information:

New Position Authorization:  Request Job/Class Title:   
 Position Type:  Permanent or  Limited / Funding Source:  Core,  Partnership, or  Sponsored  
 Vacant Position Number:  Current Job/Class Title:   
 Agency/Department/Unit:  Work Station:  Zip Code:   
 Supervisor's Name, Title and Phone Number:

#### Type of Request:

- Management:** A management request to review the classification of an existing position, class, or create a new job class.
- Employee:** An employee's request to review the classification of his/her current position.

## 1. Job Duties

This is the **most critical** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review**. Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What** it is: The nature of the activity.
- **How** you do it: The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why** it is done: What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** *Audits tax returns and/or taxpayer records.* **(How)** *By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency.* **(Why)** *To determine actual tax liabilities.*

The Patient Protection and Affordable Care Act, signed into law in March, 2010, requires that each state create a Health Benefits Exchange that offers residents of the state the means to compare information on available health benefit plans (including private insurance plans and state-sponsored plans such as Medicaid and Dr. Dynasaur), enroll in plans, and receive tax credits or public assistance, if eligible. In addition, the Exchange will approve "qualified health plans" to be offered on the Exchange, rate those plans based on quality, maintain a website and toll-free number, provide an online calculator for consumers to determine the amount of their tax credit, require insurance plans to justify rate increases, and contract for navigators to provide public education and help people enroll. The Exchange will also offer small businesses the opportunity to assist their employees in enrolling in health plans offered on the Exchange

This position will be responsible for analyzing data related to insurance carrier rates and underlying cost drivers of health insurance sold by the Exchange at the Green Mountain Care Board (GMCB). The GMCB is responsible for approving carrier rate increases and ensuring affordable health care costs. The Data Analyst may be assigned to work with the contractor(s) on specific tasks as assigned by the Executive Director or Chair. In conjunction with GMCB, BISCHA and DHVA staff, this position will ensure the Exchange plans are affordable and there is data analysis to support policy decisions.

Job Duties May Include Any Combination of the Following:

- Serving as primary GMCB contact with responsibility for data collection, data analysis and data reporting activities.
- Provide support for data collection and reporting activities required under the ACA
- Collaboration with other staff of the GMCB to gather and analyze data on trends spending and initiatives.
- Serves as a liaison with DHVA and BISHCA on data collection, data analysis and data reporting activities.
- Query databases to create data files and reports
- May serve as GMCB representative on committees and in group meetings.
  
- Performs related work as required

KSAs:



Considerable knowledge of the principles and practices or research, including the methods and procedures of statistical analysis.

Working knowledge of computers and the peripheral equipment normally associated with computers.

Ability to analyze complex activities, relationships, and situations, identify problems, draw logical conclusions, and develop and defend independent recommendations.

Ability to present complex concepts and analyses to a wide range of audiences.

Ability to prepare clear and accurate reports.

Ability to negotiate diplomatically and effectively with heads and officers of agencies, programs and public institutions.

Ability to plan, organize, and evaluate the work assignments of technical specialists in computer and information systems.

Ability to communicate effectively both orally and in writing, including making presentations to small and large groups of people.

Possess a high degree of innovative capability.

## 2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change*.

Staff at BISHCA, DHVA, insurance carriers.

## 3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

Working knowledge of the methods of data communication.

Ability to compile, validate, and analyze complex data sets including VHCURES, and the Hospital Discharge Data Set.

## 4. Do you supervise?

In this question "supervise" means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and

other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

No

### 5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

Work will be reviewed on an ongoing basis by direct supervisor as the GMCB is a new entity. The majority of the tasks include technical analysis and work is completed with a high level of independence. Supervision by the GMCB will be involved primarily around final policy matters.

### 6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

The need to manage a multitude of tasks with competing timelines.

The need to quickly take complex issues and present them in an understanding matter.

### 7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*
- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*

Provide data analysis in support of the development of affordable Exchange insurance products.

### 8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?
diplomacy and tact are required	ongoing part of the job
ability to meet tight deadlines	intermittently during the job

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?

- c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?

- d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

Type	How Much of the Time?
Sitting, some travel is required	90%
Standing	10%

### Additional Information:

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

Education and Experience:

1. Education: Masters' degree; Experience: Two years of recent data administration, business analysis, statistics, or design work at a professional level.
2. Education: Bachelor's degree; Experience: Four years of recent data administration, business analysis, statistics, or design work at a professional level.
3. Education: Associate degree; Experience: Six year of recent data administration, business analysis, statistics, or design work at a professional level.

Employee's Signature (**required**): \_\_\_\_\_ Date: \_\_\_\_\_



**Supervisor's Section:**

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

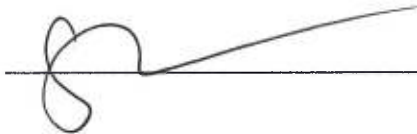
2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

4. Suggested Title and/or Pay Grade:

Data Analyst PG 24

Supervisor's Signature (required):



Date:

12/12/11

**Personnel Administrator's Section:**

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes  No If yes, please provide detailed information.

Attachments:

Organizational charts are **required** and must indicate where the position reports.

Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

No

Suggested Title and/or Pay Grade:

100

100

100

100

[Empty rectangular box]

Personnel Administrator's Signature (required): Nancy Kubland Date: 12/12/11

**Appointing Authority's Section:**

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

[Empty rectangular box]

Suggested Title and/or Pay Grade:

[Empty rectangular box]

~~SA Kintell~~ [Signature]  
Appointing Authority or Authorized Representative Signature (required)

12/12/11  
Date



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## Request for Classification Review Position Description Form A

For Department of Personnel Use Only

Notice of Action # _____		Date Received (Stamp)
Action Taken: _____		
New Job Title _____		
Current Class Code _____	New Class Code _____	
Current Pay Grade _____	New Pay Grade _____	
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
Classification Analyst _____	Date _____	Effective Date: _____
Comments:		Date Processed: _____
Willis Rating/Components:	Knowledge & Skills: _____	Mental Demands: _____
	Working Conditions: _____	Accountability: _____
	Total: _____	

### Incumbent Information:

Employee Name:  Employee Number:

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  Work Station:  Zip Code:

Supervisor's Name, Title, and Phone Number:

How should the notification to the employee be sent:  employee's work location  or  other address, please provide mailing address:

### New Position/Vacant Position Information:

New Position Authorization:  Request Job/Class Title:

Position Type:  Permanent or  Limited / Funding Source:  Core,  Partnership, or  Sponsored

Vacant Position Number:  Current Job/Class Title:

Agency/Department/Unit:  Work Station:  Zip Code:

Supervisor's Name, Title and Phone Number:

### Type of Request:

**Management:** A management request to review the classification of an existing position, class, or create a new job class.

**Employee:** An employee's request to review the classification of his/her current position.

## 1. Job Duties

This is the **most critical** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review**. Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What** it is: The nature of the activity.
- **How** you do it: The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why** it is done: What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** *Audits tax returns and/or taxpayer records.* **(How)** *By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency.* **(Why)** *To determine actual tax liabilities.*

### Project Director

The Patient Protection and Affordable Care Act, signed into law in March, 2010, requires that each state create a Health Benefit Exchange that offers residents of the state the means to compare information on available health benefit plans (including private insurance plans and state-sponsored plans such as Medicaid and Dr. Dynasaur), enroll in plans, and receive tax credits or public assistance, if eligible. In addition, the Exchange will approve "qualified health plans" to be offered on the Exchange, rate those plans based on quality, maintain a website and toll-free number, provide an online calculator for consumers to determine the amount of their tax credit, require insurance plans to justify rate increases, and contract for navigators to provide public education and help people enroll. The Exchange will also offer small businesses the opportunity to assist their employees in enrolling in health plans offered on the Exchange

This position will be responsible for BISHCA's contribution to the process of implementing the Health Insurance Exchange by organizing Exchange development work with the implementation teams, and will document decisions made by the teams. The Project Director may be assigned to work with the contractor(s) on specific tasks as assigned by the BISHCA Deputy Commissioner of Insurance. In conjunction with state agency project team leaders, this position will ensure project is properly designed to meet the business purpose of the agency and/or project sponsor. Ensures project management principles are incorporated into each project and provides leadership during all phases of a project. Project phases can include conceptualization and determination of business needs, business requirement assessment, vendor selection, system design, configuration and development, testing, implementation and change management.

Job Duties May Include Any Combination of the Following:

- Creation of the standards for certification of Qualified Health Plans, the only types of insurance coverage that can be offered in the exchange
- Development of procedures and standards for BISHCA review of the initial rates for Qualified Health Plans and approval of annual rate renewals
- Certification of insurance companies allow to sell insurance in the exchange, including compliance with federal and state standards

- Reporting to and receiving direction from senior BISHCA management on relevant exchange-related activities
- Coordination with other Project Directors from other Vermont departments working on exchange issues
- Responsibility for ensuring that necessary Qualified Health Plan-related information flows between BISHCA and the exchange
- Identification of resources needed and ensures assignment of resources is carried out consistent with the overall project goals and timeframes
- Management of, engagement with and review of deliverables prepared by Exchange Grant consultants relevant to BISHCA responsibilities to ensure consistency with requirements
- Ensuring proper documentation is created, updated and filed
- Ensuring timely and accurate project reporting by project team members and vendor(s).
- Minimizing risk to State of Vermont and project sponsors through leadership of risk mitigation planning.
- Performing related work as required

## 2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change*.

Work requires interaction with DVHA management and BISHCA management, the Agency for Administration, other state departments and divisions, Green Mountain Care Board, insurance partners, private or health care agency providers, professional associations and networks

## 3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

There are no licensing, registration or certification requirements for the position. However we are asking that the candidate have the following:

Knowledge of principles and practices of health care and public health.

Knowledge of health care system and health care reform efforts.

Familiarity with quality improvement strategies and evaluation metrics.

Ability to develop and implement effective program policies and operating procedures.

Ability to establish and maintain effective working relationships with diverse groups of state, regional and local partners, stakeholders, leaders and change agents

#### 4. Do you supervise?

In this question "supervise" means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

Yes. The Exchange Project Director will be responsible for direct supervision of the exchange Qualified Health Plan Certification Administrator and the exchange Data Analyst. These are new positions funded by the federal exchange grant and are awaiting classification.

#### 5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

This position will report directly to the Deputy Insurance Commissioner and receive the overall work concepts from that position. The Exchange Project Director will be responsible for setting priorities with input from direct supervisor when needed.

#### 6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

The mental demands of the position are consistent with those at a similar professional level. The responsibility of overseeing BISHCA's role in implementing the health care exchange will require constant collaboration with different parties, involve tight deadlines and require efficient use of time.

#### 7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*
- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*

The Exchange Project Director will play a key role in Vermont establishing a successful health care exchange.

**8. Working Conditions**

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?
No extraordinary mental stress associated with this position.	

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?

- c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?
files or boxes	25lbs	10%

- d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

Type	How Much of the Time?
sitting, standing, walking	majority of work day

**Additional Information:**

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

**Education and Experience:**  
Education: College degree in public health, public administration, health or community planning, or a health field.  
Experience: Seven years at a professional level in public health including at least three years in management, administration or planning for a major program or office in public health and/or health insurance.  
Note: A Master's degree in Public Health or Health Planning or a J.D. can be substituted for three years of the general work experience.

Employee's Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor's Section:**

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

Effective communication is the first and most important step in fulfilling all duties for this job. Being able to coordinate and collaborate with the key staff and contractors is essential because the implementation of the exchange will have many moving parts.

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

It is essential that the candidate who fills this position have knowledge of the current health care system and understand Vermont's health care reform efforts. Having this knowledge will put the employee in a good position to oversee the exchange project as it relates to the global health care reform efforts.

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

n/a

4. Suggested Title and/or Pay Grade:

Exchange Project Director, pay grade 29

Supervisor's Signature (required): Susan F Honeyman Date: 12/12/11

**Personnel Administrator's Section:**

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes  No If yes, please provide detailed information.

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Draft job specification is **required** for proposed new job classes.



Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

No

Suggested Title and/or Pay Grade:

Exchange Project Director, PG29

Personnel Administrator's Signature (required): Nancy Kuhlman Date: 12/12/11

**Appointing Authority's Section:**

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

Suggested Title and/or Pay Grade:

SW Kinell  
Appointing Authority or Authorized Representative Signature (required)

12/12/11  
Date

11/11/11

11/11/11

11/11/11

11/11/11

11/11/11

11/11/11

11/11/11

## Request for Classification Review Position Description Form A

### For Department of Personnel Use Only

Notice of Action # _____		Date Received (Stamp)
Action Taken: _____		
New Job Title _____		
Current Class Code _____	New Class Code _____	
Current Pay Grade _____	New Pay Grade _____	
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
Classification Analyst _____	Date _____	Effective Date: _____
Comments: _____		Date Processed: _____
Willis Rating/Components: _____	Knowledge & Skills: _____	Mental Demands: _____
	Working Conditions: _____	Accountability: _____
	Total: _____	

#### Incumbent Information:

Employee Name:  Employee Number:

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  Work Station:  Zip Code:

Supervisor's Name, Title, and Phone Number:

How should the notification to the employee be sent:  employee's work location  or  other address, please provide mailing address:

#### New Position/Vacant Position Information:

New Position Authorization:  Request Job/Class Title:

Position Type:  Permanent or  Limited / Funding Source:  Core,  Partnership, or  Sponsored

Vacant Position Number:  Current Job/Class Title:

Agency/Department/Unit:  Work Station:  Zip Code:

Supervisor's Name, Title and Phone Number:

#### Type of Request:

**Management:** A management request to review the classification of an existing position, class, or create a new job class.

**Employee:** An employee's request to review the classification of his/her current position.

## 1. Job Duties

This is the **most critical** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review.** Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What** it is: The nature of the activity.
- **How** you do it: The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why** it is done: What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** *Audits tax returns and/or taxpayer records.* **(How)** *By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency.* **(Why)** *To determine actual tax liabilities.*

(What) This position will perform following:

(1) Ensure a comprehensive, systematic, and accountable approach to determine that the Qualified Health Plans (QHPs) sold on the exchange are approved in compliance with the federal and state standards.

(2) Assist in determining which issuers are qualified to offer QHPs in the exchange.

(3) Assist in the design of the consumer and health care performance satisfaction survey process.

(4) Ensures that individuals and small businesses can access affordable plans on the exchange.

(5) Monitor the performance of approved plans.

(How) Work with the rate review analysts and exchange project director to review health plans in a detailed and timely manner to ensure plans meet criteria such as affordability; promotion of high-quality care, prevention and wellness; promotion of access to health care; and participate in Vermont's health care reform efforts. Analyze the data collected through the satisfaction survey to assess the overall success of the plans.

(Why) To comply with the federal and state mandates of building a health care exchange, as funded by the federal exchange grant. To ensure that individuals and small businesses can access affordable plans on the exchange. Tracking consumer satisfaction will be an important factor in determining whether a plan is eligible for recertification. If consumers are not satisfied with the plans provided the Qualified Health Plan Certification Administrator will need to address those issues during the recertification.

## 2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change.*

BISHCA rates and forms team and other Insurance or Health Care Administration Staff,

Green Moutnain Care Board, the Vermont Department of Health Access and outside contractors.

**3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?**

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

There are no licensing, registration or certification requirements for the position. However we are asking that the candidate have the following:

Knowledge of principles and practices of health care and public health.

Knowledge of health care system and health care reform efforts.

Familiarity with quality improvement strategies and evaluation metrics.

Ability to develop and implement effective program policies and operating procedures.

Ability to establish and maintain effective working relationships with diverse groups of state, regional and local partners, stakeholders, leaders and change agents.

**4. Do you supervise?**

In this question "supervise" means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

No.

**5. In what way does your supervisor provide you with work assignments and review your work?**

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

This position will report directly to the Exchange Project Director and receive the overall work concepts from that position. The Qualified Health Plan Certification Administrator will be responsible for setting priorities with input from direct supervisor when needed.

**6. Mental Effort**

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*

- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

The mental demands of the position are consistent with those at a similar professional level. The responsibility of developing the certification process for the qualified health plans, and monitoring the progress will require constant collaboration with different parties, involve tight deadlines and require efficient use of time.

## 7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*
- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*

The Qualified Health Plan Certification Administrator will play a key role in Vermont establishing a successful health care exchange. This position will be responsible for putting a system in place that will be used statewide by consumers and insurers.

## 8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?
No extraordinary level of stress associated with this position.	

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?
n/a	

c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?
boxes and/or files	25lbs	10%

d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

Type	How Much of the Time?
sitting, standing, walking	majority of work day

**Additional Information:**

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

Employee's Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor's Section:**

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

The most important duties will be the research and planning for the qualified health plan certification process because it will require a large effort on the part of the Qualified Health Plan Certification Administrator and ~~is~~ the most critical phase of implementating the system.

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

It is essential that the candidate who fills this position have knowledge of the current health care system and understand Vermont's health care reform efforts. The ability to maintain effective relationships with mulitple and diverse organizations is critical because the Qualified Health Plan Certification Administrator will need to quickly begin working on developing the certification process, so a solid knowelegebase is key. He or she will collaborate with others during the process and effective communication is essential to the project's success.

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

n/a

4. Suggested Title and/or Pay Grade:

Qualified Health Plan Certification Administrator, pay grade 27

Supervisor's Signature (required):

*Susan L. Donagan*

Date:

*12/12/11*

**Personnel Administrator's Section:**

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes  No If yes, please provide detailed information.

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Draft job specification is **required** for proposed new job classes.



Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

No

Suggested Title and/or Pay Grade:

Qualified Health Plan Certification Administrator PG27

Personnel Administrator's Signature (required): Nancy Kubland Date: 12/12/11

**Appointing Authority's Section:**

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

Suggested Title and/or Pay Grade:

SW Kimbell  
Appointing Authority or Authorized Representative Signature (required)

12/12/11  
Date

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

**Request for Classification Action**  
**New or Vacant Positions**  
**EXISTING Job Class/Title ONLY**  
**Position Description Form C/Notice of Action**  
**For Department of Personnel Use Only**

Notice of Action # _____		Date Received (Stamp)
Action Taken: _____		
New Job Title _____		
Current Class Code _____	New Class Code _____	
Current Pay Grade _____	New Pay Grade _____	
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
Classification Analyst _____	Date _____	Effective Date: _____
Comments:		Date Processed: _____
Willis Rating/Components:	Knowledge & Skills: _____	Mental Demands: _____
	Working Conditions: _____	Accountability: _____
	Total: _____	

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  GUC:

Pay Group:  Work Station:  Zip Code:

Position Type:  Permanent  Limited Service (end date )

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:

*ALREADY APPROVED  
UNDER JFO #2536*

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code  Existing Job/Class Title:

b. Position authorized by:

- Joint Fiscal Office – JFO #  Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code:  Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties: Will serve as the assistant to as the Health Care Reform Director at the Agency of Administration, and perform the duty as an office manager for the Agency of Human Services in support of the Health Information Exchange (HIX). Incumbent will track and monitor legislation as it relates to HIX and Healthcare Reform. Position will interview people, both in person and over the phone to gather information or data in support of a particular HIX and Healthcare Reform functions as it pertains to the information technology for healthcare. Position will create data reports, spreadsheets and word documents. The position will organize the administrative meetings, outreach to stakeholders of the HIX program.

2. Provide a brief justification/explanation of this request: This position is being created with the use of Grant funds from CCIO and passed through DHVA for the purpose of assisting the state in meeting the Federal Affordable Care Act (ACA) criteria and VT Act 48 regulations. This involves the planning and implementation of the Vermont Health Insurance Exchange that allows citizens to shop for and enroll in health insurance plans. DVHA is focusing on the ACA criteria to establish relationships with carriers to provide health insurance for beneficiaries meeting certain financial and other characteristics. However, this work is extremely complex since Vermont's approach to establishing an Exchange is to build a market mechanism that will fulfill the ACA requirements as well or better than other states, while designing an expanded capability to help transition its health care system to a single-payer plan. The Exchange infrastructure is critical in this transformation. The Exchange will be both the foundation and, eventually, the likely core of a system in which a single point of eligibility and purchase from a single payer or payers operating under identical programmatic rules. Therefore, the approach in Vermont is to build a robust Exchange with greater functionality than that required by the ACA and to encourage participation of as many individuals and employers as soon as possible. This position is critical to these efforts.

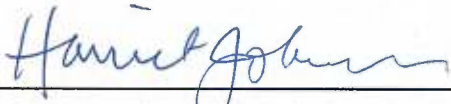
3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well).

**Personnel Administrator's Section:**

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No
5. The name and title of the person who completed this form:
6. Who should be contacted if there are questions about this position (provide name and phone number):
7. How many other positions are allocated to the requested class title in the department:
8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.)

**Attachments:**

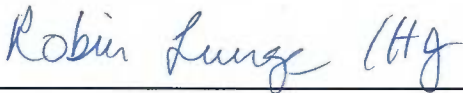
- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).



Personnel Administrator's Signature (**required**)\*



Date



Supervisor's Signature (**required**)\*



Date



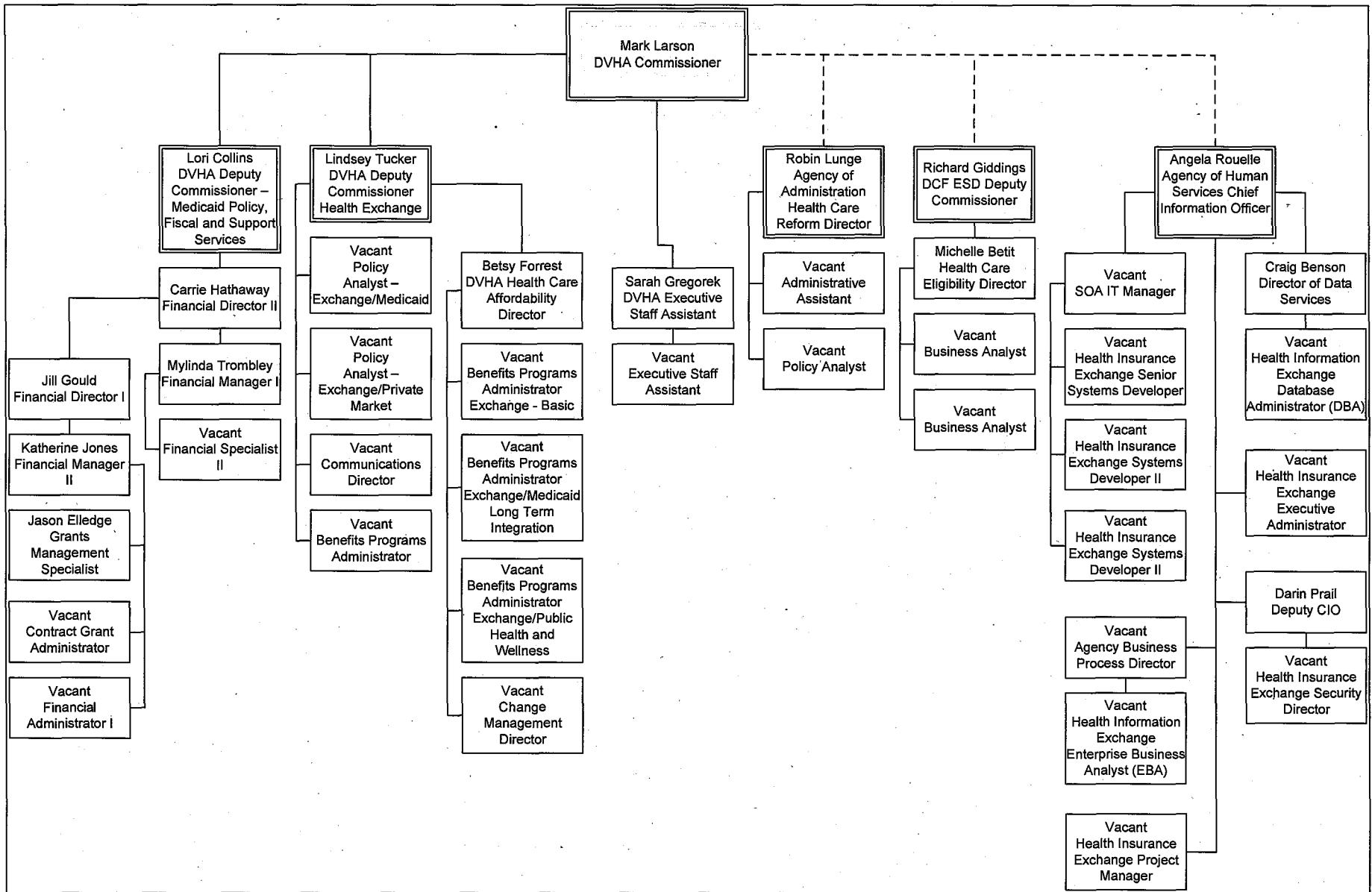
Appointing Authority or Authorized Representative Signature (**required**)\*



Date

\* Note: Attach additional information or comments if appropriate.





Updated by J. Monahan  
 for purpose of exchange grant  
 on 12/9/11

**Insurance  
 Division**

Insurance Division: 31 Positions

Deputy Commissioner  
 Insurance  
 Susan L. Donegan  
 297003 PG 97

*Karen Hutchinson  
 Grants  
 Specialist*

*Jessica Mendez Sabal, 290119*

*HC Administrator  
 Dawn Bennett 290076*

Executive Staff Assistant  
 Louisa P. Neveau  
 290027 PG 22

*Exchange  
 Project Dir*

*QHP Cert.  
 Admin*

*Data  
 Analyst*

Insurance Exams Director  
 McGuckin/Sansom  
 290011 PG 29

Insurance Rates and  
 Forms Director  
 Phillips B. Keller, III  
 290015 PG 29

Administrative Asst. A  
 Marguerite L. Guidry  
 290050 PG 17

Insurance Regulations  
 Director  
 Thomas VanCooper  
 290022 PG 29

Administrative  
 Insurance Examiner  
 Under Recruitment  
 290059 PG 26

Administrative  
 Insurance Examiner  
 Charles Piasecki  
 290020 PG 26

Program Technician II  
 Shelley L. Stuart  
 290021 PG 20

Insurance Rates & Forms  
 Asst. Director  
 Kevin J. Gaffney  
 290098 PG 27

Ins. Consumer Complaint  
 Administrator  
 Brenda R. Clark  
 290024 PG 24

Executive Assistant  
 Sandra W. Fraser  
 290016 PG 22

Insurance  
 Examiner In-Charge  
 Jesse B. Lussier  
 290039 PG 25

Insurance Examiner II  
 Paul Bicica  
 290087 PG 21

*Rate Analyst III  
 290121  
 Vacant*

Market & Ins. Analyst  
 Frederick M. Barrett  
 290036 PG 23

BISHCA  
 Consumer Services Spec.  
 George S. Mitchell  
 290025 PG 20

Administrative Secretary  
 Calley J. Picken  
 290047 PG 17

Program Technician II  
 Ellen Adams  
 290041 PG 20

*Sr. Health  
 Policy Analyst  
 Vacant*

Rate & Form Analyst III  
 Walter J. Daly  
 290032 PG 23

BISHCA  
 Consumer Services Spec.  
 Marcia R. Violette  
 290042 PG 20

Program Services Clerk  
 Cindy M. Singleton  
 290018 PG 15

Rate & Form Analyst III  
 Barbara M. Prentice  
 290013 PG 23

BISHCA  
 Consumer Services Spec.  
 Tracy Wells  
 290103 PG 20

Program Services Clerk  
 Debra Clark  
 290088 PG 15

Rate & Form Analyst III  
 Rosemary Raszka  
 290102 PG 23

Clerk C  
 Jim Bertolini  
 290099 PG 13

Rate & Form Analyst III  
 Sean Londergan  
 290109 PG 23

Rate & Form Analyst III  
 David Milliken  
 290001 PG 23

Rate & Form Analyst II  
 Nikki Garand  
 290029 PG 22

New Positions: (All Limited Service)

- Exchange Project Director
- Qualified Health Plan Certification Administrator
- Data Analyst
- Ins. Rate & Forms Analyst III
- Senior Health Policy Analyst



1. DATE ISSUED MM/DD/YYYY 11/29/2011	2. CFDA NO. 93.525	3. ASSISTANCE TYPE Cooperative Agreement
1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded		
4. GRANT NO. 1 HBEIE120080-01-00 Formerly	5. ACTION TYPE New	
6. PROJECT PERIOD From MM/DD/YYYY 11/29/2011	Through MM/DD/YYYY 11/28/2012	
7. BUDGET PERIOD From MM/DD/YYYY 11/29/2011	Through MM/DD/YYYY 11/28/2012	

Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
Office of Acquisitions and Grants Management  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**NOTICE OF AWARD**  
AUTHORIZATION (Legislation/Regulations)  
Section 1311 of the Affordable Care Act, Health Insurance Exchange

8. TITLE OF PROJECT (OR PROGRAM) Cooperative Agreements to Support Establishment of State-Operated Health Insurance Exchanges	
9a. GRANTEE NAME AND ADDRESS Vermont Department of Human Services 208 Hurricane Ln Williston, VT 05495-2069	9b. GRANTEE PROJECT DIRECTOR Ms. Kate Jones 208 Hurricane Lane Williston, VT 05695 Phone: 802-879-8256

10a. GRANTEE AUTHORIZING OFFICIAL Mr. Douglas Racine 208 Hurricane Lane Williston, VT 2806 Phone: 802-241-2244	10b. FEDERAL PROJECT OFFICER Ms. Susan Lumsden 200 Independence Ave Sw Rm 738-G Washington, DC 20201 Phone: 301-492-0000
--	--

11. APPROVED BUDGET (Excludes HHS Direct Assistance)	
I HHS Grant Funds Only	
II Total project costs including grant funds and all other financial participation <input checked="" type="checkbox"/>	
a. Salaries and Wages	1,314,197.89
b. Fringe Benefits	604,531.03
c. Total Personnel Costs	1,918,728.92
d. Equipment	40,250.00
e. Supplies	3,300.28
f. Travel	34,010.64
g. Construction	0.00
h. Other	158,400.00
i. Contractual	15,410,000.00
j. TOTAL DIRECT COSTS	17,564,689.84
k. INDIRECT COSTS (rate of)	525,679.16
l. TOTAL APPROVED BUDGET	18,090,369.00
m. Federal Share	18,090,369.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION FOR GRANT			
a. Amount of HHS Financial Assistance (from item 11m)	18,090,369.00		
b. Less Unobligated Balance From Prior Budget Periods	0.00		
c. Less Cumulative Prior Award(s) This Budget Period	0.00		
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	18,090,369.00		
13. Total Federal Funds Awarded to Date for Project Period			
18,090,369.00			
14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
a. DEDUCTION	<b>b</b>
b. ADDITIONAL COSTS	
c. MATCHING	
d. OTHER RESEARCH (Add / Deduct Option)	
e. OTHER (See REMARKS)	

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, HHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

- a. The grant program legislation cited above
- b. The grant program regulations cited above
- c. This award notice including terms and conditions, if any, noted below under REMARKS.
- d. HHS Grants Policy Statement including addenda in effect as of the beginning date of the budget period
- e. 45 CFR Part 74 or 45 CFR Part 92 as applicable.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached -  Yes  No)  
Please Refer to the Standard and Programmatic Terms and Conditions.

GRANTS MANAGEMENT OFFICER: Michelle Feagins, Grants Management Officer

17. OBJ CLASS 4115	18a. VENDOR CODE 1036000264D4	18b. EIN 036000264	19. DUNS 809376155	20. CONG. DIST. 00
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 1-5992625	b. HBEIE0080A	c. SEPI	d. \$18,090,369.00	e.
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

# AWARD ATTACHMENTS

Vermont Department of Human Services

1 HBEIE120080-01-00

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1. Terms and Conditions

**Cooperative Agreement for the State of Vermont to Support Establishment of  
State-Operated Health Insurance Exchanges  
Level One Establishment**

**Standard Terms & Conditions  
Attachment A**

1. **The HHS/CMS Center for Consumer Information and Insurance Oversight (CCHIO) Program Official.** The Program Official assigned with responsibility for technical and programmatic questions from the Grantee is Susan Lumsden ([Susan.Lumsden@cms.hhs.gov](mailto:Susan.Lumsden@cms.hhs.gov)).
2. **The HHS/Center for Medicaid, CHIP and Survey & Certification (CMCS) Contact Official.** The Center within CMS responsible for reviewing and approving funding documents referred to as Advance Planning Documents (APDs) that are submitted by the State to receive federal matching funds for goods and services that benefit the Medicaid program. The CMCS Contact Official is Rick Friedman ([Richard.Friedman@cms.hhs.gov](mailto:Richard.Friedman@cms.hhs.gov)).
3. **The HHS/Centers for Medicare and Medicaid Services (CMS) Grants Management Specialist.** The Grants Management Specialist assigned with the responsibility for the financial and administrative aspects (non-programmatic areas) of grants administration questions from the Grantee is Vivian Smith in the Division of Grants Management ([Vivian.Smith@cms.hhs.gov](mailto:Vivian.Smith@cms.hhs.gov)).
4. **The HHS Grants Policy Statement (HHS GPS).** This Cooperative Agreement is subject to the requirements of the HHS GPS that are applicable to the Grantee based on your recipient type and the purpose of this award. This includes any requirements in Part I and II (available at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm>) of the HHS GPS that apply to an award.  
  
Consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR part 92, directly applies to this award in addition to any coverage in the HHS GPS.
5. **Cost Principles for State, Local and Indian Tribal Governments (OMB Circular A-87).** This grant is subject to the requirements as set forth in Title 2 Part 225, State, Local, and Indian Tribal Governments (previously A-87). Program may require grantees to continue to provide estimates for cost allocation during periodic phases involving associated funds of the cooperative agreement.
6. **Subaward Reporting and Executive Compensation.** This grant is subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in

Appendix A to 2 CFR Part 170. Information about the Federal Funding and Transparency Act Subaward Reporting System (FSRS) is available at [www.fsrs.gov](http://www.fsrs.gov). For additional assistance, please contact Iris Grady, the Grants Management Specialist assigned to monitor the subaward reports and executive compensation at [divisionofgrantsmanagement@cms.hhs.gov](mailto:divisionofgrantsmanagement@cms.hhs.gov).

**Special Terms & Conditions  
Attachment B**

1. **Budget and Project Period.** The budget and project period for the Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges (Level One Application due date September 30, 2011) is from November 29, 2011 through November 28, 2012.
2. **Restriction of Funds.** Grantee will not have access to the contractual line item funds for Information Technology expenses in the amount of \$10,000,000 until the conditions outlined under Parts A and B below (if applicable) have been met. Grantee only needs to address the conditions outlined in Part A for those contractual line item funds that are needed to implement or sustain the project for the duration of the cooperative agreement (e.g. start-up costs or non-System Development Life Cycle dependent costs). Grantee must address Parts A and B for all contractual line item costs directly linked to a specific Systems Development Life Cycle review (see Part B below). As part of any request to lift restrictions on funding, Grantee must identify the nature of the contractual line item funds (i.e. start-up versus specific life cycle review).

For additional guidance on the restriction of funds requirements, please contact your Grants Management Specialist, Vivian Smith, at [Vivian.Smith@cms.hhs.gov](mailto:Vivian.Smith@cms.hhs.gov), or your assigned Project Officer.

A. Grantee must provide the following required information for all contracts:

1. Name of Contractor
2. Method of Selection
3. Period of Performance
4. Scope of Work
5. Method of Accountability
6. Itemized Budget and Justification

Please review Appendix E "Guidance for Preparing a Budget Request and Narrative in Response to SF424A" in the Funding Opportunity Announcement (FOA) for further guidance on what is required to address these topics areas.

B. Grantee must also meet specific Program Requirements, to include undergoing standard industry Systems Development Life Cycle (SDLC) reviews.

1. Architecture Review
2. Project Baseline Review

3. Detailed Design Review
4. Operational Readiness Review

As part of the overall response to Part A, Grantee must specifically explain and separately outline the contract costs associated for each life cycle review stage listed above prior to beginning work. Specifically, Grantee must explain in the *Scope of Work*, the precise services/tasks/deliverables to be performed by the contractor, and outline in the *Itemized Budget and Justification* the contractual costs with appropriate justification.

At the time of each stage of the life cycle review process, Grantee must provide detail of the deliverables, products, etc. completed during that stage of the life cycle. Those specifications will then be reviewed by HHS using the published HHS SDLC standards, which will then determine if the Grantee has successfully met completeness requirements under the HHS SDLC. Once Grantee receives approval from HHS regarding the completeness of their deliverables for that life cycle review period, the contractual line item funds linked to that specific review will be available for drawdown.

The SDLC reviews will be jointly conducted by CCIIO and CMCS. Because the Affordable Care Act requires the development of a streamlined enrollment system for Medicaid, CHIP, State basic health plans established under § 1331, and Exchange qualified health plans and financial assistance for qualified health plans, the development of the IT system will benefit Medicaid/CHIP and Exchange-related programs. Therefore, costs for this project need to be allocated between Medicaid/CHIP and the Exchange. Additionally, the Medicaid program will be building to varying degrees supporting infrastructures to facilitate the work of the Exchange. It is for this reason that CMCS will be working together with CCIIO to review the progress the State is making during the four SDLC reviews. We expect the State staff working on the Exchange and the supporting Medicaid program activities to similarly work together as they develop joint solutions.

During the SDLC reviews, CMS will want both State Exchange and Medicaid staff to participate in all of the reviews, provide requested documentation and be prepared to speak to the status of the system and program's development with regard to: a) the Exchange, b) the supporting Medicaid program and infrastructure and c) any jointly developed cost allocated activities between the Exchange and the Medicaid program. Please note that while the funding sources for the three areas outlined above will come from two sources (i.e. the CCIIO Establishment Grants and the Medicaid Advance Planning Documents), the traditional APD review process has been expedited as a result of CMS' ability to conduct the SDLC reviews in a joint fashion between CCIIO and CMCS and between the State Exchange staff and the State Medicaid staff involved in the activities described above. The focus of the SDLC reviews by the CMCS staff will pay particular attention to the extent to which, at each stage of the SDLC reviews, the State is fulfilling its obligations, including meeting specific Standards and Conditions.

Please review the description in Appendix D of the FOA for further guidance on the SDLC reviews.

3. **Restriction of Funds.** Basic Health Program: Exchange Establishment Cooperative Agreement funds cannot be used by the state for the purpose of applying for a waiver of the Exchange requirements. To the extent that there are Exchange establishment activities that would need to be coordinated with or overlap with activities undertaken pursuant to sections 1331 and 1332, Establishment Cooperative Agreement funding could be available for those activities. However, funding under the Establishment Cooperative Agreements may not be used solely for waiver activities, the Basic Health Program or investigation of the feasibility of those options.

Within 30 days of award, please identify the amount of funds used for activities, including studies, of the Basic Health Plan. Please either request to reallocate these funds or request a smaller amount of the total award.

4. **Personnel Changes.** The Grantee is required to notify the CCIIO Project Officer and the HHS Grants Management Specialist within thirty (30) days of any personnel changes affecting the grant's Project Director, Assistant Project Director, or the Financial Officer as well as any named Key Contractor staff.
5. **Contractual Personnel Changes.** Because the bandwidth of expertise is tight in the Exchange arena, Grantees must inform the Program Officer as to Contractual resources and key personnel changes.
6. **Required Grant Reporting.** The templates for the Required Grant Reporting will be forthcoming.
  - a. **Quarterly Project Report.** The Grantee is required to submit Quarterly Progress Reports to the HHS Grants Management Specialist and to the CCIIO Project Officer. Quarterly Progress Reports are due within 30 days after the end of the quarter (January 30, April 30, July 30, and October 30). The first quarterly report is due after the first full quarter following award. The final Quarterly Report will serve as the Final Project Report and should be comprehensive of the work performed throughout the project period.
  - b. **Periodic Deliverables.** See Program Requirements per the Funding Opportunity Announcement.
  - c. **Public Report.** The Grantee is required to prominently post specific information about the Exchange grants on its Internet websites to ensure that the public has information on the use of funds.
7. **Required Financial Reports.** The Federal Financial Report (FFR or Standard Form 425) has replaced the SF-269, SF-269A, SF-272, and SF-272A financial reporting forms. All grantees must utilize the FFR to report cash transaction data, expenditures, and any program income generated.

Grantees must report on a quarterly basis cash transaction data via the Payment Management System (PMS) using the FFR in lieu of completing a SF-272/SF272A. The FFR, containing cash transaction data, is due within 30 days after the end of each quarter. The quarterly

reporting due dates are as follows: 1/30, 4/30, 7/30, 10/30. A Quick Reference Guide for completing the FFR in PMS is at:  
[www.dpm.psc.gov/grant\\_recipient/guides\\_forms/ffr\\_quick\\_reference.aspx](http://www.dpm.psc.gov/grant_recipient/guides_forms/ffr_quick_reference.aspx).

Within 90 calendar days of the budget/project period end date, Grantees must also report on the FFR their expenditures and any program income generated in lieu of completing a Financial Status Report (FSR) (SF269/269A). Expenditures and any program income generated should only be included on the final FFR.

*See below for the due date for the final FFR:*

<b>Budget/Project period</b>	<b>Reporting Period and Due Date</b>
November 29, 2011 through November 28, 2012	<i>Final report -</i> 12-month reporting period— November 29, 2011 through November 28, 2012 DUE: February 28, 2013

A hard copy of the final FFR, containing cash transaction data, expenditures, and any program income generated, should be mailed and received by our office within 90 calendar days of the budget/project period end date. Grantees should access the following link in order to electronically complete and print the final FFR:  
[http://www.whitehouse.gov/omb/grants\\_forms/](http://www.whitehouse.gov/omb/grants_forms/).

The final FFR should be mailed to the attention of Grants Management Specialist, Vivian Smith, at the following address:

Centers for Medicare and Medicaid Services  
Office of Acquisition and Grants Management  
200 Independence Ave., SW  
Room 733H-02  
Washington, D.C. 20201

**Award recipients shall liquidate all obligations incurred under the award not later than 90 days after the end of the project period and before the final FFR submission. It is the award recipient's responsibility to reconcile reports submitted to PMS and to CMS. Failure to reconcile final reports in a timely manner may result in canceled funds.**

For additional guidance, please contact your Grants Management Specialist, Vivian Smith.

**Payment under this award will be made by the Department of Health and Human Services, Payment Management System administered by the Division of Payment Management (DPM), Program Support Center. Draw these funds against your account that has been established for this purpose. Inquiries regarding payment should be directed to:**

**Director, Division of Payment Management**  
**Telephone Number 1-877-614-5533**  
**P. O. Box 6021**  
**Rockville, Maryland 20852**

- 8. Attendance at Meetings and Sharing.** It is extremely important for States to share with one another lessons learned and best practices; as such it is expected that grantees attend CMS (CCIIO and/or CMCS) grantee meetings or workshops; it is also highly encouraged for grantees to attend regional or other types of meetings/workshops that would further their work to establish their Exchanges.
- 9. Collaborative Responsibilities.** Close coordination between the Department of Insurance and the Medicaid Director is required. Grantees will be expected to show evidence, including but not limited to, regular communication and meetings, and Memoranda of Agreement based on business owners of processes, and inclusion in critical milestones.
- 10. Consumer Assistance Program (Section 1002).** As Exchange grantees engage in planning and implementation activities around the Core Area of Providing Assistance to Individuals and Small Businesses, Coverage Appeals, and Complaints, they must keep in mind that it is not possible to replace CAP grant funding with 1311 funding. The activities must be integral to the Exchange and are subject to the minimum requirements of Section 1311, not those in Section 1002. Funds applied for must not supplant other grant funds, or otherwise misuse or misappropriate grant funds.
- 11. Risk Adjustment.** States must seek approval to commence specific tasks associated with risk adjustment. Please submit plans to carry out tasks related to risk adjustment to your project officer for review and approval prior to commencing activities.
- 12. Funding the Navigator Program.** State Exchange Establishment funds may be used for functions and/or activities that pertain to the development of a Navigator program. Funds to support the Navigator program's operations must come from the operational funds of the State Exchange, not from Section 1311 funds awarded under this cooperative agreement.
- 13. Acceptance of Application and Terms of Agreement.** Initial expenditure of funds by the grantee constitutes acceptance of this award.



<b>Opportunity Title:</b>	Cooperative Agreement to Support Establishment of State
<b>Offering Agency:</b>	Ofc of Consumer Information & Insurance Oversight
<b>CFDA Number:</b>	93.525
<b>CFDA Description:</b>	State Planning and Establishment Grants for the Affordability
<b>Opportunity Number:</b>	IE-HBE-11-004
<b>Competition ID:</b>	IE-HBE-11-004-012241
<b>Opportunity Open Date:</b>	01/20/2011
<b>Opportunity Close Date:</b>	06/29/2012
<b>Agency Contact:</b>	Christopher Clark Grants Management Specialist E-mail: christopher.clark@hhs.gov Phone: 301-492-4319

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

\* Application Filing Name:

### Mandatory Documents

Move Form to Complete

Move Form to Delete

### Mandatory Documents for Submission

Application for Federal Assistance (SF-424)  
Project Narrative Attachment Form  
Project/Performance Site Location(s)  
Disclosure of Lobbying Activities (SF-LLL)  
Budget Information for Non-Construction Program  
**Assurances for Non-Construction Programs (SF-42)**  
HHS Checklist (08-2007)

### Optional Documents

Move Form to Submission List

Move Form to Delete

### Optional Documents for Submission

## Instructions

### 1 Enter a name for the application in the Application Filing Name field.

- This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
- You can save your application at any time by clicking the "Save" button at the top of your screen.
- The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

### 2 Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

- It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
- The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
- To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
- All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

### 3 Click the "Save & Submit" button to submit your application to Grants.gov.

- Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
- Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
- The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
- You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Application for Federal Assistance SF-424		
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s):</p> <p style="text-align: center;">B: Decrease Award</p> <p>* Other (Specify):</p>
<p>* 3. Date Received:</p> <p>Completed by Grants.gov upon submission.</p>	<p>4. Applicant Identifier:</p>	
<p>5a. Federal Entity Identifier:</p>	<p>5b. Federal Award Identifier:</p> <p>11111111111111111111111111111111</p>	
<p><b>State Use Only:</b></p>		
<p>6. Date Received by State:</p>	<p>7. State Application Identifier:</p>	
<p><b>8. APPLICANT INFORMATION:</b></p>		
<p>* a. Legal Name: Human Services, Vermont Agency of</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <p>036000264</p>	<p>* c. Organizational DUNS:</p> <p>8093761550000</p>	
<p><b>d. Address:</b></p>		
<p>* Street1:</p> <p>208 Hurricane Lane</p>	<p>Street2:</p>	
<p>* City:</p> <p>Williston</p>	<p>County/Parish:</p>	
<p>* State:</p> <p>VT: Vermont</p>	<p>Province:</p>	
<p>* Country:</p> <p>USA: UNITED STATES</p>	<p>* Zip / Postal Code:</p> <p>05695-2806</p>	
<p><b>e. Organizational Unit:</b></p>		
<p>Department Name:</p> <p>Dept of Vermont Health Access</p>	<p>Division Name:</p>	
<p><b>f. Name and contact information of person to be contacted on matters involving this application:</b></p>		
<p>Prefix: Ms.</p>	<p>* First Name: Kate</p>	
<p>Middle Name:</p>	<p>* Last Name: Jones</p>	
<p>Suffix:</p>	<p>Title: Financial Manager</p>	
<p>Organizational Affiliation:</p>		
<p>* Telephone Number: 802-879-8256</p>	<p>Fax Number:</p>	
<p>* Email: kate.jones@ahs.state.vt.us</p>		

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Ofc of Consumer Information & Insurance Oversight

**11. Catalog of Federal Domestic Assistance Number:**

93.525

CFDA Title:

State Planning and Establishment Grants for the Affordable Care Act (ACA)-s Exchanges

**\* 12. Funding Opportunity Number:**

IE-HBE-11-004

\* Title:

Cooperative Agreement to Support Establishment of State Operated Health Insurance Exchanges

**13. Competition Identification Number:**

IE-HBE-11-004-012241

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

Cooperative Agreements to Support Establishment of State-Operated Health Insurance Exchanges

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="18,090,368.72"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="18,090,368.72"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

**BUDGET INFORMATION - Non-Construction Programs**

OMB Number: 4040-0006  
Expiration Date: 06/30/2014

**SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges	93.525	\$	\$	\$ 18,090,368.72	\$	\$ 18,090,368.72
2.						
3.						
4.						
5. Totals		\$	\$	\$ 18,090,368.72	\$	\$ 18,090,368.72

**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges				
<b>a. Personnel</b>	\$ 1,314,197.89	\$	\$	\$	\$ 1,314,197.89
<b>b. Fringe Benefits</b>	604,531.03				604,531.03
<b>c. Travel</b>	34,010.64				34,010.64
<b>d. Equipment</b>	40,250.00				40,250.00
<b>e. Supplies</b>	3,300.00				3,300.00
<b>f. Contractual</b>	15,410,000.00				15,410,000.00
<b>g. Construction</b>					
<b>h. Other</b>	158,400.00				158,400.00
<b>i. Total Direct Charges (sum of 6a-6h)</b>	17,564,689.56				\$ 17,564,689.56
<b>j. Indirect Charges</b>	525,679.16				\$ 525,679.16
<b>k. TOTALS (sum of 6i and 6j)</b>	\$ 18,090,368.72	\$	\$	\$	\$ 18,090,368.72
<b>7. Program Income</b>	\$	\$	\$	\$	\$

**SECTION C - NON-FEDERAL RESOURCES**

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
9. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>12. TOTAL (sum of lines 8-11)</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**SECTION D - FORECASTED CASH NEEDS**

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
14. Non-Federal	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>15. TOTAL (sum of lines 13 and 14)</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT**

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b)First	(c) Second	(d) Third	(e) Fourth
16. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
17. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>20. TOTAL (sum of lines 16 - 19)</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**SECTION F - OTHER BUDGET INFORMATION**

21. Direct Charges: <input type="text" value="17,714,689.56"/>	22. Indirect Charges: <input type="text" value="525,679.16"/>
23. Remarks: <input type="text" value="State of Vermont has an approved Public Assistance Cost Allocation Plan"/>	

### ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.



9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

<p><b>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</b></p> <p>Completed on submission to Grants.gov</p>	<p><b>* TITLE</b></p> <p>Secretary</p>
<p><b>* APPLICANT ORGANIZATION</b></p> <p>Human Services, Vermont Agency of</p>	<p><b>* DATE SUBMITTED</b></p> <p>Completed on submission to Grants.gov</p>

## Project Narrative File(s)

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\* Mandatory Project Narrative File Filename:

---

To add more Project Narrative File attachments, please use the attachment buttons below.

## Budget Narrative File(s)

---

\* **Mandatory Budget Narrative Filename:**

---

To add more Budget Narrative attachments, please use the attachment buttons below.

## Other Attachment File(s)

---

\* Mandatory Other Attachment Filename:

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To add more "Other Attachment" attachments, please use the attachment buttons below.

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB  
0348-0046

<b>1. * Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. * Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
--	--	--

**4. Name and Address of Reporting Entity:**

Prime     SubAwardee

\* Name: Human Services, Vermont Department of

\* Street 1: 208 Hurricane Lane      Street 2:

\* City: Williston      State: VT: Vermont      Zip: 05495

Congressional District, if known: VT-001

**5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:**

<b>6. * Federal Department/Agency:</b> Office of Consumer Inf. and Ins. Oversight	<b>7. * Federal Program Name/Description:</b> State Planning and Establishment Grants for the Affordable Care Act (ACA) -s Exchanges  CFDA Number, if applicable: 93.525
--	---

<b>8. Federal Action Number, if known:</b> n/a	<b>9. Award Amount, if known:</b> \$
---	---

**10. a. Name and Address of Lobbying Registrant:**

Prefix:      \* First Name: N/A      Middle Name:      \* Last Name: N/A      Suffix:

\* Street 1:      Street 2:      \* City:      State:      Zip:

**b. Individual Performing Services** (including address if different from No. 10a)

Prefix:      \* First Name: N/A      Middle Name:      \* Last Name: N/A      Suffix:

\* Street 1:      Street 2:      \* City:      State:      Zip:

**11.** Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\* Signature: Completed on submission to Grants.gov

\* Name: Prefix Mr.      \* First Name Douglas      Middle Name:      \* Last Name Racine      Suffix:

Title: Secretary      Telephone No.: 802-241-2244      Date: Completed on submission to Grants.gov

**CHECKLIST**

**NOTE TO APPLICANT:** This form must be completed and submitted with the original of your application. Be sure to complete each page of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last pages of the signed original of the application.

Type of Application:  New  Noncompeting Continuation  Competing Continuation  Supplemental

**PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.**

	Included	NOT Applicable
1. Proper Signature and Date on the SF 424 (FACE PAGE) .....	<input checked="" type="checkbox"/>	
2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690)		
<input checked="" type="checkbox"/> Civil Rights Assurance (45 CFR 80) .....	09/28/2011	
<input checked="" type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84) .....	09/28/2011	
<input checked="" type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86) .....	09/28/2011	
<input checked="" type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) .....	09/28/2011	
3. Human Subjects Certification, when applicable (45 CFR 46) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**PART B: This part is provided to assure that pertinent information has been addressed and included in the application.**

	YES	NOT Applicable
1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) .....	<input checked="" type="checkbox"/>	
3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)?.....	<input checked="" type="checkbox"/>	
4. Have biographical sketch(es) with job description(s) been provided, when required?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? .....	<input checked="" type="checkbox"/>	
6. Has the 12 month narrative budget justification been provided? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Has the budget for the entire proposed project period with sufficient detail been provided? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. For a Supplemental application, does the narrative budget justification address only the additional funds requested? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. For Competing Continuation and Supplemental applications, has a progress report been included? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**PART C: In the spaces provided below, please provide the requested information.**

Business Official to be notified if an award is to be made

Prefix:  First Name:  Middle Name:   
 Last Name:  Suffix:   
 Title:   
 Organization:   
 Street1:   
 Street2:   
 City:   
 State:  ZIP / Postal Code:  ZIP / Postal Code4:   
 E-mail Address:   
 Telephone Number:  Fax Number:

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Prefix:  First Name:  Middle Name:   
 Last Name:  Suffix:   
 Title:   
 Organization:   
 Street1:   
 Street2:   
 City:   
 State:  ZIP / Postal Code:  ZIP / Postal Code4:   
 E-mail Address:   
 Telephone Number:  Fax Number:

**PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.**

- (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of HHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: (Agency)

on (Date)



## INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

## EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the Federal Register on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding HHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

**BY SIGNING THE FACE PAGE OF THIS APPLICATION, THE APPLICANT ORGANIZATION CERTIFIES THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF THE SIGNER'S KNOWLEDGE, AND THE ORGANIZATION ACCEPTS THE OBLIGATION TO COMPLY WITH U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' TERMS AND CONDITIONS IF AN AWARD IS MADE AS A RESULT OF THE APPLICATION. THE SIGNER IS ALSO AWARE THAT ANY FALSE, FICTITIOUS, OR FRAUDULENT STATEMENTS OR CLAIMS MAY SUBJECT THE SIGNER TO CRIMINAL, CIVIL, OR ADMINISTRATIVE PENALTIES.**

**THE FOLLOWING ASSURANCES/CERTIFICATIONS ARE MADE AND VERIFIED BY THE SIGNATURE OF THE OFFICIAL SIGNING FOR THE APPLICANT ORGANIZATION ON THE FACE PAGE OF THE APPLICATION:**

**Civil Rights – Title VI of the Civil Rights Act of 1964 (P.L. 88-352)**, as amended, and all the requirements imposed by or pursuant to the HHS regulation (45 CFR part 80).

**Handicapped Individuals – Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112)**, as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 84).

**Sex Discrimination – Title IX of the Educational Amendments of 1972 (P.L. 92-318)**, as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 86).

**Age Discrimination – The Age Discrimination Act of 1975 (P.L. 94-135)**, as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 91).

**Debarment and Suspension – Title 2 CFR part 376.**

**Certification Regarding Drug-Free Workplace Requirements – Title 45 CFR part 82.**

**Certification Regarding Lobbying – Title 32, United States Code, Section 1352 and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 93).**

**Environmental Tobacco Smoke – Public Law 103-227.**

**Program Fraud Civil Remedies Act (PFCRA)**

# Project Abstract Summary

**Program Announcement (CFDA)**

93.525

**Program Announcement (Funding Opportunity Number)**

IE-HBE-11-004

**Closing Date**

06/29/2012

**Applicant Name**

Human Services, Vermont Agency of

**Length of Proposed Project**

12

**Application Control No.**

11111111111111111111111111111111

**Federal Share Requested (for each year)****Federal Share 1st Year**

\$ 18,240,369

**Federal Share 2nd Year**

\$ 0

**Federal Share 3rd Year**

\$ 0

**Federal Share 4th Year**

\$ 0

**Federal Share 5th Year**

\$ 0

**Non-Federal Share Requested (for each year)****Non-Federal Share 1st Year**

\$ 0

**Non-Federal Share 2nd Year**

\$ 0

**Non-Federal Share 3rd Year**

\$ 0

**Non-Federal Share 4th Year**

\$ 0

**Non-Federal Share 5th Year**

\$ 0

**Project Title**

Cooperative Agreements to Support Establishment of State-Operated Health Insurance Exchanges



PETER SHUMLIN  
Governor



State of Vermont  
OFFICE OF THE GOVERNOR

September 19, 2011

Honorable Kathleen Sebelius, Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, Washington D. C. 20201

Dear Secretary Sebelius,

I am pleased to endorse Vermont's application for a Level 1 Establishment Grant for Vermont's Health Benefit Exchange. I have been very encouraged by our progress so far in completing the background research and initial planning for the Exchange, and I am confident that we are ready to proceed with the first phase of Exchange implementation.

I am fully committed to building an Exchange in Vermont that will both meet the requirements of the Affordable Care Act and form the basis for a future single-payer system in our state. I believe we have the expertise and commitment in our leadership team and their staffs to create a system that will provide quality health care to all Vermonters while still controlling costs. Vermont sees the role of the Exchange differently than most other states, because we are not just building a mechanism for purchasing insurance – we are building a comprehensive health care system, of which the Exchange is an instrumental part.

Thank you for this grant opportunity and for your ongoing support of our efforts, and I look forward to continuing our excellent working relationship with our partners at HHS.

Sincerely,

A handwritten signature in black ink, appearing to be "Peter Shumlin", written over a horizontal line.

Peter Shumlin  
Governor



**State of Vermont**  
**Department of Vermont Health Access**  
312 Hurricane Lane, Suite 201  
Williston VT 05495-2807  
[dvha.vermont.gov](http://dvha.vermont.gov)

[Phone] 802-879-5900  
[Fax] 802-879-5651

*Agency of Human Services*

September 16, 2011

Mr. Steve Larsen  
Director of the Center for Consumer Information and Insurance Oversight  
U.S. Department of Health & Human Services  
Centers for Medicare & Medicaid Services (CMS)  
200 Independence Avenue, SW  
Washington, D.C. 20201

Dear Mr. Larsen:

I am pleased to give my overwhelming support for Vermont's application for a Level 1 Health Insurance Exchange Establishment grant. Although I am new to my current position as Commissioner of the Department of Vermont Health Access, Vermont's Medicaid Agency, I was in my previous role as chair of the House Health Care Committee closely following the Administration's work under its first-year planning grant, and I am very encouraged by what I have seen so far. I believe Vermont has made significant progress in the core areas of Exchange planning and implementation, and I know we are all excited about beginning the next phase of our work.

During the last legislative session I had a key role in passing Act 48, Vermont's health care reform law that includes authorization for Vermont's Health Benefits Exchange. Passage of this landmark legislation required my close cooperation with other key players, such as the Commissioner of Banking, Insurance, Securities, and Health Care Administration (BISHCA) and health care reform staff in the Governor's office, the Agency of Administration, the Vermont Department of Health, and other organizations both within and outside of state government. I am committed to continuing and enhancing these working relationships as we move forward to the Exchange implementation stage. In particular, the BISHCA Commissioner and I are very aware that we must work closely together to prevent duplication of efforts and to ensure integration between private coverage and Medicaid/CHIP.

To promote integration among all of Vermont's health care reform efforts, I will meet bi-weekly, beginning in October, with the Health Care Reform Leadership Team, which includes the BISHCA Commissioner, the commissioner of the health department, the health care reform director in the Agency of Administration, and other executives with important planning and implementation roles. These meetings have been instrumental in our coordination efforts thus far and will become even more critical in this next phase.

Thank you for your consideration of Vermont's Level 1 grant request, and for your continued support to Vermont in this very important and transformational project.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mark Larson".

Mark Larson  
Commissioner





**State of Vermont**  
**Department of Banking, Insurance,**  
**Securities and Health Care Administration**  
89 Main Street  
Montpelier, VT 05620-3101  
[www.bishca.state.vt.us](http://www.bishca.state.vt.us)

Consumer Assistance Only:  
Insurance: 1-800-964-1784  
Health Care Admin.: 1-800-631-7788  
Securities: 1-877-550-3907

September 19, 2011

Mr. Steven Larsen, Director  
Center for Consumer Information and Insurance Oversight (CCIIO)  
200 Independence Ave., S.W.  
Room 733H-02  
Washington, DC 20201

Dear Director Larsen:

Thank you for allowing me this opportunity to write in support of Vermont's application for a Level I Health Insurance Exchange Establishment grant. I join many others in this state who unconditionally support the health care reforms recently enacted by the federal government. I believe our grant application reflects Vermont's commitment to diligently implement those reforms in our state. Vermont enacted its own health care reform statute in 2011. Our law takes as its first step the creation of an exchange consistent with federal law, but our statutory intent is to push beyond that important threshold toward a true single-payer system in Vermont, one that will bring equity to the payment for coverage, rationality to the compensation of providers and, above all, real containment of the growth of cost.

Accordingly, Vermont's application seeks not only the necessary funding to build a successful exchange but the additional means to begin the design of a novel and expanded exchange suited to the single-payer system we will soon implement. We believe the establishment grant process should encourage states in this kind of creative experimentation with the exchange model, especially when their goal is furthering the process of reform.

I became Commissioner of the Vermont Department of Banking, Insurance, Securities and Health Care Administration in part to assist in the passage of our state reform law and continue to work closely with those managing the reform process. You know the challenges and frustrations of an insurance commissioner's traditional role. At a moment like this, however, you must also appreciate how exciting it is for someone to hold this position at a unique time of real, positive health care reform.



Banking  
802-828-3307

Insurance  
802-828-3301

Captive Insurance  
802-828-3304

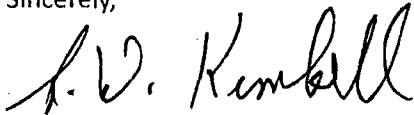
Securities  
802-828-3420

Health Care Admin.  
802-828-2900

Approval of Vermont's Establishment grant application would be a constructive step toward enabling states to support, in their own ways, your larger goal of real and lasting national health care reform.

Thank you for your consideration of Vermont's application.

Sincerely,

A handwritten signature in black ink, reading "S. W. Kimbell". The signature is written in a cursive style with a large, prominent initial "S".

Stephen W. Kimbell  
Commissioner  
Department of Banking, Insurance, Securities  
And Health Care Administration



State of Vermont  
Department of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston VT 05495-2807  
dvha.vermont.gov

[Phone] 802-879-5900  
[Fax] 802-879-5651

Agency of Human Services

September 26, 2011

Mr. Steven Larsen  
Director of the Center for Consumer Information and Insurance Oversight  
US Department of Health and Human Services  
Centers for Medicare and Medicaid Services  
200 Independence Avenue, SW  
Washington DC, 20201

Project Title: Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges  
Applicant Name: State of Vermont, Agency of Human Services, Department of Vermont Health Access  
Project Director: Betsy Forrest  
802-879-5918  
[betsy.forrest@state.vt.us](mailto:betsy.forrest@state.vt.us)

Dear Mr. Larsen:

The Department of Vermont Health Access (DVHA) is pleased to submit Vermont's application for the Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges, Level 1 Establishment Grant.

The following documents are enclosed:

1. Cover sheet
2. SF 424: Application for Assistance
3. SF 424A: Budget Information
4. SF 424B: Assurances-Non-construction Programs
5. SF LLL: Disclosure of Lobbying Activities
6. Project Site Location Form(s)
7. Lobbying Certification Form
8. Letter of Support from Governor Peter Shumlin
9. Letter of Support from Mark Larson, Medicaid Director
10. Letter of Support from Steve Kimbell, Insurance Commissioner
11. Application Cover Letter
12. Project Abstract
13. Project Narrative
14. Budget Narrative
15. Organizational Charts for DVHA and the insurance department
16. Job Descriptions for Key Personnel
17. Memorandum of Understanding between DVHA and insurance department
18. Memorandum of Understanding between DVHA and Medicaid eligibility department



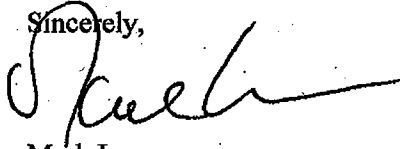
September 26, 2011

Page Two

Mr. Steve Larsen

Thank you for your consideration of our application. We look forward to working with HHS on Vermont's successful development and implementation of its Health Benefits Exchange.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Larson", written over a horizontal line.

Mark Larson  
Commissioner

Enclosures

## Project Narrative

### A. Demonstration of Past Progress in Exchange Planning Areas

The State of Vermont is embarked on an unprecedented multiyear program, embodied in Vermont Act 48 of 2011, that aspires to create for its residents a health care system in which all residents receive coverage from a single source, with all coverage offered equitably and health care costs contained by a systemic reorganization of compensation for providers of care. Because of this ambitious undertaking, Vermont has come to see the role of a Health Benefit Exchange (Exchange) somewhat differently than do most states. For Vermont, the Exchange will be a crucial but nevertheless initial step in our process of reform, and in the future we intend to ask it to perform a different—and broader—array of functions and services than will other states. This Establishment Grant request seeks to enable our full compliance with federal requirements for the design and construction of an Exchange under the Affordable Care Act (ACA). At the same time, however, we seek to go further and begin the design of an Exchange capable of effectively serving as the platform for a health care system that will by 2017 have the capacity to serve most or all of Vermont's current health care marketplace.

Vermont has made significant progress in the last twelve months in its planning for an Exchange. Vermont has used funds from the federal Exchange Planning Grant received on 10/1/10 to complete a number of reports and engage stakeholders in the process of establishing an Exchange. Significant progress has been made in the core areas laid out by the United States Department of Health and Human Services (HHS). Because of Vermont's own health care reform program, the work has had the full support of Governor Shumlin and his administration and has been accomplished under the direction of Robin Lunge, Health Care Reform Director in the Agency of Administration, and Betsy Forrest, Health Care Reform Project Director for the Department of Vermont Health Access (DVHA). The State of Vermont has also received assistance from Bailit Health Purchasing and other contractors during this planning grant process. Work groups have been actively involved in planning for various aspects of the overall work of the Exchange. All reports referenced in this proposal can be found on DVHA's website under the heading Health Benefits Exchange located at <http://dvha.vermont.gov/administration/health-benefits-exchange>. Work completed during the Planning Grant in each of the HHS core areas follows.

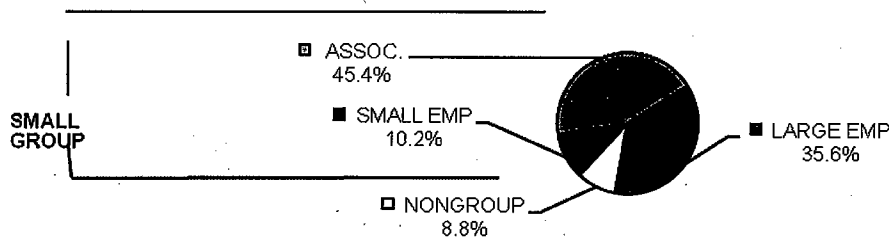
**Background Research:** Vermont has in place a rich base of information on insurance coverage from various sources developed during the implementation of earlier health care reforms. These data were relied on extensively in the early phases of planning for the Exchange. First, funds from the federal Exchange Planning Grant were used to further analyze data from the most recent Vermont household health insurance surveys to better understand the characteristics of the uninsured and underinsured. The results presented in a report, titled "Study of the Uninsured and Underinsured," were derived from the three Vermont Household Health Insurance Surveys administered in 2005, 2008, and 2009. The three surveys used somewhat different sampling designs based on the goals for the survey for each specific year. This report analyzed these data and assessed who would be eligible for coverage under the ACA via the Exchange and Medicaid expansions. Table 1 summarizes the results of these analyses.

**Table 1: ACA Eligibility for Medicaid and Tax Credits for Uninsured**

Income Category		No Access to ESI	Access to ESI
Currently Eligible for Medicaid	3,758		
Currently Eligible for VHAP	10,643		
Newly Eligible for Medicaid < 133%FPL	1,524		
<b>Total Eligible for Medicaid</b>	<b>15,925</b>		
Income 134-150%FPL	1,113	857	256
Income 151-200%FPL	5,603	3,742	1,861
Income 201-250% FPL	5,357	2,740	2,617
Income 251-300% FPL	4,099	2,259	1,840
Income 351-400% FPL	5,198	3,185	2,013
<b>Total eligible for Exchange subsidies</b>		<b>12,783</b>	
Income > 400% FPL	6,481	4,028	2,453

Funds from the federal Exchange Planning Grant were also used to analyze the existing health insurance markets in Vermont. A report titled “The Current Vermont Health Insurance Market” was prepared to better understand how the commercial health insurance market currently operates in Vermont and what changes may need to occur to comply with the federal requirements of the Exchange by January 1, 2014. Section 1 of the report looks at readily available information from the Department of Banking, Insurance, Securities, and Health Care Administration (BISHCA) with regard to health insurers offering comprehensive major medical coverage for insured and self-insured plans, and includes what markets they operate in, the number of lives they cover, and the amount of premiums they collect. Section 2 of the report provides summary information obtained from interviews with leading health insurers in Vermont, including Blue Cross and Blue Shield of Vermont, MVP Health Care, and CIGNA, about their products, their arrangements for paying providers, and their thoughts regarding the Exchange design and operation. This section also includes information obtained by interviewing staff from BISHCA. The report summarizes the unde-65, privately-insured marketplace in 2009 as shown in Figure 1 below:

**Figure 1: Health Insurance Coverage in Vermont, by Market Segment, 2009**



As Figure 1 shows, a large proportion of the privately insured obtain their insurance through association health plans. It will be important for Vermont to better understand the dynamics of this market moving forward, and this will be further studied in the upcoming year.



**Stakeholder Consultation:** Funds from the federal Exchange Planning Grant were used to support a number of stakeholder activities. An Exchange Advisory Group has met six times since March 2011. The Exchange Advisory Group is representative of stakeholders including providers, insurers, State legislators, advocacy organizations, and others (the full list of members can be found on the Health Benefits Exchange link) <http://dvha.vermont.gov/administration/health-benefits-exchange>. The meetings are two to three hours in length and are open to the public. All meeting materials are sent to members in advance and can also be found on the Health Benefits Exchange link above. Thus far, meetings have been used to report on progress in Vermont's reform planning process and any new federal Exchange-related direction and standards; present findings from studies conducted under the federal Exchange Planning Grant; and receive feedback on the roles of Navigators, the advantages and disadvantages of establishing a Basic Health Plan, various Exchange functions, and design of outreach and enrollment options.

In addition to these meetings, funds from the federal Exchange Planning Grant were used to conduct a formal "Stakeholder Study." This study used different approaches to solicit feedback and information on the Health Benefit Exchange in Vermont. Four focus groups with Vermont's uninsured, and four focus groups with Vermont's underinsured, were conducted. Key Informant Interviews were completed with nonprofit organizations and brokers and agents. Finally, a survey of small businesses was fielded. Detailed reports from each of these stakeholder activities are available on the Health Benefits Exchange link. Although these data are qualitative in nature, they provided useful information on motivations and behavior that are not available from other more quantitative data sources. Some of the key findings from these activities included:

- **Uninsured Focus Groups:** A surprising number of uninsured believe health insurance is of poor value. Even the cost of subsidized insurance seems high compared to how much care they believe they will use. Most had heard little about the Affordable Care Act and thought it was unlikely to help make health care more affordable for them. They didn't like the different levels of plans and felt everyone should have access to the same plan. Many were skeptical of the Exchange and how it might be able to help them. As shown in Table 1 above, thousands of uninsured Vermonters are actually eligible for a State health insurance program but have not enrolled in a program. These findings suggest significant work will be necessary to educate and enroll the remaining small percentage of Vermonters who are uninsured.
- **Underinsured Focus Groups:** The underinsured felt they were savvy shoppers of health care. Given that they have higher deductibles, they believe they have learned to manage their care aggressively. Most felt health care costs were growing out of control and that the ACA was unlikely to help them. The underinsured may be useful in helping to craft messages about using care appropriately and efficiently, the role of an Exchange in making informed health care coverage choices, and the value to them of moving to a health care system that aggressively contains cost.
- **Interviews with Nonprofits:** The representatives from the nonprofits were generally very enthusiastic about the ACA and had some good advice about enrolling the populations they serve in the health insurance plans offered through the Exchange. They felt that helping enrollees understand their eligibility for various programs and their plan options were the key challenges moving forward. They believe that the roles of customer service and navigators were critical, and that many different approaches and strategies would be necessary to reach the uninsured.

- **Interviews with Brokers and Agents:** Brokers and agents had mixed feelings about the ACA and the Exchange. They believe the focus of the Exchange should be on the uninsured and on small businesses that currently do not offer insurance. They also believe that whomever the state contracts with for the role of navigators will need consistent and comprehensive training, and ideally be licensed or certified, to provide the function of navigation.
- **Small Employer Survey:** Most small employers knew very little about the ACA and felt that the State should provide information to them about the reform. While about half of employers who offer insurance currently use broker services, only about a quarter felt that businesses would need a broker once the Exchange was established. Affordability was the most important feature to employers when thinking about products on the Exchange, followed by good coverage and benefits and ease of use.

It will be important to continue to engage all of these stakeholders as we move forward to establish the Exchange, and that need is reflected in this grant submission. Feedback from key stakeholder groups was helpful to us in our early planning stage, and their input is critical to establishing an Exchange that will best meet the needs of individuals and small businesses in Vermont.

**State Legislative/Regulatory:** Vermont was and remains one of a small number of states to pass legislation endorsing the purpose of and committing to fully implement the Exchange provisions in the ACA. In May 2011, the Vermont legislature enacted, and the Governor signed into law, a comprehensive reform of all aspects of health care delivery and payment that envisions a single-payer health care system decoupled from the traditional employer model. The Act also established the Vermont Health Benefit Exchange. It is the Vermont legislature's stated intention to leverage the basic Exchange concept and reach beyond the federally-required minimum functions to assist in its payment reform, cost control, and administrative simplification initiatives as it moves towards a single-payer plan. To the extent allowed under federal law, Vermont will use its Exchange as its platform to unify and simplify health plans and will include as many Vermont residents within the Exchange as early as possible. To that end, Act 48 directs the State to apply for a waiver from the Exchange requirements when available in 2017, or earlier if possible, and creates Green Mountain Care – for all Vermonters – including State and municipal employees, Medicare enrollees, and those eligible for subsidized coverage through the Exchange and Medicaid.<sup>1</sup> Act 48 provides a framework for the Health Benefit Exchange and articulates goals, governance structure, and functions. Planning work proposed to be carried out under an Establishment Grant will, among other more familiar goals, assist the State and the Vermont legislature in integrating the respective goals of the ACA and the State's statutory reforms.

**Governance:** Vermont has made significant progress in the area of determining the governance structure for its Exchange. In addition to enacting the State's plan to move towards a single-payer plan, Act 48 authorizes the establishment of an Exchange within the Department of Vermont Health Access (DVHA) and assigns it the following goals:<sup>2</sup>

- to facilitate purchase of affordable, qualified health benefit plans in the individual and group markets to reduce number of uninsured and underinsured,
- to reduce disruption when individuals lose employer-based insurance,
- to reduce administrative costs in the insurance market,

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<sup>1</sup> See Section 2a.

<sup>2</sup> See Section 4, s. 1801(b).

- to contain costs,
- to promote health, prevention, and healthy lifestyles by individuals, and
- to improve quality of health care.

Because of Vermont's ultimate goal to create a single-payer plan, Act 48 includes a provision that the Exchange may offer coverage beyond that required under the ACA to the extent allowable (e.g., other individuals and employers, Medicaid to the extent that coverage is not reduced, Medicare to the extent that coverage is not reduced, State and municipal employees including teachers, and in lieu of worker's compensation).

The Exchange is to be administered by DVHA in consultation with an advisory committee (Joint Medicaid/Exchange Advisory Committee) and headed by a new DVHA Deputy Commissioner who will manage the Health Benefit Exchange Division in DVHA. The advisory committee must meet at least ten times a year and will advise the State on both Medicaid and the Exchange to ensure optimal integration of those programs. The Act requires the hiring and funding of a Deputy Commissioner of the Exchange beginning November 1, 2011.

**Program Integration:** Funds from the federal Exchange Planning Grant were used to study opportunities for program integration in Vermont. Significant planning tasks included: (1) beginning to perform business process documentation to reflect current State business processes and recommending future State business process changes that are necessary to support the proposed Exchange operational requirements, (2) studying the issue of churning in Vermont programs, and 3) studying the advantages and disadvantages of establishing a Basic Health Program in Vermont.

The work of DVHA has been closely integrated with the work of other Vermont State agencies in order to efficiently and effectively carry out all of the responsibilities involved in planning for the Exchange. There are several State work groups currently planning for different aspects of the Exchange, including health insurance operations; insurance market planning; administrative simplification; integration of public health, quality initiatives, and wellness programs into the Exchange; and integration between Medicaid and Exchange eligibility and health insurance operations and technology. In addition, there are monthly core team meetings of work group leaders to ensure coordination among the work groups, and quarterly meetings of the Governor's Health Care Cabinet. Staff from DVHA, working with its other State agency partners, BISHCA, and the Department for Children and Families (DCF) has begun the process of business process documentation. This work will continue in even greater detail under the Establishment Grant planning phase beginning in the fall of 2011 and continuing through the spring of 2012.

In addition, a study of churning in current Vermont programs was conducted. This study was undertaken both to understand the extent of the problem in Vermont and to make recommendations for the integration of programs to mitigate churning once the Exchange is operational. The analysis included assessment of churn observed in the Green Mountain Care Reports and DVHA enrollment data over the period of November 2007-December 2010. The study primarily focused on the Vermont Health Access Program (VHAP) for very low-income people and Catamount Health (CHAP) for middle-income residents. Considerable movement on and off CHAP was observed. While a substantial number of people have enrolled in CHAP and maintained their coverage, for the majority, coverage is brief and sporadic.

## Key findings of quantitative churning analysis:

- The number of people enrolling into CHAP has risen slowly since the first month of the program; however, the number leaving the program has increased every month also, slowing down the net enrollment. The last six months of the period analyzed, July-December 2010, included four months of negative net enrollment.
- From a total of 24,431 CHAP enrollees, two thirds (16,425) discontinued their coverage. About 84% (13,738) discontinued enrollment within one year of their initial enrollment, 15% (2,376) within two years, and less than 1% within three years.
- About half of the individuals transitioning out of CHAP leave Vermont's public health insurance system. Unfortunately, the data do not allow further examination to determine who obtained coverage from another (non-public) source or became uninsured. About a third (34%) of individuals leaving CHAP transferred to VHAP. The distribution for those leaving CHAP is similar to that of those who enroll into CHAP.

Vermont has done some further research on churn and is in the preliminary stages of determining policy options to reduce churn. These options will be incorporated into the planning around eligibility integration between Medicaid, Vermont's existing Medicaid waiver programs, and the Exchange. Federal Exchange Planning Grant funds were used to study the feasibility of establishing a Basic Health Program in Vermont. This report can be found on the Health Benefits Exchange link. No final conclusions were made regarding this program, since additional analyses are required once federal guidance on this program and other issues (Essential Health Benefits) become available.

**Exchange IT Systems:** Vermont has met the challenges and opportunities presented by Exchange IT Systems within the context of extensive systems planning for both IT and programmatic integration to support the goals of health delivery system reform, administrative simplification, and expanded coverage and access to care. The State has been in a multi-phase, multi-year process to determine the requirements for and the design of a new Agency of Human Services (AHS) IT Enterprise Architecture.

With passage of Act 48, the required components of that IT infrastructure now include a comprehensive integration of Health Insurance Exchange, Eligibility & Enrollment, Medicaid IT, and Health Information Exchange systems. Just as Vermont is building a system of coverage based on integration of Medicaid and the Exchange, the State is building a foundation of integrated technology components to meet near-term needs to operate the Exchange and to have the capacity to operate long term as a single payer system. Through this approach, Vermont will be fully aligned with CMS' Seven Standards and Conditions for IT systems to implement flexible, modular, reusable, reconfigurable IT systems.

Vermont's IT gap analysis has been an ongoing process over recent years. Gap analysis for the Exchange is simply a further iteration of the process, the highlights of which are detailed below. The State's current integrated "to be" vision evolved from an initial understanding of an "as is" environment of disparate systems that required discrete upgrades. Over time, the distinctions between those systems have begun to blur and a more integrated vision has emerged. The formal gap analysis began with a MITA State Self-Assessment, completed in 2008 in preparation for development of a MMIS re-procurement that began in early 2009.

In that same time frame, the State began planning to replace Vermont's once cutting edge but now aging ACCESS mainframe eligibility system operating on a legacy Adabase platform written in Natural. The first iteration of a plan for a new Eligibility & Enrollment (E&E) system, known as VIEWS (the Vermont Integrated Eligibility Workflow System), was completed in 2009; however, an RFP for VIEWS was not issued as it became clear that the plan would need to be modified to reflect the emerging vision for an integrated Agency IT architectural framework. Release of the VIEWS RFP was subsequently further delayed by the passage of the ACA and Vermont's assessment of the opportunity to integrate a new E&E system with the Exchange. By early 2010, prior to passage of the ACA, a comprehensive "to be" vision of AHS IT infrastructure had emerged that included a modular, integrated platform. Passage of ACA and the opportunity to integrate the Exchange with Medicaid and VIEWS further solidified the integrated Enterprise framework approach. In May 2010, the Agency secured legislative support to proceed with a Service Oriented Architecture (SOA) design for building the new AHS Enterprise Architecture. The integrated SOA strategy was reviewed with Todd Park, HHS Chief Technology Officer, and Henry Chao and Mark Oh from CMS/CCIIO. Vermont issued an RFP in July, 2010 for core SOA components.

Concurrently, as the next stage in the MMIS re-procurement process, the State went through an extensive "visioning process" to ensure development of a comprehensive RFP for its new Medicaid Enterprise System (MES), based on the AHS SOA framework and MITA 2.0 requirements. Because of timing factors, the MES RFP was issued prior to selection of the SOA core components vendor, but the MES RFP made clear the State's intent to embody the approach subsequently articulated by CMS in the Seven Standards and Conditions.

A contract was awarded to Oracle for its suite of SOA core components in early 2011, creating the core platform for shared services to support Vermont's MMIS, E&E, and Exchange systems. Vermont has licensed the following suite of products:

- Oracle Policy Automation
  - Oracle Policy Modeling Application
  - Oracle Policy Automation
- Oracle Fusion Middleware
  - WebLogic Suite
  - SOA Suite for Oracle Middleware
- Oracle I&AM Suite
  - Identity and Access Management Suite Plus
- Oracle Unified Business Process Management Suite
  - Unified Business Process Management Suite
- Oracle MDM (Master Data Management)
  - Oracle Customer Hub Data Steward Application
  - Oracle Customer Hub B2B (Business to Business)
  - Oracle Customer Hub B2C (Business to Customer)
  - Oracle Activity Hub B2B for Oracle Customer Hub B2B
  - Oracle Activity Hub B2C for Oracle Customer Hub B2C
  - Oracle Customer Master Data Management Integration Base Pack
  - Oracle Data Quality Matching Server
  - Oracle Data Quality Address Validation Server
  - Oracle Data Quality Parsing and Standardization Server
  - Oracle Data Quality Profiling Server

Reflecting both the changes in State policy embodied in Act 48, and consideration of the rapidly evolving state/federal IT environment, including pending release of MITA 3.0 guidance, Vermont withdrew its MES RFP in July, 2011, after submission and preliminary review of bids. Vermont now plans to issue a set of complementary, modular MMIS, E&E, and Exchange RFPs starting in the fall of 2011 that reflect MITA 3.0, the integrated systems approach described above and further articulated in the Exchange IT Plan below.

Gap analysis related to portals is straightforward. Vermont currently operates the Green Mountain Care site, a small scale “exchange” for Vermont public and subsidized health plans, [www.greenmountaincare.org](http://www.greenmountaincare.org); the “Screen Door,” a simple human services screening portal <http://screendoor.vermont.gov/>, and My Benefits Vermont, [www.mybenefits.vt.gov/](http://www.mybenefits.vt.gov/), an interactive site for managing public benefit applications. All will be replaced through a transition to the new Exchange portal, which will also be linked from the new state Health Reform website, <http://healthcare.vermont.gov>.

Two other important components inform Vermont’s Exchange gap analysis. First, Vermont’s participation in an early innovator grant issued to the University of Massachusetts as part of the New England States Collaborative Insurance Exchange Systems (NESCIES), <http://nescies.org/>. This Center for Consumer Information and Insurance Oversight (CCIIO) Innovation grant was designed to support re-useable processes and technologies developed for Massachusetts Health Insurance Exchange Implementation. Vermont will seek to leverage the work of this early Innovator grant during the establishment grant process, as indicated in the Exchange IT Plan.

An additional factor impacting insurance Exchange IT is Vermont’s Health Information Exchange (HIE) architecture. It utilizes a complementary, integrated approach that closely links the AHS Enterprise Architecture with the HIE network. This integrated HIE vision is articulated in the State Medicaid HIT Plan (SMHP) approved by CMS in August 2011, and includes the capacity to utilize the HIE for both clinical and administrative transactions. The HIE network is operated by Vermont Information Technology Leaders, Inc. (VITL), a non-profit 501c3 designated in statute to operate the statewide HIE. VITL utilizes Medicity as its technology vendor.

Taken together, the Medicaid Enterprise, Eligibility & Enrollment systems, the Health Information and Health Benefits Exchanges constitute Vermont’s integrated Health Reform and HIT Portfolio. A central Enterprise Master Persons Index (EMPI) and an authoritative State Provider Directory will be shared across the common Enterprise Service Bus (ESB) platform linking State systems and will be tightly coupled with the HIE network operated by VITL. In addition, through the AHS Enterprise SOA infrastructure, the Portfolio systems will utilize shared Rules Engine, Workflow, and other resources consistent with CMS expectations to leverage and align industry standard modular system components to ensure uniform cross-program business results, reporting, and cross-platform interoperability. This approach is consistent with National Information Exchange Model (NIEM) recommendation 3.1 separating business rules from core programming and transaction systems.

The State is in the process of completing contracts with vendors for technical and business process assistance to support the IT Portfolio integration. That engagement was delayed due to the substantial issues that AHS experienced following the flooding brought on by Tropical Storm Irene’s passage over Vermont. A significant element of the Portfolio vendors’ contracts includes working with State IT staff to ensure NIEM compliance across the Portfolio, as well as NIST, HIPAA, Fair Information Practices, and Federal Information Processing

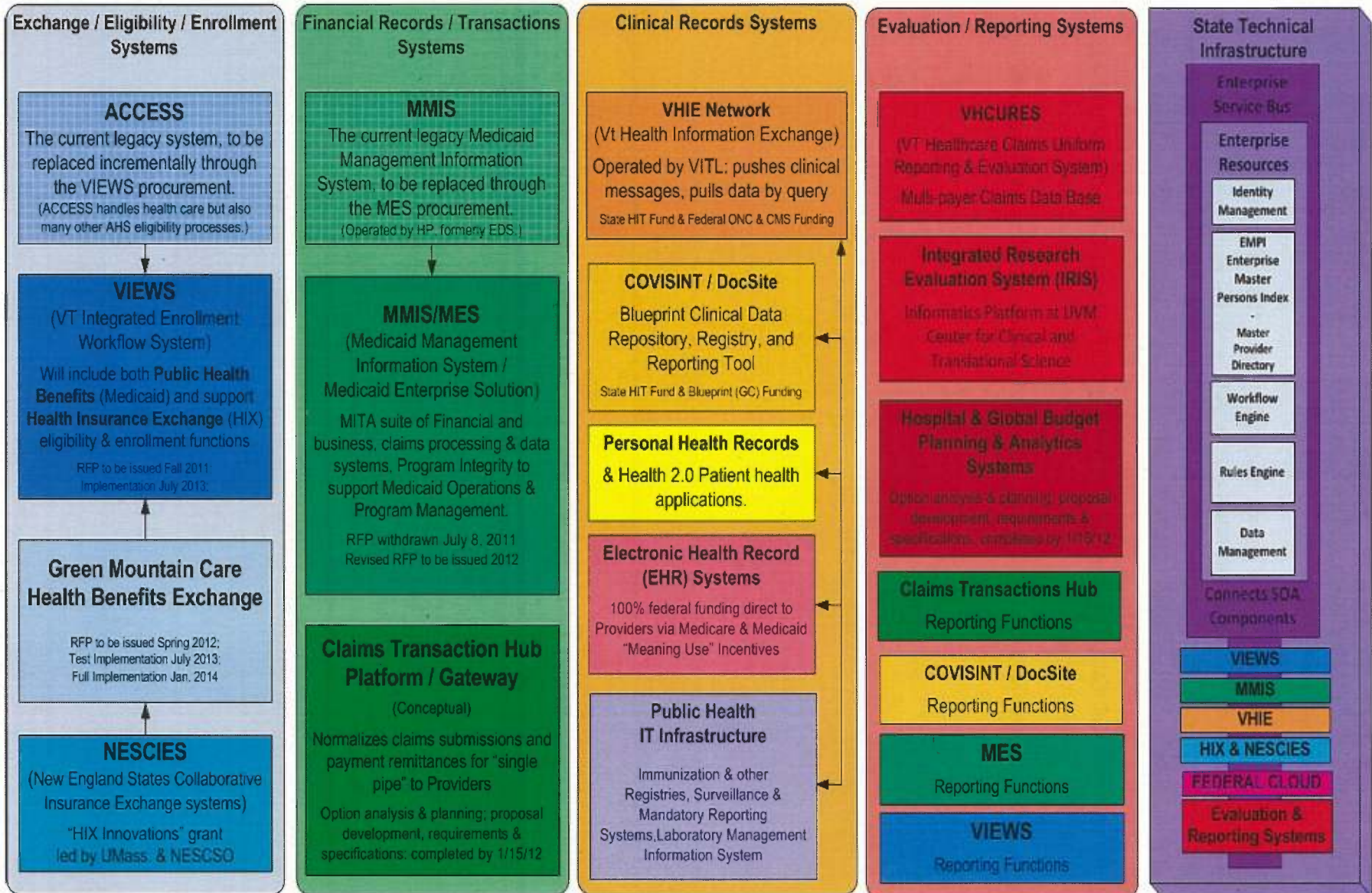
Standards compliance. The State's primary web services contractor, Vermont Information Consortium, works with State staff to ensure 508 and 504 standards compliance.

Vermont's iterative IT gap analysis will be further informed by work that will be conducted during the Establishment Grant phase of Exchange implementation as details related to the NESCIES Innovation Grant and the Federal Exchange hub become available. The goal of this continuing gap analysis and identification of additional opportunities is to ensure that Vermont can fully leverage potential partnerships with NESCIES participants, other Innovator grant states, and / or CCIIO so that all of the necessary systems are implemented by 2013 in the most efficient manner possible to accommodate all Exchange functions including and not limited to: conduct eligibility, enroll applications, process claims and account for federal/state funds.

The following two pages provide two views – thematic and schematic – of Vermont's Health Reform and HIT Portfolio.

# Health Reform Information Technology – Health Information Technology – AHS Information Technology

The Portfolio of HR IT, HIT, and AHS IT systems is shown here by thematic components.

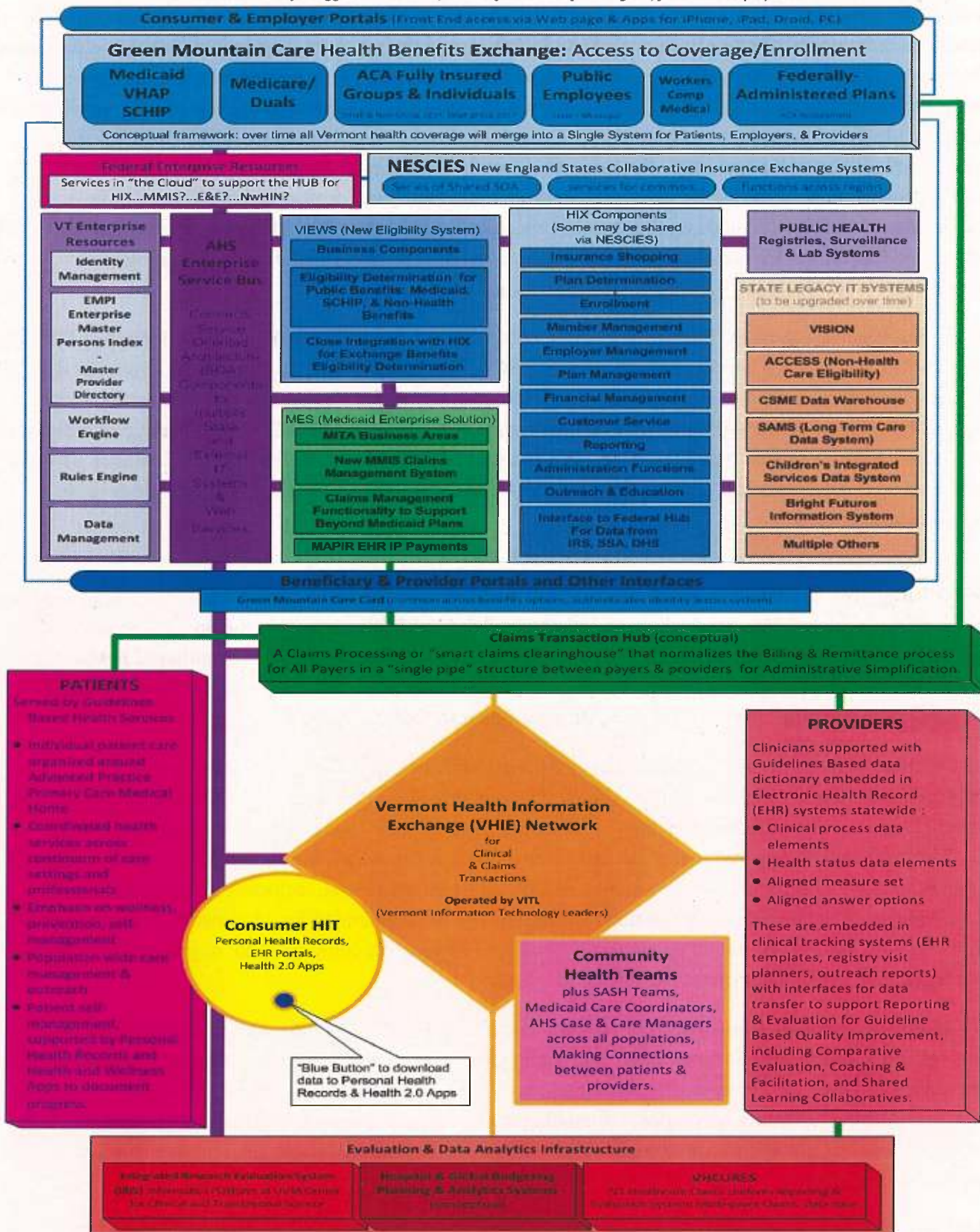


Legacy systems due to be replaced are shown with check pattern.



**VT Health Reform IT Architecture: Maximizing Federal Resources, Increasing Administrative Systems Efficiencies**

NOTE: this is only a suggestive schematic, not a definitive data flow diagram, for discussion purposes.



**Financial Management:** Under the federal Exchange Planning Grant, Vermont conducted a preliminary analysis of the business functions of the Exchange, including financial management. Financial infrastructure and practices currently in place in Vermont's State health care programs were examined with a particular focus on CHAP, and to a lesser extent, the State Employees Health Insurance Plan. Various finance and business functions necessary for the operation of the Exchange were outlined, and potential options and responsible parties were identified to perform each function. Cost estimates for the performance of the financial and business functions were also provided. Reports summarizing all of these tasks can be found on the Health Benefits Exchange link. The cost estimates are preliminary in nature and further work will need to be conducted once decisions are made on the various processes for the Exchange. However, this preliminary work lays down the foundation for future work in this area and will be extremely useful in the planning and implementation work that continues during the Establishment Grant process.

In developing the cost estimates, information was sought from various agencies in Vermont, including DVHA, the Department for Children and Families (DCF), BISHCA, and the Vermont Department of Labor (DOL). In some cases, the costs associated with operating the Exchange may replace existing costs. For example, the responsibility for some of the eligibility determination may move from Medicaid to the Exchange as individuals become eligible for tax credits under the ACA. The analysis completed to date only provided estimates for the Exchange and did not contemplate such shifts that will be necessary when devising a sustainable funding strategy for the Exchange.

**Program Integrity:** Work in this area is targeted as a priority during the first year of the Establishment Grant, since it is essential in ensuring appropriate use of state and federal funds, as well as the prevention of fraud and abuse. DVHA intends to leverage its existing program integrity unit to ensure the prevention of fraud. DVHA will also coordinate with other fraud units within State government as necessary, including the Medicaid Fraud and Residential Abuse Unit (MFRAU) at the Attorney General's office.

Act 48 specifically requires the Exchange to keep accurate accounting of all activities, receipts, and expenditures, and submit reports annually as required by federal law. The Exchange must also cooperate with the federal Department of Health and Human Services or the Inspector General in any program reviews or audits. The Exchange is required to publish and place on its website the average costs of licensing, regulatory fees, and other payments required by Exchange; and its administrative costs, including monies lost to waste, fraud, and abuse. The Exchange is prohibited from using any funds intended for administrative and operational expenses for staff retreats, promotional giveaways, excessive executive compensation, or promotion of federal or state legislative or regulatory modifications.

**Health Insurance Market Reforms:** BISHCA has taken the lead in designing and implementing necessary reforms related to health insurance markets. As mentioned earlier, a report was also prepared that assessed the current market structure in Vermont. Vermont State laws were revised to include the ACA market reforms as follows: establishing minimum loss ratios, eliminating pre-existing condition exclusions for children under the age of 19, removal of lifetime maximums, establishing dependent coverage to age 26, and mandating coverage for preventive services.

In addition, a report was commissioned using Robert Wood Johnson funds to assess the advantages and disadvantages for the State, employers, individuals, and the Exchange of: 1) allowing qualified health plans to

be sold to individuals and small groups both inside and outside the Exchange, 2) allowing nonqualified health plans that comply with the provisions of the ACA to be sold to individuals and small groups outside the Exchange, and 3) the impact of the availability of supplemental insurance plans on offerings in the small and individual market. The results of these analyses are forthcoming this fall and may inform decisions taken during Vermont's 2012 legislative sessions. Work will continue in this area as per the schedule outlined in the ACA.

**Providing Assistance to Individuals and Small Businesses, Coverage Appeals, and Complaints:** This core area was addressed during the federal Exchange Planning Grant process by having Vermont State staff and legislators meet regularly to discuss how to implement the Exchange to maximize its usefulness to individual consumers and small businesses. In addition, Vermont State staff met with other stakeholders, including associations, insurers, unions, consumer advocates and nonprofits, chambers of commerce, and others in small groups or individually to determine how the Exchange might impact existing coverage and programs. Vermont executive agency staff participated in regional forums on health care reform sponsored by a variety of organizations and has spoken at several annual meetings held by nonprofit organizations, provider groups and associations, unions, and others.

Focus groups with both uninsured and underinsured individuals and surveys of small businesses were conducted during this early planning phase and will continue to be necessary as the establishment of the Exchange continues. Many of the actual functions necessary to accomplish these tasks are included under the Business Operations and Exchange Functions core area discussed below, such as the navigator and hotline/call center functions. However, there may be some need for additional functionality in the Exchange related to this core area that may not be addressed in the functions noted below, such as taking complaints and resolving problems.

**Business Operations/Exchange Functions:** Federal Exchange Planning Grant funds were used to prepare a report outlining options for the State regarding Exchange business functions and preliminary cost estimates of these options. As part of this work, a matrix of Exchange functions, including dates when functions need to be operational, was also developed. The functions outlined in this report included premium payments from individuals and employers; certification, recertification and decertification of plans; establishment and maintenance of a call center; establishment of an Exchange website with the ability to calculate and administer consumer premium tax credits and cost-sharing reductions; the development of a quality rating system for plans; the establishment of a navigator Program; seamless eligibility determination and an enrollment process for Medicaid and other programs; individual responsibility determinations and notices; adjudication of individual and employer appeals; the ability to report data to the IRS and to businesses and individuals; outreach and education; risk adjustment and transitional reinsurance; and implementation of the SHOP Exchange. These estimates included a detailed accounting of current State programs and infrastructure. Although these estimates are preliminary, they are used as the basis—together with an expanded view of the Exchange's potential—on which Establishment Grant proposal estimates are made.

## **B. Proposal to Meet Program Requirements**

Vermont's approach to establishing an Exchange is to build a market mechanism that will fulfill the ACA requirements as well or better than other states, while designing an expanded capability to help transition its health care system to a single-payer plan. The Exchange infrastructure is critical in this transformation. The Exchange will be both the foundation and, eventually, the likely core of a system in which a single point of eligibility and purchase from a single payer or payers operating under identical programmatic rules. Therefore, the approach in Vermont is to build a robust Exchange with greater functionality than that required by the ACA and to encourage participation of as many individuals and employers as soon as possible.

Vermont is moving swiftly towards establishing its Exchange as shown by the work completed to date. This work includes: 1) passing detailed enabling legislation for the Exchange, 2) completing much of the preliminary planning work as described above, and 3) developing a preliminary Exchange Design template and a detailed implementation work plan with identified tasks to be completed during the Establishment Grant period. The next section of this proposal describes the work that will be completed over the course of the Establishment Grant by core area identifying which of the tasks require additional funding from the federal government.

**Background Research:** A significant amount of background research was conducted during the federal Exchange Planning Grant period. However there are several small areas of research yet to be completed. The areas where additional background work is required are described below.

Quality Programs and Initiatives - Because the federal guidance regarding quality ratings in the Exchange has not yet been issued, Vermont has not completed background research needed to develop a quality system that is integrated into the State's existing quality programs and initiatives. The background research necessary includes conducting an inventory of existing quality programs in Vermont and an analysis to determine how to integrate or supplement existing programs into or with the Exchange, as appropriate.

Wellness & Health Promotion - Vermont has a vision of incorporating wellness and health promotion in the Vermont Health Benefit Exchange. Background research is needed to determine the types and parameters of existing programs, including those provided by the Department of Health, as well as evidence-based research to determine what programs are effective at improving health and how such programs can be fully integrated into the Exchange.

Administrative Simplification - Vermont has several efforts underway to coordinate and simplify the programs it administers. First, Vermont has a planning grant from CMS to plan for a dual-eligible demonstration project. In addition, Vermont has previously looked at streamlining and simplifying insurer coding through the Department of Banking, Insurance, Securities, and Health Care Administration. In addition the ACA has provisions advancing administrative simplification. Research is needed, however, to determine how these efforts relate to one another and to ensure that these efforts result in true administrative simplification and not further complexity or competing efforts. Determining which efforts result in true simplification at the health care provider's office or facility, including possibly polling providers to determine areas of greatest complexity from their perspective and determining preferences and/or priorities for simplification is something we would like to explore with funds from the Establishment grant.

*Key tasks to be funded under Establishment Grant:* A contractor will be engaged to conduct research, and State staff will use findings from the research to coordinate State efforts on wellness, health promotion, and administrative simplification.

**Stakeholder Consultation:** Stakeholder consultation will continue and expand during the Establishment Grant phase. Act 48 requires the establishment of a Joint Advisory Committee for both Medicaid and the Exchange. This Joint Advisory Committee will meet at least ten times over the course of the next year and will assure program integration goals of both the ACA and Act 48 are met. The commissioner of DVHA will chair the Joint Advisory Committee and will appoint the 23 members to 3-year terms. Committee members will be comprised of stakeholders, including a representative of health insurers licensed to do business in Vermont, with the remaining members equally represented from beneficiaries of Medicaid or Medicaid-funded programs, individuals or small businesses eligible for enrollment in the Exchange, and advocates for consumer organizations and health care professionals.

In addition to these formal meetings, there will be additional informal stakeholder meetings scheduled over the course of the year to ensure that we are inclusive of all regions and voices in the State. Employer meetings will also be scheduled across the State to educate and inform small employers about the Exchange. Public education forums in different regions of the State will be conducted to ensure broad public input into the design process. We propose using funding from the Establishment Grant to fund activities under this core area.

*Key Tasks to be funded under Establishment Grant:* Topics will be identified for discussion at the Joint Advisory Committee meetings and stakeholder meetings. Procedures for meetings will be established. A contractor will be engaged to work with State staff to prepare briefing materials, discussion questions, and options to discuss with stakeholders, including small employers and the broad public.

**State Legislative/Regulatory:** Act 48 established the Exchange in the Department of Vermont Health Access (DVHA) and describes the basic structure and functions of the Exchange. Over the course of the next year, State administration and the legislature will assess the need for additional legislation and/or regulatory action regarding Exchange operations. This activity will be funded by the State, and Establishment Grant funds are not sought to directly fund this activity. Because Vermont wants to enroll as many people as possible in its Exchange, some Establishment grant funding will be used to hire ERISA expertise to assist with complex employer issues.

*Key Tasks to be funded under Establishment Grant:* A legal contractor will be engaged to work with State staff on ERISA questions related to the Exchange.

**Governance:** The basic governance structure of the Exchange has been determined through Act 48. A Deputy Commissioner for the Exchange will be hired during this second implementation year. Other key staff are identified that will need to be hired during the implementation phase. Hiring for these positions will begin during the fall of 2011 and continue over the course of two years until start-up of the Exchange in the fall of 2013. This proposal seeks Establishment Grant funding for the following positions that will be hired (4 are currently existing positions for which Vermont seeks funding) over the next year including:

Accountants (2)  
Grants Management Specialist  
Admin assistance for Agency of Administration  
Admin assistance for Exchange Division in Medicaid  
Attorney/Policy Analyst for Exchange/Medicaid  
Attorney/Policy Analyst for Exchange/private market  
Attorney/Policy Analyst for Exchange/single payer/integration  
Business Analysts (4)  
Contract/Grant Writer  
Deputy Commissioner  
Outreach Program manager  
Operations Manager  
Director, Health Care Affordability  
Project Coordinator - Exchange Basics  
Project Coordinator - Exchange/Medicaid Long Term Integration  
Project Coordinator - Exchange/Public Health and Wellness  
Project Manager - IT  
Project Coordinator -BISHCA  
SOA QA Integrator  
SOA Developer 1  
SOA Developer 2  
Database Administrator  
Admin assistance for IT  
Director of QHP Certification  
Data Analyst (2)  
Infrastructure/Architecture Security Specialist  
Director, Health Care Reform  
Information Management Officer

*Key Tasks to be funded under Establishment Grant:* Develop job descriptions and management structure and assist with recruitment process. It is expected that the Deputy Commissioner will be hired in the fall 2011, with most other positions following mid-year.

**Program Integration:** Preliminary work was completed in this core area supported by the federal Exchange Planning Grant with a detailed work plan developed to identify future work regarding program integration. In addition, preliminary studies assessing program churning and the feasibility of a Basic Health Program in Vermont were completed as described above. However, there is additional work to be completed in this core area, and we are seeking Establishment Grant funds to assist with some of that activity. In particular, we would like to develop a comprehensive integration strategy, including how to fully integrate or align Medicaid, the Medicaid-Medicare dual eligible demonstration, private insurance, associations, and coverage for State and municipal employees. This strategy will include identification of statutory changes necessary to integrate the private insurance markets with the Exchange and will also include consideration of whether to impose a moratorium on the issuance of new association policies and to continue exemptions for associations after the Exchange is established. This plan will also evaluate the definition of “small employer” for the launch of the

Exchange (50 or 100). In addition, the work will include how to integrate the Exchange with other DVHA functions, including the possible transition of health care eligibility from the Department for Children and Families (DCF) to DVHA.

In addition to this study, State staff will continue to work within their subcommittees to provide recommendations to senior leadership on how best to coordinate Medicaid and the Exchange and how to insert the Exchange into the small and non-group marketplace. Information that is collected for the study will be shared with all parties involved to ensure transparency and coordination.

*Key Tasks to be funded under Establishment Grant:* A contractor will be engaged to complete a comprehensive study on program integration.

**Exchange IT Systems:** As described in Section A. above, Vermont has a clearly articulated vision for a comprehensively integrated Enterprise Architecture that will leverage IT investments across the Agency of Human Services. While there are many open questions about the larger Exchange IT ecosystem, particularly with respect to the federal data hub, the State has and will continue to engage vigorously with HHS, CCIIO and NESCIES colleagues, along with conducting an extensive internal planning process, to chart a clear path for implementation of the Exchange IT infrastructure. Because of Vermont's integrated SOA approach to AHS systems and the timing of the SOA core components implementation, as well as the Eligibility & Enrollment and MMIS procurements, the State has a unique opportunity to ensure maximum leverage and integration across the Health Reform and Health IT Portfolio components.

Over the past year, Vermont has participated in NESCIES Steering Committee Activities and progress reports / updates from the Massachusetts team, including detailed presentations on SDLC gate reviews. More recently, Vermont staff has interacted directly with HHS, CMS, and CCIIO IT leadership to further explore ways in which the State could potentially partner, either directly or through NESCIES, with federal Exchange IT systems. As of the filing of this grant proposal, many questions about that IT infrastructure remain unresolved, but Vermont nonetheless has a clear path forward. By the time the Establishment grant is awarded to Vermont, details will be available to complete a much more detailed Implementation Work Plan.

In the interim, the State will continue to work to determine the most advantageous Exchange IT strategy compatible with other Vermont IT systems and refine its planning to reflect choices made based on additional information as it becomes available. One of the most complex questions relates to "reusability" of NESCIES Exchange infrastructure planning, component design, and systems procurement. Another critical area of still-to-be determined issues revolves around identity management and data exchange standards and protocols.

Over the next several months the IT project team will continue to conduct activities including reaching resolution of the strategic design of Exchange IT systems in relation to the overall Portfolio Architecture. This includes making decisions on which HIX components can and should be shared via the NESCIES project, and which of the work orders/procurements Vermont can take advantage of. In addition, Vermont will review the messaging of the Identity Management system that will be utilized by the federal hub and determine which Identity Management standards and infrastructure can be reused and/or leveraged across the AHS SOA Enterprise. We will also be working towards a resolution related to location and hosting strategies including which components can be located at the Vermont State Data Center and which components can be "cloud" based. Before the grant is awarded, Vermont IT leadership will meet with CCIIO IT leadership to review our

Informal Architecture and we will continue to work with them to review our draft Technical Design specifications.

*Key Tasks to be funded under Establishment Grant:* Absent information not available at the time of this grant submission, Vermont cannot chart a definitive path regarding IT implementation and specific funding for each phase of work. We are requesting IT funds that will allow us to move forward during this next year issuing RFPs for various IT features as determined and agreed upon by our federal partners. The Work Plan for this section is based on contingencies and pending data.

**Financial Management:** Preliminary work in this core area was completed using federal Exchange Planning Grant funds. However, additional work in this area will be conducted during the first year of the Establishment Grant period to refine the initial analysis. We identified three areas requiring additional work during the Establishment period.

First, it is critical that the Exchange develop a financial management system that offers integrity and a thoughtful and detailed approach to maintaining efficient spending and revenue streams. The system will need to adhere to HHS Financial Management standards. In addition, under Vermont's Act 48, DVHA is required to have adequate financial management systems and provide efficient and effective accountability and control of all property, funds, and assets related to grants and cooperative agreements with the federal government. Although the accounting standards that are in place at DVHA ensure adequate financial management, Vermont will need to assess the specific policies required by the federal government and adapt our policies as needed and allowed within State law. Because the Exchange is located within a State agency, DVHA will be responsible for the financial management of grant funding and ultimately of the Exchange.

Second, as part of the financial and business functions plan that was developed during the federal Exchange Planning Grant period, an analysis of existing State resources, financial management needs, and gaps in current structures were identified. Once we consider the cost shifts that occur among agencies due to changes in eligibility and finalize the Exchange design, Vermont will refine our financial model so that it accurately projects Exchange revenue and expenses over a five-year period. Because the Exchange must be operating independently and with its own source of funding by January 1, 2015, it will be important for the Exchange to have reliable estimates of the operational costs for the Exchange.

Preliminary estimates of the cost of the Exchange and various models for financial sustainability were developed during the federal Exchange Planning Grant period. However, this work was completed without the knowledge of the final Exchange design. Estimates were made for three time periods: 1) Start-Up Activities (present through December 31, 2013) – the period prior to the date by which Exchanges must be operational, 2) First Year of Operation (January 1, 2014 – December 31, 2014), and 3) Second Year of Operation (January 1, 2015 – December 31, 2015). Beginning in this second year of operation, Exchanges must be self-sustaining. The estimates provided in our preliminary report present a sense of the magnitude of costs. These estimates will be refined using funds from the Establishment Grant based upon the following:

- **State Decisions.** The State must make several decisions regarding the scope and structure of the Exchange. For example, decisions regarding whether and how expansion populations will be folded into the Exchange will impact the size of the Exchange and thus the cost of its operation.



- **Federal Guidance.** The ACA largely delegated the details regarding Exchange responsibilities for the delineated functions to the federal Department of Health and Human Services (HHS). HHS has recently released some proposed regulations, but additional information will be forthcoming, and these draft regulations may change based on public comment. Thus far, there appears to be a fair amount of state flexibility in the tasks it assigns to its Exchange. As these responsibilities become clearer, estimates and assumptions will need to be revisited in an iterative fashion.
- **Level of Detail.** As decisions are made, a greater level of detail regarding costs can be realized.

Final recommendations regarding levels of funding required for Exchange self-sustainability by January 2015, and potential revenues for that level of funding, will be made once the costs for the Exchange operations are refined.

Third, Vermont will also assess the adequacy of current accounting and financial reporting systems and will assess gaps. We propose working with a contractor to identify the additional requirements necessary to manage the finances of the Exchange, including the ability to publish all expenses, receivables, and expenditures consistent with federal requirements.

*Key Tasks to be funded under Establishment Grant:* Establishment Grant funding is requested to update and refine the preliminary work done in this core area. We propose to engage a contractor to: 1) assess the existing capacity of Vermont's financial management system and determine which parts of this system, if any, can be used by the Exchange to ensure compliance with federal requirements; 2) finalize cost estimates and the sustainability model for the Exchange; and 3) establish a robust and transparent accounting and financial reporting system for the Exchange.

**Program Integrity:** It will be necessary for the Exchange to combat waste, fraud, and abuse within all its systems, including its financial management system, the eligibility determination process, appeals for exemptions to the individual mandate, and overall information and funds that flow through the Exchange. Establishing oversight and program integrity functions will be critical for a properly functioning Exchange. Vermont intends to leverage the existing processes within DVHA and DCF to ensure program integrity, but little additional work has been completed in this area to date, and funds from the Establishment Grant will be used to analyze options and develop systems for ensuring program integrity for all aspects of the Exchange in the following two areas:

1) Ensure the prevention of waste, fraud, and abuse: Although the State's financial policies already in place ensure the proper use of state and federal funds, we will need to review agency policies and align them with the requirements laid out by the federal government. As a part of those requirements, the state will also develop appropriate procedures to meet HHS audit requirements.

2) Implement Oversight and Program Integrity Functions: Under the Establishment Grant, Vermont proposes to assess existing programs, develop plan processes, and create a plan for oversight and program integrity functions. A contractor will be hired to analyze and evaluate current infrastructure (program integrity unit at DVHA, fraud and quality control units at DCF, any insurance oversight functions at BISHCA, and the Medicaid fraud unit at the Attorney General's Office. The contractor would also review federal regulation requirements.

Procedures for an independent, external audit, fraud detection, and reporting to HHS on efforts to prevent waste, fraud, and abuse will be established. The contractor will also ensure that program integrity functions are aligned between Medicaid and the Exchange to the extent allowable under federal law.

*Key Tasks to complete under Establishment Grant:* Engage a contractor to develop a plan to identify and eliminate waste, fraud, and abuse within all of the Exchange systems, including the financial management system, the eligibility determination process, appeals for exemptions to the individual mandate, and overall information and funds that flow through the Exchange.

**Health Insurance Market Reforms:** Vermont will continue to implement the ACA requirements for market reforms, and we propose conducting follow-up work regarding several issues pertaining to this core area during the first year of the Establishment Grant.

A report was commissioned with assistance from the Robert Wood Johnson Foundation to assess the advantages and disadvantages for the State, employers, individuals, and the Exchange of: 1) allowing qualified health plans to be sold to individuals and small groups both inside and outside the Exchange, 2) allowing nonqualified health plans that comply with the provisions of ACA to be sold to individuals and small groups outside the Exchange, and 3) the impact of the availability of supplemental insurance plans on offerings in the small group and individual market. The results of this work will be reported out to the Joint Advisory Committee, the Governor and the Legislature for their consideration. There will likely be follow-up work to this report that will be undertaken using funds from the Establishment Grant.

In addition to the follow-up work, we would also like to study the risk adjustment mechanisms included in ACA that will assist in leveling the playing field across the markets. This work will include a study of options for implementing the three risk-leveling mechanisms and developing a Vermont model based on currently available patient-level data.

Another project related to this core area is consideration of State-mandated benefits that exceed the Essential Health Benefits determined by HHS. Since a state is responsible for funding the premium and cost-sharing subsidies of any state-mandated benefit that exceeds the federal essential health benefits package, it is important for Vermont to conduct this analysis. Vermont proposes to hire a contractor with actuarial expertise to work with the State to conduct an actuarial cost analysis of any mandated benefits beyond the Essential Health Benefits that Vermont policymakers wish to maintain in the standard benefit plan design. The report will also consider policy options for paying for the additional costs of such benefit.

In addition, the State will likely require standardized benefit plans in the Exchange and will need to do additional analysis to determine what those standard designs should be. This analysis would include an inventory of the most utilized benefit plans, variations among plans, and employer, employee, individual, and public input on what types of benefit options would be most appealing. The state will also hire a contractor to assist with the development of a risk adjustment and reinsurance program in Vermont.

*Key Tasks to complete under Establishment Grant:* We will engage a consultant with actuarial experience to conduct the work described in this core area, including the design of the risk adjustment and reinsurance programs.

**Providing Assistance to Individuals and Small Businesses, Coverage Appeals, and Complaints:**

Establishing the call center and Navigator functions will be key activities funded through the Establishment Grant that overlap with this core area. However, in addition to these activities, Vermont proposes to use its Health Care Ombudsman (HCO) program to provide assistance to individuals and small businesses. The HCO, which is part of Vermont Legal Aid, Inc., is an existing health insurance consumer assistance program with many years of experience in helping State residents resolve problems, answer questions, file complaints and appeals, and enroll in State health care programs. Vermont plans to use the HCO to provide these services for the Exchange. Since the HCO has been collecting data on consumer problems for almost twelve years, these data can be an important resource to inform the Exchange of the types of health insurance questions and problems that consumers encounter. We are asking for funding for the HCO to develop an implementation plan and educational materials for consumers.

Vermont will also revisit any additional requirements necessary to meet the needs of individuals and small businesses. Funding is requested specifically in this core area to test the Exchange model with individual and small business stakeholders via key informant interviews and focus groups to determine any additional desirable features.

*Key Tasks to be funded under Establishment Grant:* Funding requested for this core area will assist the HCO in developing an implementation plan and educational materials and analyzing data on consumer problems. In addition, a contractor will be engaged for testing the Exchange model with individuals and small businesses through key informant interviews and focus groups.

**Business Operations/Exchange Functions:** There are a number of important business functions that are crucial to the success of the Exchange. Vermont will begin to establish this functionality in 2012 using support from the Establishment Grant. Although we will likely adapt the draft operational work plan as needed during the establishment of the Exchange, the following operational areas will be addressed in this work:

Certification of Qualified Health Plans: As required under Act 48, to participate in the Exchange, plans in Vermont must offer at least the silver level of coverage and meet minimum prevention, quality, and wellness standards, including the requirement that plans participate jointly in quality improvement activities with other plans and participate in Vermont's chronic care initiative, "Blueprint for Health." In certifying plans, the Exchange must minimally consider affordability; promotion of high-quality care, prevention, and wellness; promotion of access to health care; and participation in Vermont's health care reform efforts.

Act 48 also requires plans to charge the same premium for a plan whether or not it is obtained through the Exchange. Plans seeking recertification must submit a justification for a premium increase prior to implementation of such an increase. Today BISHCA reviews rate and form filings from health insurers doing business in Vermont. Much of the information that will be required for certification is similar to that collected and reviewed by BISHCA today. The Exchange will therefore leverage BISHCA's process for reviewing health plans for certification, although the federal government may require the Exchange to establish its own procedures. It is possible that given the opportunities under the ACA, there will be potential new entrants in the Vermont market, creating additional plans for BISHCA and the Exchange to review.

Act 48 also requires the Exchange to conduct satisfaction surveys for consumers and health care performance and to utilize other mechanisms to evaluate plan performance. The results of these satisfaction surveys and evaluations should play a key role in the recertification of health plans for participation within the Exchange.

The operational plan developed for Vermont calls for a clear certification process, including adherence to a strict timeline for application submission, evaluation, and selection of qualified health plans. Vermont will engage stakeholders regarding potential certification criteria and processes.

During this first Establishment Grant year, we propose engaging a contractor to develop the criteria for certification, recertification, and decertification of qualified health plans and to design the consumer satisfaction survey process.

Call center: The ACA mandates that Exchanges provide a toll-free telephone hotline to assist individuals and small employers in all aspects of the Exchange process, including plan selection. In order to ensure that the State, its vendors, providers, businesses, and individuals are ready for the implementation of the Exchange and understand how to enroll in coverage during the designated open enrollment period, Vermont's call center will be operational during the spring or summer of 2013 in advance of open enrollment to begin fielding questions. Through a vendor, the State currently operates a call center to serve all of its Vermont's public health coverage programs.<sup>3</sup> It assists enrollees and others in gaining an understanding of the program's benefits and policies and responds to individual questions. Most incoming calls fall within one of the following categories of questions:

- eligibility and enrollment status,
- premiums,
- information updates, and
- covered benefits.

The call center also places outbound calls to assist new enrollees in the selection of a health plan and physician, as appropriate, depending on the program.<sup>4</sup> The vendor is able to access back-up capacity to limit wait times during high-volume periods.

The requirements of an Exchange call center are similar but not identical. For instance, under the Exchange the call center will need capacity to work closely with small businesses and answer their questions, and will need to learn in detail about ACA eligibility requirements, particularly as they relate to the provision of refundable tax credits and cost-sharing subsidies. The current vendor provides assistance in plan enrollment for the Catamount Health population. Specifically, the vendor assists enrollees in their choice of health plans and then enters the enrollee's selection in the eligibility IT system.

Given that the State already operates a call center for its Medicaid population, Vermont will likely expand the role of the current call center functions to respond to Exchange inquiries. This would allow the State to leverage existing expertise and infrastructure, including space and call center technology. However, given that the call

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<sup>3</sup> This includes Medicaid, Dr. Dynasaur, Vermont Health Access Plan, Catamount Health, employer-sponsored insurance premium assistance, and various prescription assistance programs.

<sup>4</sup> Maximus Monthly Tracking Report, January 2011

center currently serves only subsidized individuals, a new procurement or contract amendment will be necessary. As a first step during this first year of the Establishment Grant, we will determine the scope of services needed for the call center and develop appropriate contract language for use either in a contract amendment or as part of an additional procurement and model contract. The contract will carefully account for the additional requirements and the enhanced need for call center services in the months leading up to implementation of the Exchange and during annual open enrollment periods. Moreover, the contract will consider that today most inbound calls focus on the most complex programs, which could result in the need for a higher ratio of call center staff to enrollees once the Exchange becomes operational. The contract language will include specific performance requirements, such as number of calls answered, wait time, and number of abandoned calls.

Vermont proposes using Establishment Grant Funds to engage a contractor to develop the criteria and specifications for the call center function, and to draft the RFP or contract amendment.

Quality rating system: Federal HHS is in the process of developing criteria for states to use to assign quality ratings and reward quality for plans covered through the Exchange.<sup>5</sup> Based on these criteria, the Exchange will assign ratings to each health plan offered in the Exchange. Prior to implementation of the Exchange, Vermont will need to evaluate the federal system, determine whether additional measures are required, and develop processes and procedures to implement a quality rating system. Vermont may want to add additional quality measures in order to unify quality efforts currently occurring in the State in or with the Exchange. Vermont will also consider whether its single-payer goals require additional performance measurement from what is ultimately included in the federal quality rating criteria.

In addition to assigning quality ratings, the Exchange will need to determine how it will reward its health plans for achieving quality goals based on the federal criteria and within what financial parameters or other incentives those rewards will be provided. The federal quality rating criteria should also be reviewed against criteria that health insurance plans are subject to in terms of compliance with NCQA standards and BISHCA's Consumer Protection and Quality Requirements for Managed Care Organizations, Rule 2009-03<sup>6</sup> Additionally, the Exchange will review the Medicaid Managed Care quality requirements from the Quality Assurance and Performance Improvement plan approved for Vermont Medicaid by CMS for Global Commitment.<sup>7</sup>

Until the criteria are developed and performance measurements are selected, it will be difficult for Vermont to understand what level of resources to commit to this activity. We are seeking Establishment Grant funding to hire a contractor to assess the federal criteria, to determine whether additional requirements may be necessary, and to establish a process for assigning these criteria.

All-payer rate setting: Vermont is seeking to use its Exchange as a mechanism for reducing administrative complexity in the health insurance market and thereby reduce the transaction costs associated with health insurance. Vermont is also pursuing all-payer rate setting as a strategy for achieving several goals: controlling

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<sup>5</sup> The proposed Exchange regulations do not include these criteria.

<sup>6</sup> <http://www.bishca.state.vt.us/reg-bul-ord/consumer-protection-and-quality-requirements-managed-care-organizations>

<sup>7</sup> <http://humanservices.vermont.gov/news-info/draft-ahs-quality-strategy/ahs-medicare-managed-care-quality-strategy-draft/view>

health care cost increases, assuring greater equity in payments from carriers and between the public and private sectors, assuring greater equity across health care providers in payments, rationalizing and simplifying payment methodologies across payers, allowing for the financial sustainability of efficient and effective providers, and implementing common approaches to payment innovation to improve health system efficiency and quality of care. Act 48 provided the authority for the State to pursue both comprehensive administrative simplification and all-payer rate setting.

Vermont proposes using a portion of the Establishment Grant funding to examine methodologies for implementing all-payer rates within the Exchange and for coordinating provider payment policies in the Exchange with those used by public programs and private carriers outside the Exchange. Specifically, we propose hiring a contractor who will document current payment levels, payment methodologies, and variation in payments, both across payers and across providers within Vermont.

This work will include an assessment of potential approaches to implementing all-payer rates, in terms of the scope of rate setting, methodologies to be used, and any necessary phase-in. Modeling the impact of implementing all-payer rates within the Exchange, and of applying those rates to public payers in terms of the cost or savings to the state, the cost or savings to private payers, and the impact on specific types of providers, individual institutions, or areas of the state will also be conducted. Specific guidance on potential approaches to coordinating Vermont's all-payer approach with Medicare payment policies and innovations in Medicare payment will also be made.

Navigator program: A key ingredient to the ultimate success of the Exchange in Vermont will be in how we use the Navigator program to bolster the effectiveness of our plan for outreach and education. The Navigator program, while mandated by the ACA and Act 48, must be fully State funded and must provide grants to qualified organizations to educate and assist individuals and small businesses in enrolling in health coverage through the Exchange. Federal HHS draft regulations on the Exchange require that the State contract with a minimum of two types of organizations. Act 48 is consistent with the ACA requirements for Navigators.

Vermont will need to develop certification criteria and program direction for the Navigator function. The State will need to develop an RFP for qualified individuals or agencies to provide Navigator functions in different areas of the State. The RFP will focus on needed skills and experience, and not specifically include or exclude any particular entity (consistent with the ACA requirements). Entities will have the option of bidding to serve either or both individuals and small businesses as Navigators, but will be evaluated separately based on experience and skill. Entities will also have the option of bidding to serve all areas of the State or just particular regions. Contracts to serve as Navigators for 2013-2014 will be awarded in the spring of 2013. Vermont will also need to develop training materials for Navigators. Training for Navigators will start in the spring of 2013, and the program will begin in the summer of 2013. Following 2014, Navigators will have 12-month contracts and have the opportunity to reapply for subsequent years.

We are seeking funding to hire a contractor to help the State develop criteria for its Navigator program and develop training materials for Navigators.

Eligibility determinations: In order to determine and coordinate eligibility for premium tax credits under the Exchange and provide for seamless eligibility and enrollment for all public health coverage programs, DVHA

intends to utilize a single eligibility system that allows for determination of eligibility for public programs, including verification of accessibility of employer-sponsored insurance. Determining eligibility for Exchange premium tax credits and cost-sharing subsidies is similar to the activities done within the current Medicaid eligibility system and translatable to a new system following particular ACA rules.

DVHA intends to enhance its current efforts in working with employers to coordinate benefits, and to communicate about subsidies for both individuals and employers to the Internal Revenue Service (IRS) and other governmental entities as required by the ACA and Act 48. The Exchange is also charged with collecting premiums from employers and individuals and ultimately enrolling qualified individuals into qualified health plans under Act 48.

As noted above, Vermont is one of the New England states participating in the New England Innovator Grant led by Massachusetts. Under the Innovator Grant, known as "NESCIES," Massachusetts is developing an Exchange infrastructure, including an eligibility portal to serve individuals and employers<sup>8</sup> and links to federal agencies to verify and share information, and is working together with other New England states to create that infrastructure in a flexible manner that allows the maximum potential for its re-use in New England and other states. The preliminary design will be available soon, at which point Vermont will be able to compare this design to its own needs and make a determination of whether the eligibility portion of the system can be a platform for Vermont.

In the meantime, the State is in the process of developing a procurement for a new eligibility system to replace its current Medicaid eligibility system. That procurement will include any additional Exchange eligibility requirements, including determination of eligibility for premium tax credits and cost-sharing subsidies, and tax credits for small employers. Given that large system procurements often take more than 24 months to complete, the State is also in the process of developing an alternative plan that will allow for Exchange eligibility to be determined through modifications to our current eligibility system (known as "ACCESS").

We are seeking Establishment Grant funds under the IT section of this proposal to implement this new eligibility system.

Applications and Notices: The federal government will likely release guidance on standard applications and notices in the fall of 2011. The Exchange will use those standards to tailor the application and application processes to meet the State's needs. In doing so, the Exchange will consult with stakeholders to receive their feedback on consumer readability and ease of using the application and understanding the notices. The final applications and notices will be tested before the open enrollment period in 2013.

No activity in this area is expected during the first year of Establishment Grant funding.

Outreach and education: The ACA creates several new options for health insurance coverage. Successful implementation of the ACA requires extensive marketing, public education, and outreach. Vermont can leverage its successful experience and lessons learned from the marketing and outreach related to the launch of Catamount Health. With the ACA expansion, Vermont will focus its campaign on both consumers and

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<sup>8</sup> Depending on how the Massachusetts employer module is built, Vermont may need to devote significant planning time to determining the process by which it will determine eligibility for small employer tax credits in the Exchange.

employers. For consumers, the focus will be on the insurance mandate, the opportunities for first-time coverage, the availability of tax credits, and the choices among programs and products available through the Exchange. For employers, the focus will be on employer decision-making in the Exchange, employee affordability, and tax credits. Vermont will develop and begin to implement a marketing and outreach plan in 2012, which will incorporate the needs of individuals with disabilities, individuals with limited English-speaking proficiency, and other potential barriers to enrollment included in the ACA. At a high level, the plan will:

- be organized around a set of simple messages that emphasize the State's priorities and educates both individuals and small businesses;
- utilize a multi-prong approach, including numerous public education and outreach campaigns, collaborating with State agencies, community organizations, and corporate and civic organizations;
- give special consideration to the rural nature of Vermont and the characteristics of the current uninsured population;
- leverage and coordinate messages and consumer advice with the Exchange call center and Navigators; and,
- be coordinated with campaigns of health plans that participate in the Exchange and, where possible the business community.

As a first step, Vermont will develop an overarching message and branding for its Exchange campaign and should determine early on when, to what extent, and how it will weave in its ultimate goal of a single-payer plan. The overarching message will be used mainly in the pre-implementation process to provide broad information about the coming availability of the Exchange and its benefit to Vermonters, including small businesses. The message may be conveyed through a variety of means, including print, television and radio advertisements, brochures, fact sheets, Q&A documents, public information forums and community events, and other means.

Based on its overarching message, the State will next develop a strategy for providing more detailed and targeted marketing. This phase of marketing will focus on whom the Exchange can begin to cover immediately and, to the extent necessary, aim to reduce any fears and clarify who is and who is not impacted by the Exchange at its inception. In developing materials, the State will leverage its previous activities, including materials developed for Catamount Health, and as implementation nears, the State will collaborate closely with insurers that will be participating in the Exchange to ensure consistent messaging.

In addition to broad marketing of the program, it will be essential to have a comprehensive training program that provides widespread training for State staff and vendors, as well as providers, advocacy organizations, small businesses, chambers of commerce, and other interested organizations. In previous expansions, "Train the Trainer" models have been quite successful. The State will take advantage of this technique as much as possible. The mode of Train the Trainer can include many options such as using Vermont Interactive Television studios around the State, holding in-person trainings regionally, and having telephone/webinar trainings.

In compliance with the ACA, Act 48 requires the Exchange to create and maintain consumer assistance tools. Act 48 appropriately includes the website and call center as part of the program's outreach and educational



tools. The Act specifies that any interactive online communication tools developed must comply with the requirements of the Americans with Disabilities Act.

In order to create a comprehensive outreach and education strategy, the State will develop an RFP for the design and implementation of a communications plan that will assist the Exchange through 2014. The communications plan will include different phases including:

- Phase I: Research and Planning – This phase will include assessing people’s evolving knowledge, concerns, and sources of information about the Exchange through focus groups.
- Phase II: Outreach and Education Materials Development – This phase will create materials that appeal to and are easily understandable to target audiences, such as brochures, posters, and doctor’s office messages. This phase will include identifying the role of Navigators in outreach and education.
- Phase III: Launch activities – This phase will include the actual outreach and education to reach as many of those likely to interact with the Exchange as possible. This will include dissemination of educational materials, a marketing campaign, and partnering with community groups, Navigators, and others to reach the target audience.

Vermont proposes hiring a marketing/communications firm using Establishment Grant funds to both develop a plan and create and carry out the communications strategy for outreach and education.

SHOP-specific functions: Planning for the SHOP Exchange is in the early development phase but in light of Vermont’s expansive health insurance market reform goal, critically important to our success. Focus groups were held with employers to determine their level of understanding of the Exchange and to seek their input on important features of the SHOP Exchange and a preliminary SHOP design. The focus groups revealed that employers are generally uninformed about the Exchange and will need and desire significant assistance in understanding the options in order for them to provide meaningful input into the design and planning. However, there are a number of specific Exchange functions related to the SHOP Exchange that will need further development, such as specific details on enrollment and payment of premiums.

During the next phase of Exchange planning, the State will continue to explore potential enrollment options and further define the enrollment procedures. During this process, the State will learn from the experience of employer enrollment in Massachusetts and contemplated in other states, and have focused design meetings with insurers and employees to understand potential enrollment barriers and ways to simplify the enrollment process for employers and their employees. Other issues that will be considered during this early phase include cross-border enrollment and service issues.

We propose that Establishment Grant funding be used to support the engagement of a contractor to work with State staff to review the operations of a small business Exchange and the necessity to incorporate functions for small businesses that would otherwise be provided by small employers themselves, such as simplifying enrollment, aggregating premiums, and managing employee insurance plan choice. Once decisions have been made on the SHOP, the Exchange will develop system and operational processes for the administrative duties the Exchange would take on for small employers, including assistance in helping them qualify for the small business tax credits. The Exchange will need to hire staff to perform the SHOP-specific functions and assist small businesses in offering insurance to their employees.

Create benefit categories: The ACA requires that Exchanges offer four levels of health insurance plans (bronze, silver, gold and platinum) for both individuals and small employers, and an optional catastrophic plan for individuals. The ACA also requires that states offer two multistate plans within their Exchange. Act 48 requires that the State create only three levels of health insurance plans (platinum, gold, and silver).<sup>9</sup> Each of these levels must provide the Essential Health Benefits required under the ACA, as well as any additional State mandated benefits required by the Secretary of Health and Human Services after consultation with the Joint Advisory Committee and approval from Green Mountain Care Board.

In creating benefit categories, the Exchange will work closely with staff from BISHCA and an actuary to develop the appropriate levels of benefits and cost sharing. All plans are required to include Essential Health Benefits, which have not yet been finalized by the federal government. However, as mentioned in the health insurance market reforms discussion above, the State will begin development of the different benefit categories to be offered within the Exchange. This work must get underway soon after the federal government issues guidance, since states are expected to select and certify qualified health plans in 2012 to prepare for an open enrollment period in mid-to-late 2013.

We are requesting Establishment Grant funds under the health insurance market reforms core area for this activity.

Transparency and reporting: The ACA requires that each state Exchange have, at a minimum, the capacity to report accurate and timely information to the Internal Revenue Service (IRS) regarding individuals and employers for verification purposes. Through the New England Innovator's Grant, Massachusetts will be developing an Exchange portal that includes a reporting system in addition to an eligibility system. We hope that this piece of the Massachusetts design may be able to be leveraged and re-deployed for Vermont's Exchange. It is not certain, however, that usable design elements will be made available in a timely way. Vermont will continue to work closely with Massachusetts in its design efforts in the hope that features that are usable are included in the initial model. However, we also are preparing for the possibility that we may need to design our own system. Once the preliminary Massachusetts design is finalized, Vermont will have a better sense of whether the reporting system is transferrable.

We are not requesting Establishment Grant funds for this activity at this time but may do so in the future.

Website: A key function of the Exchange is to provide a venue to allow both individuals and small employers to compare available health plans, utilizing standardized comparative information on benefits provided and quality ratings of health plans participating in the Exchange. The Exchange website must also include a premium tax credit and cost-sharing reduction calculator that allows individuals to understand their potential cost-sharing responsibilities. Further, individuals must be able to utilize the Exchange website to apply for coverage and enroll online and view information regarding plan choices.

In developing the content for its Exchange website, Vermont hopes to utilize some of the prototype content and functionality that will be developed by the federal government. In addition, Vermont may be able to re-use any website structure and information designed for Massachusetts under the Innovator Grant. However, given the

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<sup>9</sup> Vermont will require federal permission to not offer a bronze or catastrophic package under its Exchange.

uncertainty of relying on external sources and Vermont's efforts to implement a single-payer plan, it is likely that the State will want to develop at least some content that is particular to Vermont for use on its website. With the available information and potential for reuse, it is not anticipated that the design of the website will be complex.

As DVHA transitions from the Planning Grant to the Establishment Grant, and the Exchange structure begins to take form in terms of a director and staff, an early version of the Exchange website should be operational as soon as possible to provide an easily identifiable place for Vermonters to become educated on the Exchange, the implementation process, and the timetable for implementation. The Exchange's website should also provide links to other key sources of information.

The development of an early version of the Exchange website will be performed through a contractor, and we are requesting funds for this activity through this Establishment Grant.

Contract with health plans: During 2012, the Exchange should begin a process of contracting with qualified health plans to offer health insurance. This activity will be closely tied to the development of benefit criteria and the process for initial plan certification as described above. Based on the final benefit criteria and certification process, the Exchange will contract directly with health plans to offer coverage through the Exchange to participating individuals and small employers. Both the ACA and Act 48 detail a number of requirements that insurers must meet to contract with an Exchange to offer coverage. While the ACA generally offers broad categories of requirements, Act 48 includes a number of requirements that will need to be developed in significant detail in order to create a contracting process for interested health plans. Specifically, the proposed contract with health plans must define standards for marketing practices, network adequacy, essential community providers in underserved areas, appropriate services to enable access for the underserved, accreditation, quality improvement, and information on quality measures for health benefit plan performance. Plans must agree to use uniform enrollment forms and descriptions of coverage and to comply with insurance and consumer information requirements. Plans must also agree to publicly report a series of information including denied claims numbers, enrollment and disenrollment numbers, rating practices, and cost sharing and payment practices for out-of-network coverage.

The Exchange will be focused on an appropriate balance of quality and price to provide confidence for the State that its residents who select a plan through the Exchange will have the best opportunity for positive health outcomes coupled with contained costs. The Exchange will be required to determine whether each health plan meets the requirements set forth in the procurement, the ACA and Act 48. The Exchange must make a determination that offering a plan through the Exchange is in the best interest of individuals and qualified employers; and must also consider affordability, promotion of high-quality care, prevention and wellness, promotion of access to health care, participation in the State's health reform efforts, and other criteria at the discretion of the DVHA commissioner. In negotiating the contracts and determining final premium rates for participating plans, the Exchange is required to consider an insurer's historic rate increases and BISHCA's recommendations. Act 48 requires that the Exchange offer at least two Vermont health plans, if possible.

We are not requesting Establishment Grant funds for this activity at this time but may do so in the future.

Individual responsibility determination: The Exchange will be responsible for determining whether an individual should be exempt from complying with the insurance mandate based on the lack of an affordable plan. This function should leverage the existing Medicaid appeals function. To implement, the Exchange will be required to develop a detailed process for how and when to request an exemption, and must also define how such exemptions will be considered and ruled upon based on federal guidance.

We propose using Establishment Grant funds to engage a contractor to develop options for implementing this process during the next year

Employer responsibility determination: The Exchange will work closely with the State's Department of Labor to develop a process to determine whether an employer should be penalized for failing to purchase insurance for its employees. An important component of this work includes developing a process for determining whether individuals applying for a tax credit in the Exchange have access to affordable health insurance that meets minimum standards.

We propose using Establishment Grant funds to engage a contractor to develop options for implementing this process during the next year.

Enrolling individuals and businesses in qualified health plans: The Exchange is charged with collecting premiums from employers and individuals and ultimately enrolling qualified individuals into qualified health plans under the ACA and Act 48. Proposed federal regulations anticipate an open enrollment period from October 2013 through February 2014, and an annual open enrollment period thereafter. Vermont has some experience in enrolling individuals in health plans through the Medicaid program and Catamount Health. In developing a process for enrolling individuals and businesses in plans, Vermont will leverage its outreach and education efforts, state eligibility and call center staff, its Navigator function, and its website. Ideally, at implementation individuals will be able to access a real-time eligibility decision and health plan enrollment through the Exchange website and eligibility portal. The Exchange must use standardized forms and formats for presenting health benefit options. The Exchange website will include this information as well as a calculator that will allow for individuals to determine cost sharing and benefit differences across plans. Alternative enrollment options will also be available, including phone options with call center or Navigator assistance and by mail. As contemplated, Navigators may also provide some enrollment assistance in person.

Ideally, the Exchange will be designed to allow for more than one employer to contribute to an individual's health coverage, and the Exchange will aggregate the contributions towards the premium. During the Establishment Grant phase of Exchange planning, the State will continue to explore potential enrollment options and further define the enrollment procedures. During this process, the State will consider the employer enrollment used in Massachusetts and contemplated in other states, have focused design meetings with insurers and small businesses to understand potential enrollment barriers, and develop options for simplifying the enrollment process for employers and their employees.

We propose using Establishment Grant funds to engage a contractor to develop enrollment options and work with the IT contractor to implement the selected model.

Universal Exchange planning and design: Vermont seeks Establishment Grant funding to explore design and functionality options for a Universal Exchange that serves all Vermonters on a mandatory or voluntary basis. We will develop planning and analysis capacity to determine which functions of an Exchange could be shared with payers who are self-insured or insured in the large group market, as well as other coverage programs. The options and analysis will be made available to interested states and others outside of Vermont. Planning and design tasks would include:

- Determining the nature and timing of necessary law changes and intergovernmental actions required to bring the maximum number of existing coverage programs into the Exchange or a subset of the Exchange's operations;
- Learning the health care coverage characteristics of the Vermont population who presently have coverage outside of the individual and small group market, including the self-insured sector and other government programs;
- Testing the perceptions of groups offering, and consumers presently receiving, coverage through payers and programs outside of the small group and individual market, including the self-insured sector and other government programs
- Modeling the impacts of combing risk pools on qualified health plans and on existing health plans and on reducing administrative costs by maximizing the use of Exchange operations and functions by all payers, including those in separate risk pools.
- Exploring how the Exchange could help introduce and manage improvements in the quality of care, provider and delivery system payment reform, and cost containment ;
- Developing a broader stakeholder process to determine which operational features of an Exchange are appealing to stakeholders and which would reduce administrative burdens and costs;
- Determining the staffing and sustainability of a Universal Exchange and what administrative savings could accrue to the Vermont Health Benefits Exchange;
- Developing a business operations plan for the Exchange to ensure that it can be expanded and transformed into a Universal Exchange.

For example, funds requested in this section may be used for a comparison of business functions between the State's existing functions needed for state employees, Medicaid, the Exchange, and a Universal Exchange system. This analysis will inform which Exchange functions could be leveraged for other payers and whether it will result in savings to the health care system generally. Because Vermont is a small state, sustainability is an issue for the Exchange. Providing services to self-insured employers and other payers may be a creative way of increasing the sustainability of the Exchange and reducing overall health care costs by reducing administrative costs throughout the system.

*Key Tasks to be funded under Establishment Grant:* Contractors will be engaged to complete the following tasks in this core area:

Contractor will develop criteria for certification, recertification, and decertification of QHPs.

Contractor will develop the criteria and specifications for the call center function, and assist the State with drafting and issuing a RFP or amending the current contract.

Contractor will determine whether additional quality information is required and develop a process for assignment of quality ratings,

Contractor will make recommendations for potential approaches to implementing all-payer rates and will model the impact of implementing all-payer rates within the Exchange,

Contractor will develop the model, certification criteria, and a comprehensive training program for Navigators.

A communications firm will develop a marketing, outreach, and education plan and carry out Phase 1 of that plan.

Contractor will work with State staff to review the options for the operations of a small business Exchange in Vermont.

A website vendor will develop a prototype website using federal design features and New England Innovator Grant when possible.

Contractor will develop processes for implementing individual responsibility exceptions and employer penalties.

Contractor will develop enrollment options and work with IT contractor to implement.

Contractor will study the Universal Exchange concept described above.

**Evaluation Plan:** Ongoing evaluation is an important part of any successful project. The work described above is extremely complex, has aggressive timeframes, and involves many different State agencies. Vermont has developed multiple strategies to assure that the Exchange implementation plan is adhered to and effective, and that ultimately the Exchange's effectiveness is continually evaluated.

#### Ongoing Implementation Evaluation

The Exchange planning activities have been closely integrated with the work of other Vermont State agencies in order to efficiently and effectively carry out all of the responsibilities involved in planning for the Exchange. As mentioned earlier, there are several State work groups currently planning for different aspects of the Exchange, including health insurance operations; insurance market planning; administrative simplification; integration of public health, quality initiatives, and wellness programs into the Exchange; integration between Medicaid and Exchange eligibility and health insurance operations on eligibility and health insurance technology. In addition, there are monthly core team meetings of the work group leaders to ensure coordination among the work groups, and also quarterly meetings of the Governor's Health Care Cabinet. The legislatively-required Joint Medicaid/Exchange Advisory Committee will meet at least 10 times a year and will provide qualitative input into the overall evaluation.

The Exchange is to be administered by DVHA and headed by a new DVHA Deputy Commissioner who will be accountable for completion of the Exchange Establishment Grant activities. A detailed work plan is being developed to assist the Deputy Commissioner in monitoring progress for the duration of the Level One Establishment Grant project period and beyond. The work plan included as part of this application identifies the

activities and milestones that are federally funded through this Level One Establishment grant. This work plan will be used as a tracking and monitoring tool to provide quarterly updates to the federal government. The detailed work plan will also include State activities related to the Exchange implementation, but not funded by this Level One Establishment grant.

The Deputy Commissioner will be responsible for identifying any delays or when targets identified in the work plan are not met. All activities will be color coded as green (timelines being met), yellow (some delays but no intervention is needed at this time) and red (significant challenges requiring intervention) to allow for discussion and remediation. Regular meetings of core senior staff will facilitate the sharing of information and elevation of red (critical) issues to the highest level of leadership so that responses can be decisive.

Vermont's regular communication with its federal partners is also fundamental to staying on target with all milestones. The iterative nature of this work may mean that the work plan is adapted from time to time when new information becomes available, but the infrastructure described above should ensure that communication of such changes occurs at every level within the state and to our federal partners. This is particularly true in the area of IT where our current path is dependent upon other work being developed by the federal government and NESCIES.

#### Evaluation of the Exchange

Vermont is also planning for the evaluation of the Exchange model once it is fully implemented. Vermont has a long history of data collection that will provide most of the baseline data necessary to evaluate the Exchange. However, Vermont proposes engaging a contractor to develop a comprehensive evaluation plan. This plan will identify any gaps in current data collection to ensure that an adequate baseline of data exists from which to compare its post 2014 progress.

*Key Tasks to be funded under Establishment Grant:* Contractor will be engaged to develop a comprehensive evaluation plan for the Exchange.

# Exchange Work Plan

## 1. Background Research

### Quality Programs and Initiatives

Activity	Timing	Outcome
State staff will inventory quality initiatives and conduct analysis to determine how to integrate or supplement existing quality programs and initiatives programs into the Exchange.	December 2011 – February 2012	Findings Report
Findings will be reported out to Exchange Advisory Board	March – May 2012	Board provides feedback
Policy recommendations will be made and quality initiatives adapted as appropriate.	June 2012	Policy recommendations on integrated quality initiatives are made

### Wellness and Health Promotion

Activity	Timing	Outcome
Develop and issue RFP for contracted services	October - December 2011	RFP and signed contract
Contractor will scan Vermont environment and conduct analysis on best practices and write report.	January – March 2012	Draft report
Findings will be reported out to Exchange Advisory Board	April 2012	Board provides feedback
Contractor incorporates feedback	May 2012	Final report
Recommendations are made for wellness initiatives in Exchange	May 2012	Wellness initiatives are determined

### Administrative Simplification

Activity	Timing	Outcome
Develop and issue RFP for contracted services and contract	October - December 2011	RFP and signed contract
Contractor will conduct research on administrative simplification and write a report with recommendations.	January – March 2012	Draft report
Present report findings to Exchange Advisory Board	April 2012	Board provides feedback
Contractor incorporates feedback	April 2012	Final Report
Make recommendations for administrative simplification	May 2012	Plan for administrative simplification is adopted

## 2. Stakeholder Consultation

### Exchange Advisory Board and Joint Advisory Committee Meetings

Activity	Timing	Outcome
Prepare agenda and topics for at least 10 Advisory Committee meetings	Monthly beginning January 2012	Calendar is set, people are invited, room is reserved, and agenda is prepared
Prepare meeting materials, post to website, conduct meetings.	Monthly beginning January 2012	Meetings occur.

### Meetings with Stakeholders in the State

Activity	Timing	Outcome
Continue meetings with stakeholders including:	Ongoing through	Understanding of various



<ul style="list-style-type: none"> <li>• Insurance carriers</li> <li>• Providers (medical professional and hospital groups)</li> <li>• Consumer advocates</li> <li>• Employers</li> <li>• Brokers</li> </ul>	April 2012	stakeholder options on Exchange
Secondary meetings with stakeholders to discuss passed legislation and further exchange development	May-June 2012	More in-depth opinions on Exchange issues

**Tribal Interaction - N/A (Vermont has no federally recognized tribes.)**

**Public Stakeholder Meetings**

Activity	Timing	Outcome
Engage communications contractor to assist with public stakeholder meetings for early education	January 2012	Contractor engaged
Hold public stakeholder input meetings on the Exchange at locations throughout the state.	February - August 2012	Run meetings throughout the state
Provide written summaries of meetings for website posting	May-September 2012	Meetings available to the public

**3. State Legislative/Regulatory**

**Assess Need for Additional Legislation and/or Regulation for Exchange**

Activity	Timing	Outcome
Develop and issue RFP and contract with ERISA attorney to assist with employer questions related to Exchange	February – March 2012	Contractor engaged
ERISA Contractor analyzes ERISA provisions along with goals of Vermont Exchange and provides guidance to state on employer issues	March – April 2012	Draft analysis
Discussion of findings at Advisory group	May 2012	
Draft state legislation and regulations for any necessary changes.	September 2012	Draft legislation and regulations

**4. Governance**

Activity	Timing	Outcome
Medicaid and Exchange Joint Advisory Committee is established	May 2012	Advisory Group members are appointed
Exchange hires an Deputy Commissioner to oversee operations of the exchange	October – November 2011	Deputy Commissioner hired
Job descriptions for other Exchange (and sister agency) positions are developed and posted with assistance from a contractor.	October – December 2011	Positions are posted
Exchange (and sister agency) positions are hired and begin work	January – June 2012	Hiring is completed

**5. Program Integration**

**Integration with Medicaid**

Activity	Timing	Outcome
Continue work of health Insurance Exchange operations subcommittee for Medicaid and the Exchange roles &	October - December 2011	Status report

responsibilities, identifying lead organization, and dealing with challenges, on issues including and not limited to: <ul style="list-style-type: none"> <li>• Eligibility determination, verification and enrollment</li> <li>• Strategies for compliance with "no wrong door" policy</li> <li>• Benefits &amp; IT systems</li> </ul>		
Use subcommittee to create options and recommendations on issues between Medicaid and the exchange (and potentially basic health plan), operating procedures between exchange and other state health programs, and cost allocations between exchange grant, Medicaid and other funding streams. Coordinate work group options with insurers and other private entities who will be involved in integration.	January - February 2012	Memo on options/recommendations for areas of overlap
Present options/recommendations to agency leadership and Exchange Advisory Board	March 2012	Revised memo

**Integration with Department of Banking, Insurance, Securities and Health Care Administration (BISHCA)**

Activity	Timing	Outcome
The Insurance Market Planning group will convene regular meetings to coordinate work, including: <ul style="list-style-type: none"> <li>• Roles and responsibilities of exchange and BISHCA for QHPs inside and outside exchange</li> <li>• Limiting adverse selection between exchange and outside market</li> </ul>	Ongoing	Work group for insurance market integration
Develop options for roles and responsibilities and market reforms that affect the exchange and the outside market and updates to the churning report and basic health plan reports.	October - December 2011	Memo on options for market reforms based on additional actuarial and market analyses, if needed
Present options to Legislature	January 2012	Understand preferred directions
Further develop preferred options	February 2012	Revised memo
Update and pass additional state legislation as needed	February – May 2012	Prepare for 2012 session

**Sharing Information between BISHCA and Exchange**

Activity	Timing	Outcome
Work with BISHCA to ensure BISHCA collected information will be shared with the exchange to ensure Qualified Health Plans (QHPs) meet state insurance regulations, including: <ul style="list-style-type: none"> <li>• Rate review</li> <li>• State licensure</li> <li>• Solvency</li> <li>• Market conduct</li> <li>• Financial stability of insurance companies</li> <li>• New insurance market reforms in 2014</li> </ul>	October 2011 – September 2012	Staff communication and IT systems have process for exchanging information
Ensure way to share exchange-collected data on QHPs with BISHCA, including: <ul style="list-style-type: none"> <li>• Certification processes</li> <li>• Quality information</li> <li>• Performance requirements</li> </ul>	October 2011- September 2012 and ongoing	Staff communication and IT systems have process for exchanging information
Test information sharing through IT systems	October 2012 and ongoing	Functioning system

## 6. Exchange IT Systems

Activity	Timing	Outcome
Architecture Review, Implement and configure Oracle Suite for AHS use, Draft and issue RFP for System Integrator to assist with technical design of Exchange, Draft and issue RFP for VIEWS E & E system	November – December 2011	Detailed architecture review, ORACLE Suite reconfigured, System Integrator and contractor engaged
Collaborate with NESCIES for HIX components and complete final requirements documentation (including System design, Interface control, Data Management, and Database design))	November – December 2011	Attend meetings, determine whether NESCIES components can be leveraged
Review release by CMS of MITA 3.0	November – December 2011	Release reviewed
Draft and issue additional RFPs for HIX components as needed, Draft AHS roadmap summary, Establish eligibility and enrollment framework	January – March 2012	Roadmap drafted, eligibility and enrollment framework developed
Complete AHS roadmap, Complete eligibility and enrollment,	July – September 2012	
Implementation of provider directory	October – December 2012	
Kickoff for HIX Testing, Establish reporting and analytics readiness	April – June 2013	
HIX final testing and VIEWS implementation	July – September 2013	

## 7. Financial Management

### Align State Financial Monitoring Protocols with HHS Requirements

Activity	Timing	Outcome
Develop and issue RFP and engage contractor to assess federal requirements and determine necessary changes to VT's financial monitoring system	January – February 2012	Contractor engaged and report completed
Develop agency policies to bridge between state financial policies and federal policies	March 2012	Policies applying to federal funds
Integrate exchange financial functions into existing state financial management system	September 2012	Exchange financial management system

### Develop Sustainability Model for Exchange

Activity	Timing	Outcome
Develop and issue RFP and contract with contractor to finalize options for Exchange sustainability	December 2011	Contractor engaged
Contractor finalizes financial model to project exchange revenue and expenses over 5 years, recommended levels of funding required to make the exchange self-sustaining by January 2015, and the estimated resources required for the first 5 years of operation	January – February 2012	Final financial model
Finalize options for sustainability once federal guidance is provided	February 2012	Full set of options developed
Present options to Legislature and Exchange Advisory Group	February 2012 and ongoing	Narrow options with recommendations from both Legislature and Advisory Board

Draft legislation on potential funding mechanisms for the Exchange (if necessary)	January 2012 or January 2013	Draft legislation
Passed legislation on funding mechanisms for the exchange (if necessary)	March 2012 or April 2013	Funding mechanism in place for Exchange

**Establish New Accounting and Financial Management System for Exchange**

Activity	Timing	Outcome
Develop and issue RFP and contract with contractor to assess current accounting and financial management system and assess gaps	December 2011	Contractor engaged
Contractor assesses resources, needs, and gaps to develop a financial management structure for the Exchange	February 2012	Gaps, needs, resources available for financial model
Demonstrate capability to manage the finances of the Exchange soundly, including the ability to publish all expenses, receivables, and expenditures consistent with federal requirements	January-December 2013	Sound management of finances
Post information related to exchange financial management on the exchange website and identify other means to make financial activities transparent	January-December 2014	Website postings on financial management
Submit annual accounting report to HHS	Annually beginning in 2014	Annual accounting reports to HHS

**8. Program Integrity**

**Ensure the Prevention of Waste, Fraud and Abuse**

Activity	Timing	Outcome
Develop and issue RFP and contract with contractor to assess current state policies and system	January 2012	Contractor engaged
Develop agency policies to bridge between state financial policies and federal grant policies	Ongoing through September 2012	Policies for both state and federal policies
Follow appropriate HHS audit procedures	Ongoing	Audit procedures adhered to

**Implement Oversight and Program Integrity Functions**

Activity	Timing	Outcome
Develop and issue RFP and contract with contractor to assess current state policies and system	January 2012	Contractor engaged
As part of operational plan contractor will assess existing programs, develop plan processes, and create hiring plan as necessary for oversight and program integrity functions	February- March 2012	
Continue to develop processes and hire staff and/or allocate functions to existing staff for oversight and program integrity functions	November 2011 – April 2012	Staff for oversight and program integrity functions
Present proposed oversight and program integrity functions to advisory board and legislature	May 2012	Recommendation for Board
Establish procedures for external audit by a qualified auditing entity to perform an independent external financial audit of the exchange and	September 2012 and updated on an ongoing basis	External audit procedures

connect this to existing state and federal auditing procedures		
Establish fraud detection procedures	January-March 2013; then ongoing	Fraud detection procedures
Develop procedures for reporting to HHS on efforts to prevent fraud, waste and abuse	April 2013	Procedures for preventing fraud, waste and abuse
Comply with HHS reporting requirements related to auditing and prevention of fraud, waste and abuse	July 2014	Reports to HHS on auditing and preventing fraud, waste and abuse

## 9. Health Insurance Market Reforms

### Preventing Adverse Selection

Activity	Timing	Outcome
Review results of RWJ funded brief that discusses adverse selection for individual and small group plans inside and outside the exchange and risk selection within the exchange.	October 2011-December 2011	Issue brief written with BISHCA
Use report as basis for discussions with advisory group and legislature	January 2012	Options/recommendations
Draft RFP and hire contractor for any follow-up work required	January – March 2012	Report drafted
Present options to Exchange Advisory Group and legislature	March – April 2012	Options presented at meeting.
Draft legislation as needed on association health plans, merging of individual and small group market, employer size at 50 or 100 at the start of Exchange, and whether there will be an outside market	March 2012	Draft bill
Pass legislation	May 2012	

### Risk Leveling

Activity	Timing	Outcome
Draft and issue RFP and engage contractor	January 2012	Contractor engaged
Contractor to write brief on how each of the three risk leveling mechanisms could work in Vermont and how they would interact with each other.	February – April	Draft issue brief
Discuss with Advisory group and Legislature	April 2012	Understanding of risk leveling issues
Coordinate State model with federal requirements	April – June 2012	Discussion with HHS
Decision made on risk leveling mechanisms	October 2012	

### Evaluate State-Mandated Benefits that Exceed Essential Health Benefits

Activity	Timing	Outcome
Draft and issue RFP and engage actuarial contractor to provide costs of extra benefits	January 2012	Contractor engaged
Review current state mandated benefits against essential health benefits	January 2012	List of benefits
Perform actuarial comparison of state mandated benefits that exceed essential health benefits	January – March 2012	Estimate of state cost of providing state-mandated benefits that exceed the essential health benefits (will be done regardless of whether evaluation process moves forward)
Present findings at Exchange Advisory Group meeting and Green Mountain Board	March 2012	Discussion of benefits

Introduce legislation and pass legislation to revise the state-mandated benefits that exceed the federal essential health benefits (as needed)	March 2012 – May 2012	Legislation drafted and passed. Establishes the benefits that must be offered in individual and small group plans beginning January 2014
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## 10. Providing Assistance to Individuals and Small Businesses, Coverage Appeals & Complaints

### Leverage Consumer Assistance Programs

Activity	Timing	Outcome
Collect and analyze data and assess the current availability of consumer assistance services, including: <ul style="list-style-type: none"> <li>• Help individuals determine eligibility for private and public coverage &amp; enroll in such coverage</li> <li>• Help file grievances and appeals</li> <li>• Provide information about consumer protections</li> <li>• Collect data on inquiries and problems and how they are resolved</li> </ul>	October – December 2011	Use information to strengthen accountability of QHPs and functioning of the Exchange
Establish protocols for appeals of coverage determinations, including review standards, timelines, and provisions for consumers during the appeals process	July 2012	Appeals of coverage determination protocols
Draft scope of work for building capacity to handle coverage appeal functions	August 2012	Scope of work on capacity to handle coverage appeal functions
Establish a process for reviewing consumer complaint information collected by state consumer assistance programs when certifying QHPs	February- May 2013	Reviewing consumer complaint processes
Establish a process for referrals to other consumer assistance programs	February-May 2013	Process for referring consumers to other consumer assistance programs
Ensure any consumer complaints or coverage appeal requests are referred directly to the state program that is designated to process these calls	January-December 2014; ongoing	Procedures for referring complaints or coverage appeal requests to the state program

## 11. Business Functions

### Certification of Qualified Health Plans

Activity	Timing	Outcome
Draft RFP and hire contractor to develop the criteria for certification, decertification and recertification of QHPs and the consumer satisfaction survey process	January 2012	Contractor hired
Contractor develops plan for clear certification process including a timeline for application submission, evaluation, and selection of QHPs	January-March 2012	Draft certification process
Engage stakeholders and gather input on draft certification criteria	January 2012 – March 2012	Stakeholder meetings
Present report to advisory group and legislature	April – May 2012	
Draft certification documents that will be used in connection with certification of QHPs	June-August 2012	Certification documents
Begin training health plan issuers to become QHPs	November 2012	Health plan issuers trained
Begin contract process with health plan issuers	January 2013	Preliminary discussions underway

Complete certification process of QHPs	April 2013	Finish negotiations, complete contracts, and announce QHPs
Complete plan readiness reviews	July 2013	Test enrollment interfaces with plans, review member materials, test financial reconciliation, cross-functional implementation sessions with plans
Issue announcement on the selection of QHPs to the public	July 2013	Public announcement on selection of QHPs
Monitor the QHPs for practices, conduct, pricing, and products inside and outside the Exchange	Beginning January 1, 2014 and ongoing	Performance reports in coordination with OIC

### **Call Center**

Activity	Timing	Outcome
Draft and issue RFP and engage contractor to develop the criteria for the call center	December 2011	Contractor engaged
Contractor will assess current call center activity in Vermont including resources at BISHCA, DVHA and DCF	January – March 2012	Understand: <ul style="list-style-type: none"> <li>• How many calls a month</li> <li>• Volunteers</li> <li>• Training</li> <li>• Online functionality</li> <li>• Funding/operational costs</li> </ul>
Contractor will review current Customer Service Contract for Medicaid to learn about existing call center system functions and identify gaps	January – March 2012	Understand: <ul style="list-style-type: none"> <li>• What currently exists</li> <li>• What systems need to talk to each other to run call center</li> <li>• Calls per month</li> <li>• Staffing ratios</li> <li>• Online capability</li> <li>• Operational costs</li> </ul>
Contractor will develop criteria for RFP to select a vendor (or amend current contract) to operate call center	January 2012 - June 2012	RFP or contract amendment
Develop call center customer service representative protocols and scripts to respond to likely requests	January 2013	Protocols and scripts
Develop protocols for accommodating the hearing impaired and those with other disabilities and foreign language and translation services	February 2013	Protocols
Train call center representatives on eligibility verification and enrollment processes	March 2013	Understanding of eligibility systems and how they function
Launch call center	July 2013	800 number
Publicize call center through outreach campaign, website, etc.	July 2013	Outreach
Ongoing customer services monitoring	Ongoing	Performance report on call center

### **Quality Rating System**

Activity	Timing	Outcome
Review federal guidance on the quality rating system	November 2011 or whenever released	Understanding of what is required
Draft and issue RFP and engage contractor to determine what additional requirements Vermont may want to include for reporting	December 2011 – February 2012	Contractor engaged

Discuss with Advisory group, legislature, and stakeholders, options for additional requirements	March 2012	Feedback
Incorporate rating system into system and website development	January -April 2013	Rating system established
Post quality ratings on Exchange website prior to open enrollment	June 2013	Quality ratings on website
Continually update quality rating system as information from plans becomes available	Ongoing	Updated quality information

### **All Payer Rate Setting**

Activity	Timing	Outcome
Draft and issue RFP for contractor to study feasibility of all-payer rate setting system	November 2011	Contractor hired
Contractor studies current payment mechanisms and levels across payers in Vermont and proposes mechanisms for leveling	December 2011 – February 2012	Enumeration of current payment mechanisms and levels across payers and providers
Discuss with Advisory group, legislature, and stakeholders, options for reform	March – April 2012	Feedback incorporated
Write final report with recommendations	May 2012	Final report

### **Navigator Program**

Activity	Timing	Outcome
Review federal guidance on Navigator program	October – December 2011	Understand federal guidance
Draft and issue RFP and engage contractor to develop criteria and training materials for Navigator program	January 2012	Contractor engaged
Present options for Navigator program to legislature and advisory group	March 2012	Feedback
Begin developing RFP for the Navigator program	July 2012	RFP
RFP released	September 2012	Bids received
Receive bids from potential Navigators	November 2012	Navigators for May 2013-December 2014 (20 month program)
Award contracts to Navigators for 2013-2014	January 2013	Navigators announced
Train Navigators	May 2013	Navigators ready to assist consumers
Begin Navigator program	May 2013	Program operational
Require quarterly reporting from Navigators on performance	June 2013; September 2013; December 2013; March 2014; June 2014; September 2014; December 2014	
Release RFP for 2015 Navigators	September 2014	Grants for calendar year 2015 (12 month program)
Grants awarded	November 2014	Announcement of 2015 Navigators
Training for Navigators	December 2014	Navigators ready to assist consumers
Release RFP for 2016 and beyond Navigator program	Annually in September 2015	Grants for calendar year 2016 and each year afterwards

### **Eligibility Determinations**

Activity	Timing	Outcome
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Coordinate with health insurance Exchange operations subcommittee on eligibility changes	Ongoing	Regular meetings
Coordinate with BISHCA on planning efforts	Ongoing	Regular meetings with BISHCA
Release of federal guidance on many aspects of eligibility determinations and requirements	July 2011	Clearer understanding of eligibility processes
As part of operational plan and IT systems plan, build business requirements for eligibility system	October 2011-September 2012	IT systems and business functions in place
Work with health insurance Exchange operations subcommittee on building of business rules for eligibility for Medicaid	October 2011-December 2011	Clear business rules across Exchange and Medicaid
Consider options for handling churn between Medicaid and the Exchange (and potentially basic health plan) with Medicaid eligibility and IT systems teams	October 2011-December 2011	Work group to catalogue options
Develop policy options on handling churn	October 2011-December 2011	Options report
Present policy options to advisory group and legislature	January 2011	Recommendations

### **Application and Notices**

<b>Activity</b>	<b>Timing</b>	<b>Outcome</b>
Review federal requirements for applications and notices	January –March 2012	
Develop requirements for exchange's applications and notices	March – June 2012	
Customize federal applications and notices to meet state's need	June – August 2012	Customized applications and notices
Receive input from consumers providers and advocates on draft applications and notices	September 2012	Stakeholder feedback
Test final applications and notices on stakeholder group and consumers	November 2012 – March 2013	Final applications and notices
Begin utilizing applications and notices to support eligibility and enrollment processes	April 2013	Use applications and notices for enrollment

### **Outreach and Education**

<b>Activity</b>	<b>Timing</b>	<b>Outcome</b>
Develop RFP for development of a formal communications plan through 2014 that includes: <ul style="list-style-type: none"> <li>• Phase I: Research and Planning - Research through focus groups and or surveys on people's knowledge, concerns, information sources, etc.</li> <li>• Phase II: Outreach and Educational Materials Development - Plan for education and outreach to target audiences               <ul style="list-style-type: none"> <li>— Role of Navigators in outreach and education</li> <li>— Develop performance metrics and performance plan of education/outreach campaign</li> </ul> </li> <li>• Phase III: Launch activities</li> </ul>	January 2012	RFP for communications/advertising firm to create communications plan.
Issue RFP for implementation of outreach and education campaign to include but not limited to: <ul style="list-style-type: none"> <li>• Toolkit for outreach and educational activities,</li> </ul>	February 2012	Bids for communications plan

<ul style="list-style-type: none"> <li>• Media strategy with paid advertising, in-kind and free and/or co-op advertising opportunities</li> <li>• Launch strategy for public outreach and education campaign</li> </ul>		
Engage firm to develop and carry out communications plan	March 2012	Communications firm in place
Complete research phase of communications plan	April - June - 2012	Understanding of people's knowledge and understanding
Create stakeholder group to get input on communications plan, educational materials, and marketing strategy	June 2012	Stakeholder feedback process
Complete planning phase of communications plan	July 2013	Plan for reaching target audience
Develop toolkit and design marketing campaign	July 2012- August 2012	Marketing materials
Launch outreach/education campaign	October 2012- December 2014	Ramp up toward open enrollment period
Identify ongoing outreach and education needs	March 2014	Ongoing needs
Provide ongoing outreach and education services	Ongoing	Ongoing outreach and education for exchange

**SHOP-Specific Functions**

Activity	Timing	Outcome
Review federal guidance on Exchange role in aggregating premiums and other admin functions for small businesses (such as managing enrollment and billing)	January 2012	Consideration of guidance on any federal or exchange roles
Draft RFP and engage contractor to explore SHOP options	January 2012	Contractor engaged
Present viable options at advisory group meeting and with other stakeholders	April 2012	Feedback
Hire staff to implement SHOP functions	June 2012	Build staff capacity

**Exchange Website and Calculator**

Activity	Timing	Outcome
Review federal guidance and prototype website from federal government	November 2011- January 2012	Guidance on how information might have to be presented
Review website provisions of New England States Innovator grant to determine if it can be used in Vermont	January – June 2012	
Begin development of system requirements for Exchange website with calculator	January 2012	Business requirements for website
Draft and issue RFP and engage contractor to develop Exchange website	March – August 2012	
Get consumer input to test information to be posted on website	August – October 2012	Feedback
Submit content for information website to HHS for comment	October 2012	HHS feedback
Launch informational website	February 2013	Informational website online
Continually update website based on consumer testing	Ongoing	Updated website and calculator

**Individual and Employer Responsibility Determinations**

Activity	Timing	Outcome
Develop an issue an RFP to engage a contractor to assist with both aspects of this work	January 2012- March 2012	RFP
Contractor will review options and create a draft options report	March 2012 – August 2012	Draft options report
Make recommendations on both individual and employer responsibility determinations	September 2012	Decisions made about individual and employer responsibility determinations

#### **Enrolling individuals and businesses in qualified health plans**

Activity	Timing	Outcome
Create an RFP for contractor to develop enrollment options	January 2012 – March 2012	RFP
Contractor will review options and create a draft options report	March 2012 – August 2012	Draft options report
Make recommendations on enrollment processes	September 2012	Decisions made about enrollment processes in coordination with IT

#### **Universal Exchange Planning and Design**

Activity	Timing	Outcome
Develop RFP for contracted services and contract	January -March 2012	RFP and signed contract
Contractor will conduct research including the nature and timing of law changes, the coverage characteristics of Vermont population with coverage not addressed by Exchange in ACA, testing perceptions of groups and consumers, modeling the impact of bringing everyone into the Exchange, exploring how the Exchange can improve quality, develop a plan of outreach to stakeholders, determining staffing and budget.	March – August 2012	Draft report
Present report findings to Exchange Advisory Board	September 2012	Board provides feedback
Contractor incorporates feedback	September 2012	Final report
Make recommendations for Universal Exchange	September 2012	Decisions about the processes required for Universal Exchange

#### **Evaluation plan**

Activity	Timing	Outcome
Develop RFP for contracted services and contract	January -March 2012	RFP and signed contract
Contractor will assist the state with development of a comprehensive evaluation plan.	March – August 2012	Draft plan
Present draft plan to Exchange Advisory Board	September 2012	Board provides feedback

**Budget Narrative**

**A. Salaries and wages for state personnel to staff Exchange functions**

**Total # of positions = 33**

**Total: \$1,314,197.89**

**Exchange Establishment Grant: \$1,314,197.89**

**Other Funding: \$0**

See Key Personnel and Organizational Chart for job descriptions

<b>Employee/Position</b>	<b>Annual Salary</b>	<b>Time</b>	<b>Months</b>	<b>Salary Requested</b>	<b>Fringe</b>
Accountant	\$40,633.68	100%	8.0	\$27,089.12	\$12,461.00
Accountant	\$40,633.68	100%	8.0	\$27,089.12	\$12,461.00
Grants Management Specialist	\$43,022.67	100%	10.0	\$35,852.23	\$16,492.03
Admin for Agency of Administration	\$40,633.68	100%	10.0	\$33,861.40	\$15,576.24
Admin. Assistant for Exchange	\$40,633.68	100%	10.0	\$33,861.40	\$15,576.24
Attorney/Policy Analyst (Exchange Medicaid Policy)	\$80,030.96	100%	8.0	\$53,353.97	\$24,542.83
Attorney/Policy Analyst (Exchange/private market regulation)	\$80,030.96	100%	8.0	\$53,353.97	\$24,542.83
Attorney/Policy Analyst (Exchange/other integration)	\$80,030.96	100%	8.0	\$53,353.97	\$24,542.83
Business Analyst	\$58,110.99	100%	8.0	\$38,740.66	\$17,820.70
Contract/Grant Writer	\$43,022.67	100%	8.0	\$28,681.78	\$13,193.62
Deputy Commissioner	\$83,279.14	100%	10.0	\$69,399.28	\$31,923.67
Outreach Program manager	\$48,366.45	100%	8.0	\$32,244.30	\$14,832.38
Operations Manager	\$80,030.96	100%	8.0	\$53,353.97	\$24,542.83
Director, Health Care Affordability	\$93,128.46	100%	10.0	\$77,607.05	\$35,699.24
Project Coordinator - Exchange Basics	\$58,110.99	100%	8.0	\$38,740.66	\$17,820.70
Project Coordinator - Exchange/Medicaid Long Term Integration	\$58,110.99	100%	8.0	\$38,740.66	\$17,820.70
Project Coordinator - Exchange/Public Health and Wellness	\$58,110.99	100%	8.0	\$38,740.66	\$17,820.70
Project Manager - IT	\$58,110.99	100%	8.0	\$38,740.66	\$17,820.70
Project Coordinator -BISHCA	\$58,110.99	100%	8.0	\$38,740.66	\$17,820.70
Business Analyst	\$58,110.99	100%	8.0	\$38,740.66	\$17,820.70
SOA QA Integrator	\$66,870.60	100%	8.0	\$44,580.40	\$20,506.98

COOPERATIVE AGREEMENTS TO SUPPORT ESTABLISHED STATE OPERATED HEALTH INSURANCE EXCHANGES – BUDGET NARRATIVE

SOA Developer 1	\$52,536.69	100%	8.0	\$35,024.46	\$16,111.25
SOA Developer 2	\$52,536.69	100%	8.0	\$35,024.46	\$16,111.25
Database Administrator	\$51,384.11	100%	8.0	\$34,256.07	\$15,757.79
Administrative Assistant for IT	\$40,633.68	100%	8.0	\$27,089.12	\$12,461.00
Director of QHP Certification	\$70,977.97	100%	8.0	\$47,318.65	\$21,766.58
Data Analyst	\$43,546.57	100%	8.0	\$29,031.05	\$13,354.28
Data Analyst	\$43,546.57	100%	8.0	\$29,031.05	\$13,354.28
Infrastructure/ Architecture Security Specialist	\$58,110.99	100%	8.0	\$38,740.66	\$17,820.70
Business Analyst	\$58,110.99	100%	8.0	\$38,740.66	\$17,820.70
Business Analyst	\$58,110.99	100%	8.0	\$38,740.66	\$17,820.70
Director, Health Care Reform	\$90,676.61	50%	10.0	\$37,781.92	\$17,379.68
Information Management Officer	\$68,526.12	50%	10.0	\$28,552.55	\$13,134.17
<b>TOTAL</b>		<b>32</b>	<b>FTE</b>	<b>\$1,314,197.89</b>	<b>\$604,531.03</b>

**B. Fringe Benefits**

Total: \$604,531.03

Exchange Establishment Grant: \$604,531.03

Other Funding: \$0

Fringe benefits are calculated as 46% of salaries and include; Social Security, retirement, health insurance and Medicare expenses.

Because fringe benefits are based on monthly salary, they have been calculated alongside the salary calculations in the above table. A more detailed breakdown of fringe costs is available upon request.

**C. Consultant Costs**

Total: \$15,410,000.00

Exchange Establishment Grant: \$15,410,000.00

Other Funding: \$0

**Consultant Costs Summary**

<b>Content</b>	<b>Amount</b>
Background Research	\$350,000
Stakeholder Consultation	\$200,000
Legislative and Regulatory Action	\$50,000
Governance	\$25,000
Program Integration	\$300,000
Exchange IT	\$10,000,000
Financial Management	\$250,000
Program Integrity	\$150,000

Health Insurance Market Reforms	\$750,000
Assistance to Individuals and Small Businesses	\$435,000
Certification, Decertification and Recertification of QHP	\$250,000
Call Center	\$500,000
Quality Rating System	\$50,000
All Payer Rate Setting	\$300,000
Navigator Program	\$200,000
Outreach and Education	\$1,000,000
SHOP Exchange	\$150,000
Exchange Website	\$100,000
Individual Responsibility Determination	\$50,000
Employer Responsibility Determination	\$50,000
Enrollment procedures in Qualified Health Plans	\$100,000
Evaluation Plan	\$150,000
<b>TOTAL</b>	<b>\$15,410,000</b>

**Required Reporting Information for Consultant Hiring:**

**Core Area:** Background Research -

**Nature of Services to be Rendered:** Because the federal guidance regarding quality ratings in the Exchange, Vermont has not completed background research needed to develop a quality system that is integrated into the state's existing quality programs and initiatives. Additional background research will occur on wellness and health promotion and administrative simplification

**Relevance of Service to the Project:** This additional background information will allow Vermont to complete the background research it needs as it implements health care reform.

**Duration of Consultation:** October 1, 2011 - June 30, 2012

**Expected Rate of Compensation:** Contracts will have competitive hourly rates as a result of an RFP process.

**Method of Accountability:** Specific contract deliverables and timelines

**Core Area:** Stakeholder Consultation

**Nature of Services to be Rendered:** Consultant will be hired to assist state staff with briefing materials, discussion questions and will assist state with facilitating meetings as well as other meetings around the state.

**Relevance of Service to the Project:** This process will allow the state to continue to receive input from a variety of stakeholders as it plans Exchange programs and operations.

**Duration of Consultation:** October 1, 2012 - September 30, 2012

**Expected Rate of Compensation:** Contracts will have competitive hourly rates as a result of an RFP process.

**Method of Accountability:** Specific contract deliverables and timelines

**Core Area:** State Legislative/Regulatory

**Nature of Services to be Rendered:** Consultant will be hired to assist state staff with ERISA questions related to the exchange

**Relevance of Service to the Project:** This resource will allow the state additional support in terms of federal legal and regulatory analysis as it implements the health care exchange.

**Duration of Consultation:** February 1, 2012 - September 30, 2012

**Expected Rate of Compensation:** Contracts will have competitive hourly rates as a result of an RFP process.  
**Method of Accountability:** Specific contract deliverables and timelines

**Core Area:** Governance

**Nature of Services to be Rendered:** Consultant will be hired to assist state staff with developing job descriptions and assist with getting them routed and posted in state system.

**Relevance of Service to the Project:** This resource will allow the state additional support in terms of federal human resources assistance to quickly staff the exchange unit .

**Duration of Consultation:** January 1, 2012 – September 30, 2012

**Expected Rate of Compensation:** Contracts will have competitive hourly rates as a result of an RFP process.  
**Method of Accountability:** Specific contract deliverables and timelines

**Core Area:** Program Integration

**Nature of Services to be Rendered:** A consultant will assist the state with developing and beginning to implement a comprehensive integration strategy. This strategy will involve state staff that work for the Department of Vermont Health Access, Department for Children and Families Economic Services Division, Agency of Human Services Information Technology Division, the Department of Banking, Insurance, Securities and Health Care Administration, the Department of Health, the Department of Disabilities, Aging and Independent Living, The Governor's office and the Agency of Administration. Additional work will also occur on the churning report and basic health plan analysis.

**Relevance of Service to the Project:** Program Integration is crucial to Vermont having a successfully implemented exchange.

**Duration of Consultation:** October 1, 2011 – September 30, 2012

**Expected Rate of Compensation:** Contracts will have competitive hourly rates as a result of an RFP process.  
**Method of Accountability:** Specific contract deliverables and timelines

**Core Area:** Exchange IT

**Nature of Services to be Rendered:** Contractors will be hired to assist the state with a series of IT tasks including eligibility determination programming, tax credit processing, cost sharing programming and enrollment options.

**Relevance of Service to the Project:** Having all of the information technology systems in place is crucial for a successfully operating exchange.

**Duration of Consultation:** November 1, 2011 – September 30, 2012

**Expected Rate of Compensation:** Contracts will have competitive hourly rates as a result of an RFP process.  
**Method of Accountability:** Specific contract deliverables and timelines

**Core Area:** Financial Management

**Nature of Services to be Rendered:** Contractor will assist the state with the following tasks: determining which components of the existing state financial management system can be used for the exchange and what modifications will be necessary for this system; finalize cost estimates and sustainability model for the exchange and establish an accounting a reporting system for the exchange

**Relevance of Service to the Project:** The state needs to have a financial management system in place and a sustainability model in place to make the Vermont Health Care exchange successful into the future.

**Duration of Consultation:** December 1, 2011– September 30, 2012

**Expected Rate of Compensation:** Contracts will have competitive hourly rates as a result of an RFP process.  
**Method of Accountability:** Specific contract deliverables and timelines

**Core Area:** Oversight and Program Integrity

**Nature of Services to be Rendered:** The state will hire a contractor to develop a plan to develop and begin to implement a comprehensive program integrity plan for the exchange, which is integrated with Medicaid.

**Relevance of Service to the Project:** The state is a partner with the federal government in protecting both programs and the funding that pays for programs including the Vermont Health care exchange and updating the program integrity functions is key to having a successful exchange in Vermont.

**Duration of Consultation:** January 1, 2012– September 30, 2012

**Expected Rate of Compensation:** Contracts will have competitive hourly rates as a result of an RFP process.

**Method of Accountability:** Specific contract deliverables and timelines

**Core Area:** Health Insurance Market Reforms

**Nature of Services to be Rendered:** A contractor will be hired to assist the state in the following areas: legal review of state mandates vs. federal mandates; development and standardization of benefit plans in the Exchange and across Medicaid and the Exchange, which includes an analysis of existing coverage levels in the private market compared to public programs; actuarial analysis and assistance with integration of large group market; actuarial analysis of mandates, actuarial analysis and assistance with risk leveling, reinsurance options and risk adjustment options.

**Relevance of Service to the Project:** The state needs to have all of the above mentioned tasks accomplished in order to make sound policy, programmatic and financial decisions as it implements the health care exchange in Vermont.

**Duration of Consultation:** October 1, 2011 – September 30, 2012

**Expected Rate of Compensation:** Contracts will have competitive hourly rates as a result of an RFP process.

**Method of Accountability:** Specific contract deliverables and timelines

**Core Area:** Assistance to Individuals and Small Businesses

**Nature of Services to be Rendered:** The state will hire a contractor to assist state staff with ensuring individuals, advocates, and small businesses are informed of policy options and decisions as well as testing exchange model assumptions with individuals and small businesses through key informant interviews, advisory group meetings, public information sessions, or focus groups

**Relevance of Service to the Project:** The state needs to continue to receive ongoing feedback as it develops and implements a successful exchange in Vermont

**Duration of Consultation:** October 1, 2011 – September 30, 2012

**Expected Rate of Compensation:** Contracts will have competitive hourly rates as a result of an RFP process.

**Method of Accountability:** Specific contract deliverables and timelines

**Core Area:** Certification, Decertification and Recertification of Qualified Health Plans

**Nature of Services to be Rendered:** A consultant will assist the state with developing and beginning to implement these processes for the exchange.

**Relevance of Service to the Project:** These processes are vital to successful communication between the exchange and the Qualified Health Plans as well as to the success of the overall exchange itself.

**Duration of Consultation:** January 1, 2012 – September 30, 2012

**Expected Rate of Compensation:** Contracts will have competitive hourly rates as a result of an RFP process.

Contracts will have competitive hourly rates as a result of an RFP process.

**Method of Accountability:** Specific contract deliverables and timelines

**Core Area:** Call Center

**Nature of Services to be Rendered:** A contractor will be hired to develop the criteria and specifications for the call center function, draft an RFP and the state will subsequently select a vendor to develop the call center functions needed for the exchange.



**Relevance of Service to the Project:** The call center is a vital link for consumers and employers to reach the Vermont Health Care exchange during this implementation process.

**Duration of Consultation:** December 1, 2011 – September 30, 2012

**Expected Rate of Compensation:** Contracts will have competitive hourly rates as a result of an RFP process.

**Method of Accountability:** Specific contract deliverables and timelines

**Core Area:** Quality Rating System

**Nature of Services to be Rendered:** Review existing quality rating information in Vermont as it relates to development of a quality rating system on the exchange

**Relevance of Service to the Project:** A contractor will determine whether additional requirements may be necessary and to establish a process for assigning quality criteria.

**Duration of Consultation:** November 1, 2011 – September 30, 2012

**Expected Rate of Compensation:** Contracts will have competitive hourly rates as a result of an RFP process.

**Method of Accountability:** Specific contract deliverables and timelines

**Core Area:** All Payer Rate Setting

**Nature of Services to be Rendered:** A contractor will model the impact of implementing all-payer rates within the exchange, and of applying those rates to public payers

**Relevance of Service to the Project:** All Payer Research is part of the State's plan to build upon the exchange successfully into the future.

**Duration of Consultation:** November 1, 2011 – May 31, 2012

**Expected Rate of Compensation:** Contracts will have competitive hourly rates as a result of an RFP process.

**Method of Accountability:** Specific contract deliverables and timelines

**Core Area:** Navigator Program

**Nature of Services to be Rendered:** A contractor will be hired to assist the state with developing the model, certification criteria and comprehensive training program for Navigators in Vermont

**Relevance of Service to the Project:** Navigators will serve as a critical piece in the education and enrollment component of the health care exchange in Vermont for both individuals and employers

**Duration of Consultation:** October 1, 2011 – September 30, 2012

**Expected Rate of Compensation:** Contracts will have competitive hourly rates as a result of an RFP process.

**Method of Accountability:** Specific contract deliverables and timelines

**Core Area:** Outreach and Education

**Nature of Services to be Rendered:** The state will contract with a communications firm to develop and carry out a comprehensive marketing, outreach and education plan during the preoperational phase of health care exchange.

**Relevance of Service to the Project:** Vermont Consumers and Employers need to be educated all along the way of the development and implementation of the health care exchange in Vermont. A marketing plan will be executed to reach both target groups and continually used to increase enrollment in the exchange.

**Duration of Consultation:** January 1, 2012 – September 30, 2012

**Expected Rate of Compensation:** Contracts will have competitive hourly rates as a result of an RFP process.

**Method of Accountability:** Specific contract deliverables and timelines

**Core Area:** SHOP Exchange

**Nature of Services to be Rendered:** The state will contract for consulting assistance to provide the state with specific expertise in terms of reaching out to small employers during both planning and implementation phases of the exchange.

**Relevance of Service to the Project:** Reaching out to and involving small employers in the implementation of the exchange is crucial to the success of the exchange in Vermont.

**Duration of Consultation:** January 1, 2012 – September 30, 2012

**Expected Rate of Compensation:** Contracts will have competitive hourly rates as a result of an RFP process.

**Method of Accountability:** Specific contract deliverables and timelines

**Core Area:** Exchange Website and Calculator

**Nature of Services to be Rendered:** The state will contract for consulting assistance to help the state with the development of a website and calculator for the exchange.

**Relevance of Service to the Project:** Having a website and calculator are critical tools in implementing the health care exchange in Vermont.

**Duration of Consultation:** November 1, 2011 – September 30, 2012

**Expected Rate of Compensation:** Contracts will have competitive hourly rates as a result of an RFP process.

**Method of Accountability:** Specific contract deliverables and timelines

**Core Area:** Individual and Employer Responsibility Determinations

**Nature of Services to be Rendered:** The state will hire a contractor to assist in the development and implementation of a process to track individual responsibility determinations and employer penalties.

**Relevance of Service to the Project:** These business operational components are important as the state develops a successful health care exchange.

**Duration of Consultation:** January 1, 2012 – September 30, 2012

**Expected Rate of Compensation:** Contracts will have competitive hourly rates as a result of an RFP process.

**Method of Accountability:** Specific contract deliverables and timelines

**Core Area:** Enrollment procedures in Qualified Health Plans

**Nature of Services to be Rendered:** The state will contract for consulting assistance to help the state with the creation of procedures for enrollment in Qualified Health Plans.

**Relevance of Service to the Project:** Having enrollment procedures for Qualified Health Plans will allow the improve the process of implementing the health care exchange in Vermont.

**Duration of Consultation:** January 1, 2012 – September 30, 2012

**Expected Rate of Compensation:** Contracts will have competitive hourly rates as a result of an RFP process.

**Method of Accountability:** Specific contract deliverables and timelines

**Core Area:** Evaluation Plan

**Nature of Services to be Rendered:** A contractor will be hired to develop and begin the implementation of both consumer satisfaction tools and an evaluation plan for the exchange.

**Relevance of Service to the Project:** The Vermont health care exchange needs to be able to create and implement an evaluation plan that includes collecting and continuously responding to consumer feedback and reporting progress to the federal government.

**Duration of Consultation:** January 1, 2012 – September 30, 2012

**Expected Rate of Compensation:** Contracts will have competitive hourly rates as a result of an RFP process.

**Method of Accountability:** Specific contract deliverables and timelines

<b>D. Equipment -</b>	<b>Total \$40,250</b>
Funding other than Establishment grant	\$0

The State of Vermont is requesting that all 29 new staff have computer equipment and other equipment costs paid for with grant funds for a total of \$1,250 x 29 staff equaling \$36,250. The State is also seeking

grant funds to pay for 8 I pads to be used by management/ director level staff in the exchange so that they can be more efficient with work, especially when working outside of the office. I pads are estimated to cost \$500 each for a total of \$4,000. The combined total for all equipment is \$40,250.

**E. Supplies - Total \$3,300**  
 Funding other than Establishment Grant \$0

The State of Vermont is requesting that all 33 staff have supplies paid for with grant funds for a total of \$100 x 33 staff equaling \$3,300

**F. Travel - (In-State and Out-of-State) Total \$34,010.64**

In-State Travel: 20 out of the 33 staff will travel weekly between Williston and Montpelier for meetings to plan for the implementation of the Health Care Exchange. 3 of the 20 staff are existing staff who are paid for by the exchange planning grant and will continued to be paid by the exchange implementation grant

3 staff X 42 weeks X 66 miles X .51 = \$4,241.16

17 staff x 34 weeks x 66 miles X .51 = \$19,455.48

Total in-state-travel = \$23,696.64

Out-of-State Travel:

3 staff will travel to 3 National Conferences related to the exchange during this grant period.

3 trips X 3 people X \$600 roundtrip airfare = \$5,400  
 3 days per diem x \$32/day X 3 people X 3 trips = \$ 864  
 2 nights lodging X \$200/night X 3 people X 3 trips = \$3,600  
 3 trips X 3 people X \$50 ground transportation = \$ 450  
 Total out-of state travel = \$10,314

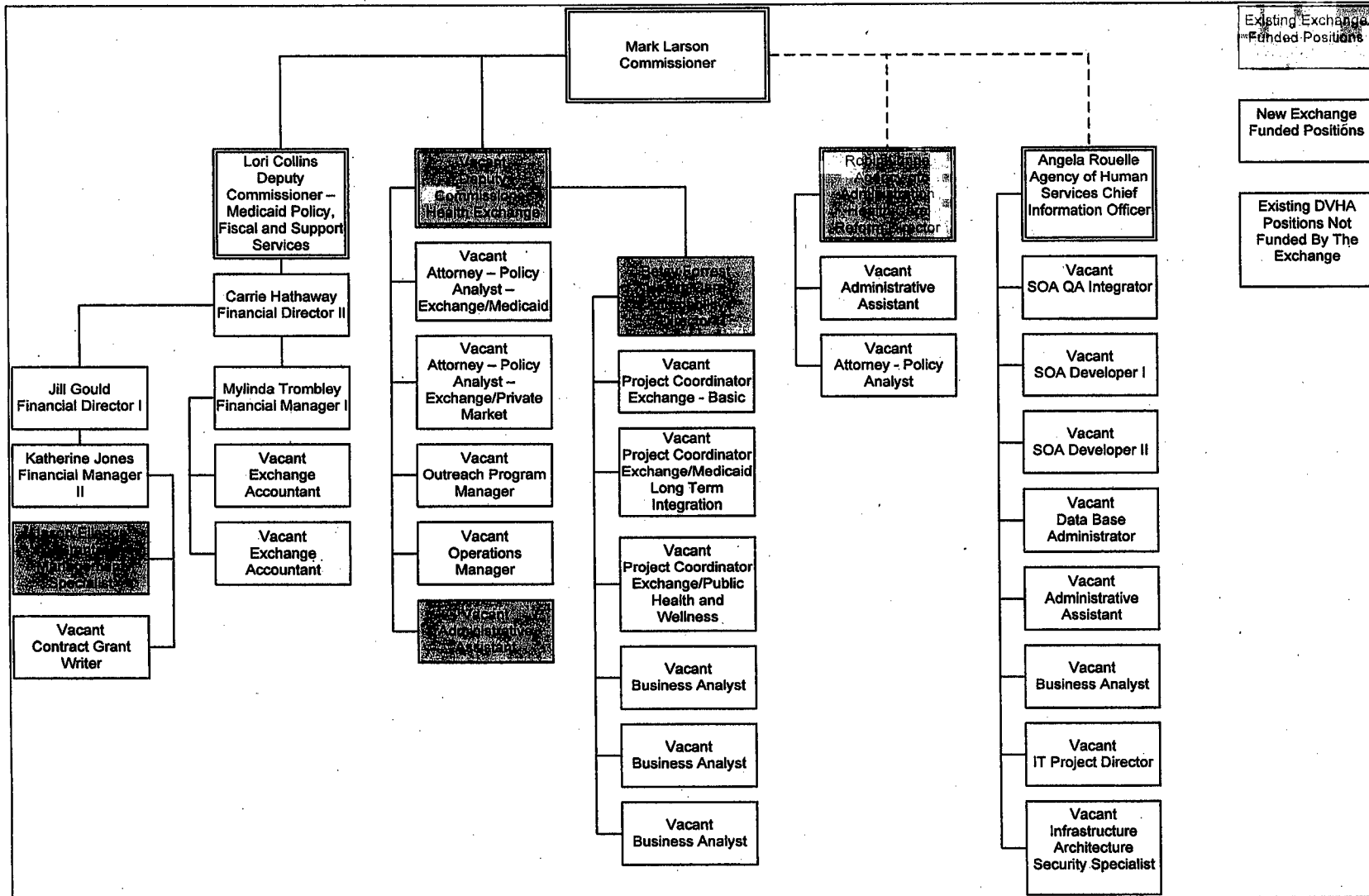
**Other costs - Total \$158,400**

**G.** The State of Vermont is requesting that all 33 staff have other expenses paid for with grant funds the other expenses are as follows:

Item Requested	# of state staff	Cost per staff person	Subtotal
Office Space	33	\$4,000	\$132,000.00
Printing and Duplicating	33	\$50	\$1,650.00
Telephone	33	\$750	\$24,750.00

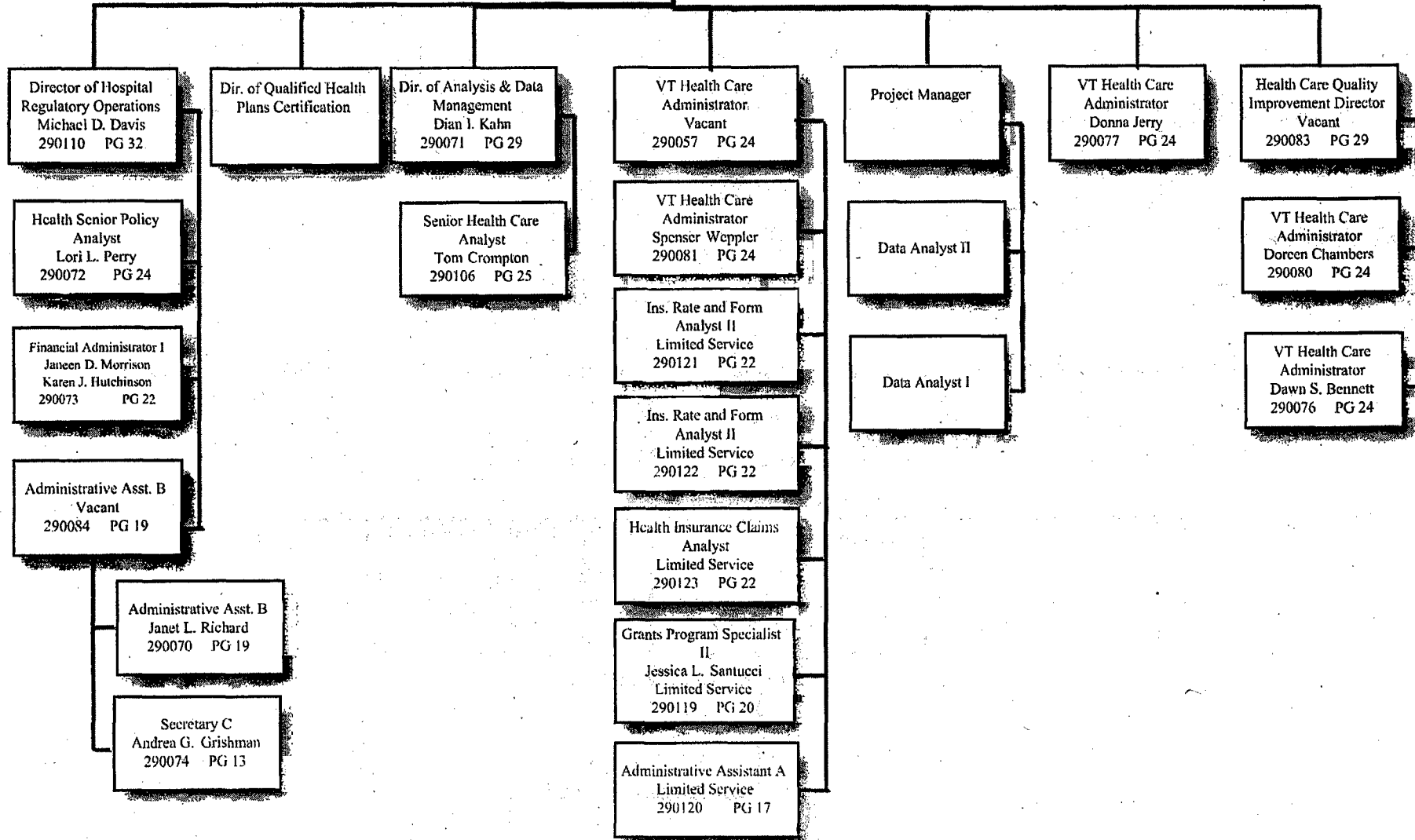
**H. Contractual costs - no cooperative agreements are being submitted at this time as funds for contractors will go through an RFP process at the state. The information will be submitted at a later date as part of a revision to the budget**

**I. Indirect costs – The total indirect costs for this proposal is \$525,679.16. The indirect cost rate is 40%. The State of Vermont has an approved Public Assistance Cost Allocation Plan.**

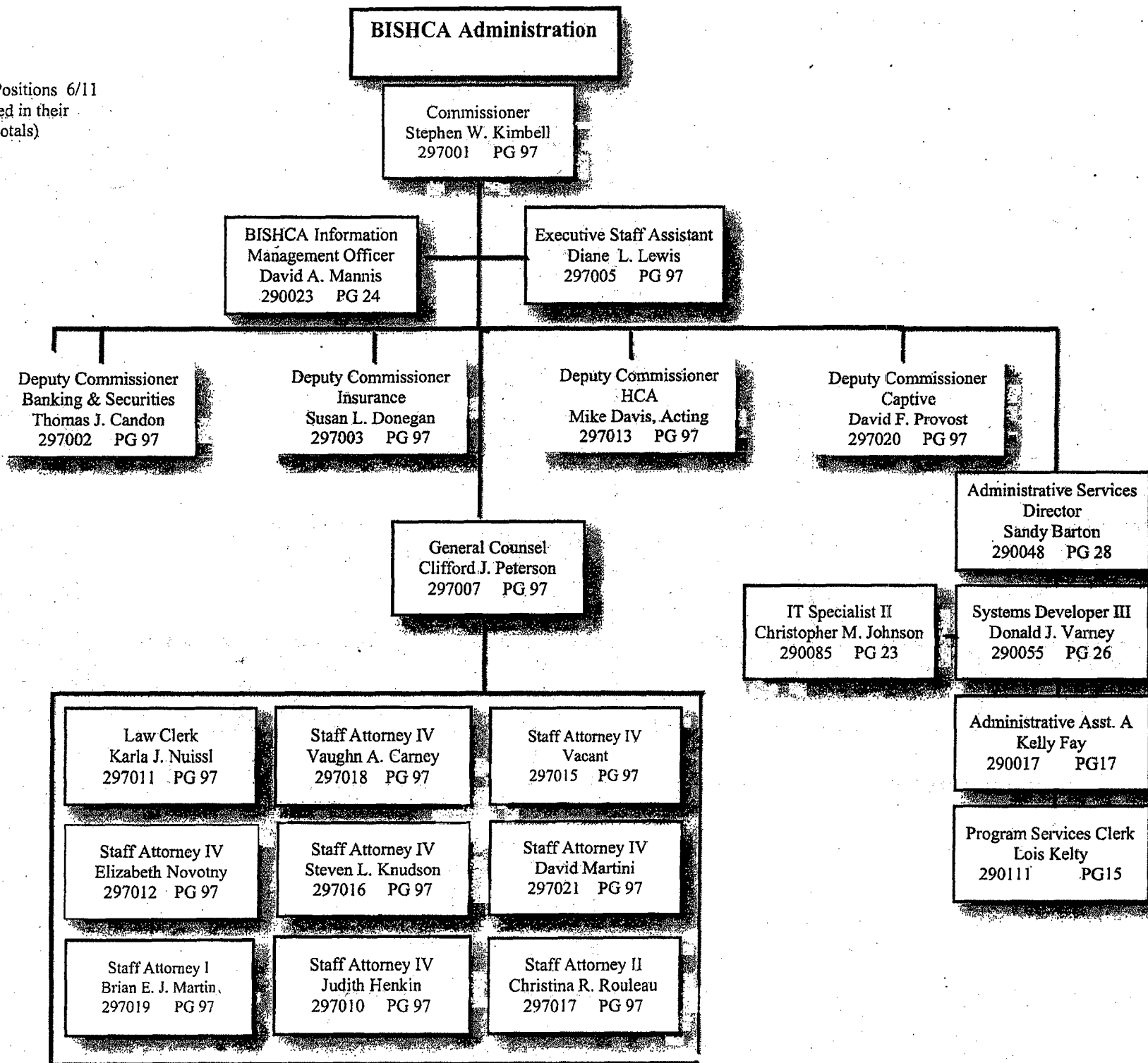


**Health Care Administration  
Division**

**Deputy Commissioner  
Georgia J. Maheras  
297013 PG 97**



Administration: 18 Positions 6/11  
 (Deputies are included in their  
 respective Division totals)



the 'Universal Exchange' task. A revised SF-424 and SF-424A will accompany this document.

**9. Please submit your fringed rate cost agreement.**

Health (1,364,490/6,817,678 = 20.014%)	20.01%
Dental (77,807/6,817,678 = 1.14%)	1.14%
Life (29,316/6,817,678 = .43%)	0.43%
Retirement (1,099,691/6,817,678 = 16.13%)	16.13%
FICA - .0765	7.65%
LTD (2,787/6,817,678 = .04%)	0.04%
Workers Compensation 35,800/6,817,678	0.53%
EAP \$29 per FTE	29

**Please submit all responses to [Vivian.Smith@hhs.gov](mailto:Vivian.Smith@hhs.gov) no later than November 1, 2011.**

ensure that premiums for the Qualified Health Plans offered in the Exchange are affordable, the Exchange will be an attractive option for individual and small business consumers. Since Vermont has a small population, it is very important for us to maximize the number of Vermonters who enroll in plans through the Exchange. Whether or not Vermont transitions to a single-payer system in the future, we would pursue payment reform as a method for assuring the success of the Exchange. We therefore believe that exploring ways of keeping QHP premiums affordable is a task that should be funded at 100% under the Exchange grant.

5. Amount requested is \$18,240,367. This amount does not reconcile with core area breakdown/budget total in grant application, which is \$18,340,367. Error in addition can be found on pg. 16-17 of application.

Please finalize and resubmit funding request amount. Numbers vary throughout the application.

Consultant budget math error has been corrected and amount reduced though elimination of the 'Universal Exchange' task. A revised SF-424 and SF-424A will accompany this document.

6. The budget does not break the funding request into quarters. Please provide budget breakdown by quarters.

	\$ -	\$ 3,852,500.00	\$ 7,705,000.00	\$ 3,852,500.00	\$ 15,410,000.00
	\$ 46,270.00	\$ 502,817.00	\$ 684,821.00	\$ 684,821.00	\$ 1,918,729.00
	\$ 605.86	\$ 10,371.90	\$ 11,516.40	\$ 11,516.40	\$ 34,010.56
	\$ 40,250.00	\$ -	\$ -	\$ -	\$ 40,250.00
	\$ 3,300.00	\$ -	\$ -	\$ -	\$ 3,300.00
	\$ 39,600.00	\$ 39,600.00	\$ 39,600.00	\$ 39,600.00	\$ 158,400.00
	\$ 130,025.86	\$ 4,405,288.90	\$ 8,440,937.40	\$ 4,588,437.40	\$ 17,564,689.56
	\$ 12,676.63	\$ 137,758.11	\$ 187,622.21	\$ 187,622.21	\$ 525,679.16
	\$ 142,702.49	\$ 4,543,047.01	\$ 8,628,559.61	\$ 4,776,059.61	\$ 18,090,368.72

7. Please provide a detailed list of supplies.

Supplies requested shall include pens, paper, copy paper, toner, envelopes, postage, and other day to day office supplies.

8. The amount for the Contractual category (\$15,560) should be (\$15,660). Please correct and provide a revised SF-424 and SF-424A to correct the total amount.

Consultant budget math error has been corrected and amount reduced though elimination of



**Exchange described in the Affordable Care Act.**

We understand your concerns about including costs in our Level 1 application that are not specific to Vermont's Exchange. We are therefore revising our grant request to remove the section entitled "Universal Exchange," which is included in the Business Operations/Exchange Functions section of our Project Narrative. As we have discussed with you, Vermont does intend to expand its Exchange in the future to serve additional populations, including allowable populations such as large employers; however, until such time that Vermont is able to receive a waiver from federal requirements or large employers may be included as provided for in the ACA, Vermont will limit the purchase of insurance in the Exchange to the individual and small groups as defined in the Affordable Care Act and federal regulations. We had estimated the Universal Exchange study would cost approximately \$250,000, and we will adjust our budget narrative accordingly. In addition, we had identified one attorney position that would be associated with the expansion to a Universal Exchange; we still believe we need this position to assist with program integration issues, so we have redefined the functions of that position.

The question above also addresses the Program Integration and All-Payer Rate Setting sections of our grant application. We believe these two sections are 100% chargeable to Exchange activities. The Program Integration section speaks to the integration and coordination of the Exchange with Medicaid. When we use the term "Medicaid," we are including the CHIP program, which is fully integrated with our children's Medicaid program; to staff and consumers, children's Medicaid and CHIP are one program known as "Dr. Dynasaur." Our grant application also addresses integration of the Exchange with the private insurance market, which is regulated by the Department of Banking, Insurance, Securities, and Health Care Administration (BISHCA).

We included the Medicare/Medicaid duals project in Program Integration, since it will be an existing human services program in late 2013 when the Exchange begins operation. In Appendix A of the Level 1 and 2 grant application instructions, the program integration section states that "the Exchange will need to work closely with Medicaid, CHIP, and other Health and Human Services Programs in order to ensure seamless eligibility verification and enrollment processes." This section of the grant instructions also spells out the need to work closely with the State Department of Insurance. Such coordination among state agencies will be critical to the success of the Exchange, since one of its most important goals is to provide "no wrong door" service to Vermonters. In addition, we intend to explore ways of integrating the Exchange eligibility and enrollment process with other programs, such as TANF and SNAP, but full integration with those programs will need to be a future phase of development.

We are committed to our goal of using the Exchange as a mechanism for controlling costs by reducing administrative complexity in the provider billing and payment process. If we can

State staff are actively engaged in mapping current business system processes in the State's E&E system and other interdependent business work flow and processes.

The first iteration of the State Health IT Road Map will be completed Nov. 1, 2011. A more comprehensive Road Map will be completed no later than Jan. 15, 2012, as part of the State's statutory planning requirements. The State acknowledges that the Exchange, E&E, and other systems under development are complex and require sophisticated management. Fortunately, those personnel resources are in place, to be complimented by additional staff funded through the Establishment grant and E&E IAPD.

### IT GAP ANALYSIS AND GATE REVIEWS

3. When will the final IT Gap analysis be completed? How soon after completing the IT Gap Analysis would Vermont be able to conduct an Architectural Review?

Vermont's final IT Gap analysis will be completed by Jan. 15, 2012. Vermont intends to participate with Massachusetts (and possibly Rhode Island) at least through the March HIX Business Analysis and Design phase. Based on our conversations with CCIIO, we would anticipate being ready to complete an Architecture Review in late January/early February, with a Project Baseline Review to follow within a month, by which time the Design phase work is completed with Mass and decisions are made about the extent of project integration across the region. In addition, Vermont is working directly with Henry Chao and his staff at CMS/OIS on design development and architectural strategies. A visit by the full Vermont team, including the State CIO, for a full day working session in Baltimore is currently being scheduled.

### EXCHANGE SCOPE

4. The state indicates, throughout the application, its intention to implement a single-payer health care system. Specifically, the state indicates that it will use its Exchange as a foundation on which it will build its single-payer plan – "Green Mountain Care"- as mandated by state statute. Please provide more detail regarding your plan to fund the transformation to a single payer system. Specify which costs will be for Exchange vs. single payer. Any pieces or activities related to the eventual move by VT to an all-payer system that can't be tied to an Exchange function are not considered Exchange scope and are subject to cost-allocation. The following are of examples: budget items requesting grant funding for "single payer integration" (pg. 14) and "Universal Exchange" (pg. 16); references to analysis and research for developing all-payer rates for providers (pp. 115-116 or 125). There are limits on Exchanges (offering only QHPs and providing services only for qualified individuals and qualified employers), particularly in the first few years of operation. See § 1311(d) and 1312. If VT wanted to develop a second "Exchange" – using non-federal funds and providing clear enough materials that the public isn't confused – to serve a larger marketplace or provide different functions, that might be worth discussion. But the § 1311 grant funds can't be used for functions that are prohibited for an

developing a common methodology for cost sharing between the states and across programs and systems. That process has begun by each state sharing its estimated costs for HIX and E&E development.

As an example, based on current estimates, Vermont would propose the following cost allocation across its HIX (Levels 1 and 2), E&E IAPD, and (because of its reusable core infrastructure) MMIS-SOA IAPD. Please note that these estimates do not include any potential savings deriving from the use of shared services with Massachusetts through the NESCIES project.

HIX:	\$35m (44.4%)
E&E:	\$34.6m (43.9%)
MMIS-SOA:	\$9.2m (11.7%)
Total:	\$78.8m

The State recognizes that it must provide CCIIO with detailed IT system budgets that will fully reflect cost allocation across systems and programs as a precursor to drawing down any of the \$10M, currently unspecified, IT budget line. Vermont is actively developing its comprehensive Health IT Road Map (see 2. below) and is committed to providing CMS with a fully documented budget narrative and IT plan in early 2012.

2. Based on the extent of the IT project, it is a concern that staff do not seem to have large scale IT systems experience. The approach and methodology to implement various IT components outlined in the application is complex. Please provide a plan for securing experienced personnel with breadth and depth of knowledge in this area or other means to oversee this project.

Vermont regrets not making the scope of State IT staff experience more clear in the application. The State CIO / Commissioner of the Department of Information & Innovation (DII), is fully engaged in this project. He has identified the modernization and implementation of new health-related IT systems as his #1 priority through 2014, at a minimum, and brings substantial large scale systems design, implementation, and operations experience. Through recent reorganization of the State IT infrastructure, systems and staff formerly organized as Agency of Human Services (AHS) IT are being moved into a centralized structure at DII which will provide additional resources and executive leadership to AHS systems development and operation. The Associate State CIO for Health (formerly the AHS CIO) has assembled a team of experienced developers overseeing the design and implementation of the Enterprise components.

Vermont has engaged the services of a knowledge management and systems planning contractor and is actively engaged in mapping the development timeline for the complex, interdependent array of systems, decision points, and deliverables dates. The contractors and

**CALL-IN NUMBER 877-267-1577**

**Pass Code 8139**

**COOPERATIVE AGREEMENTS TO SUPPORT ESTABLISHED STATE OPERATED HEALTH INSURANCE EXCHANGES**

**PRE-AWARD BUDGET NEGOTIATIONS**

**VERMONT:**

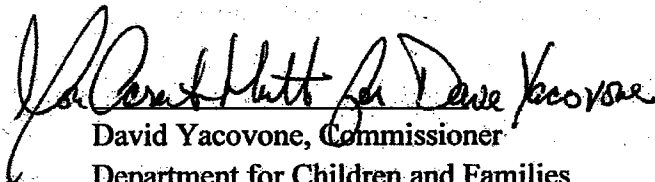
**1. COST ALLOCATION AND PROGRAM INTEGRATION**

A plan to allocate costs between different funding sources is mentioned but details are limited. State has not cost allocated to Medicaid or to CHIP. Per FOA, please specify costs in support of Exchange functions vs. existing Medicaid and other functions. Please provide cost allocation breakdown for total projects costs out to Exchange, Medicaid, CHIP, and any other program that would benefit from the build and use of this project, in accordance with OMB A-87 and Exchange Establishment FOA. In addition, CHIP program and functionality to support CHIP beneficiaries is not mentioned in the application. Please explain. In addition, the application states that the State intends to replace its current Legacy system with some funding from Establishment Grant. Please explain. It will be necessary to Submit a current IAPD, within current scope, project, and timeline. Clarify systems development completed as part of Legacy system reform and percentage of work completed that will be used in the overall Health Benefits Exchange.

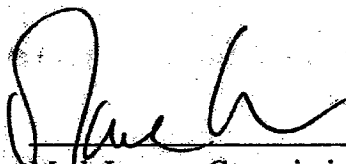
Vermont recently submitted an update to its original PAPD for replacement of the Legacy E&E system, is developing an E&E IAPD, and is fully aware of the requirements for cost allocation with the Exchange. Through the NESCIES Exchange Innovator grant, Vermont has been working closely with Rhode Island and Massachusetts, learning from their experience both with respect to project development and cost allocation. As CCIIO is aware, the NESCIES collaboration takes "program integration" to a completely different level, presenting the opportunity – still not yet fully understood – for portions of Vermont's Exchange and E&E development to be done in partnership with one or more of the other NESCIES states. Given the extraordinary timeframes under which this work must be accomplished, Vermont has not invested significant time writing "speculative" IAPDs or budget scenarios, but is waiting for the outcome – anticipated by the end of March 2012 – of decisions about whether and how much to collaborate through NESCIES or other mechanisms.

Through NESCIES, in collaboration with CCIIO Project Officer Sandra Escobar, Vermont is

- Coordination of activities with other division/units within the Agency of Human Services
  - AHS Information Technology
  - AHS Business Office
  - AHS Global Commitment/Health Care operations
- Coordination of activities with the Department of Banking, Insurance, Securities, and Health Care Administration and the Green Mountain Care Board
- Documentation of key steps and cost estimates with regard to the timeline for implementation
- Management of Exchange advisory committee process, as well as other stakeholder involvement

  
David Yacovone, Commissioner  
Department for Children and Families

9/22/11  
Date

  
Mark Larson, Commissioner  
Department of Vermont Health Access (DVHA)

9.22.11  
Date

- Review of current Medicaid customer service/call center functions and determination of what additional call center requirements and functions will be needed in the future
- Development of enrollment requirements for the exchange
- Development of exemption requirements from individual mandate
- Development of the requirements for a web portal.
- Review of current Medicaid Business operations for changes necessary in the future.
- Review of current financial management functions for changes necessary in the future
- Development of requirements for the navigator function for both individuals and small businesses
- Review of appeals processes for individuals and small businesses and determination of needed changes
- Review of current DVHA waste, fraud, and abuse prevention activities and determination of any needed changes
- Development of an outreach and education campaign
- Determination of necessary functions of a Small Business Health Options Program (SHOP exchange)
- Coordination of eligibility system assessment and changes with work of: MMIS, VIEWS, and ACCESS systems
- Identification of a recommended approach, preparation of a high-level budget estimate, and development of a timeline for implementation for all exchange activities
- Overall management of the exchange development process
- Coordination of activities with other division/units within DVHA including and not limited to:
  - Blueprint for Health
  - Clinical Services
  - Coordination of Benefits
  - Program Integrity
  - Information Technology
  - Business Office

## **II. Collaboration**

The Department for Children and Families (DCF) and the Department of Vermont Health Access (DVHA) will work together to further all of the goals and requirements of establishing the state-operated health benefits exchange. The collaboration will continue during the first phase of the Level 1 implementation grant process, September 30, 2011-September 30, 2012, and on an ongoing basis. This agreement will outline what areas each department will be responsible for during the Level 1 grant process.

## **III. DCF Responsibility During Level 1 time period (September 30, 2011 – September 30, 2012)**

- Full participation with DVHA and its contractors on all tasks relating to the establishment of the Exchange to ensure integration with Medicaid and CHIP, including requirements for the call center and web portal
- Development of comparison tables and maps for Medicaid (current vs. 2014) and tax credits
- Development of eligibility and enrollment rules for tax credits and Medicaid
- In conjunction with the Information Technology (IT) vendor(s) and the Agency of Human Services (AHS), incorporation of tax credit and Medicaid eligibility and enrollment rules into the rules engine
- Development of streamlined, single application form and all necessary forms and notices for tax credit, Medicaid, and CHIP programs
- Assessment of current eligibility business processes and identification of changes needed to ensure that HHS requirements for an enhanced customer service experience are met, taking into consideration opportunities for vertical and horizontal integration opportunities with other publicly-funded programs
- Identification of resources needed to reduce waste, fraud, and abuse in the eligibility determination process

## **IV. DVHA Responsibility During Level 1 time period (September 30, 2011 – September 30, 2012)**

- Full participation with DCF and its contractors on all tasks relating to the establishment of the Exchange to ensure integration with Medicaid and CHIP, including requirements for the call center and web portal
- Maintenance of all documentation to comply with Federal grants.
- Administration of all Federal grants including budget, reports, and communications with the federal government
- Coordination with AHS and DCF on development of Exchange IT

**Interagency Agreement between  
Vermont Department for Children and Families (DCF)**

**AND**

**Department of Vermont Health Access (DVHA)**

**I. Purpose**

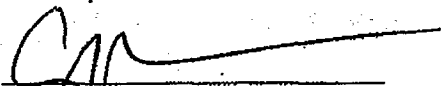
The Department of Vermont Health Access (DVHA) was awarded funding under the U.S. Department of Health and Human Services (USDHHS) State Planning and Establishment Grants in September 2010 for the Affordable Care Act's Exchanges and is applying for funding for the State Implementation Grants in September 2011. The purpose of the funding is to help the State of Vermont to establish a State-Operated Health Insurance Exchange. The deliverables for this project will include a recommended implementation plan and budget for an operational exchange. This agreement formalizes the ongoing relationship between the Department for Children and Families (DCF) and DVHA regarding responsibilities for the establishment of the Health Insurance Exchange. The implementation plan will include the eleven exchange establishment core areas:

1. Background Research
2. Stakeholder Consultation
3. Legislative and Regulatory Action
4. Governance
5. Program Integration
6. Exchange IT Systems
7. Financial Management
8. Oversight and Program Integrity
9. Health Insurance Market Reforms
10. Providing Assistance to Individuals, and Small Businesses, Coverage, Appeals and Complaints
11. Business Operations of the Exchange

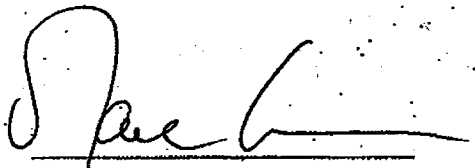


o AHS Global Commitment/Health Care operations

- Coordination of activities with the Department for Children and Families
- Documentation of key steps and cost estimates with regard to the timeline for implementation
- Development of Exchange evaluation process
- Management of Exchange advisory committee process, as well as other stakeholder involvement

  
\_\_\_\_\_  
Georgia Maheras, Deputy Commissioner  
Division of Health Care Administration  
Department of Banking, Insurance, Securities  
& Health Care Administration

9/16/11  
Date

  
\_\_\_\_\_  
Mark Larson, Commissioner  
Department of Vermont Health Access (DVHA)

9.21.11  
Date

- **Determination of necessary functions of a Small Business Health Options Program (SHOP exchange)**
- **Assessment of Vermont's current infrastructure, applications, interfaces, and business processes used to determine eligibility for publicly subsidized health coverage programs**
- **Documentation of weaknesses/gaps in the current system that will need to be addressed in order to create a streamlined eligibility system that can connect people to the appropriate health assistance program**
- **Identification of vertical and horizontal integration opportunities/challenges with regard to eligibility determination processes for other social service programs and potential to incorporate these programs into streamlined eligibility process**
- **Coordination of eligibility system assessment and changes with work of: MMIS, VIEWS, and ACCESS systems**
- **Development of options for establishing a streamlined, single application process that can be used to determine eligibility for premium subsidies that will be available through the HIX and other publicly subsidized health assistance programs**
- **Review of current Medicaid eligibility process and determine what changes are necessary for the process as well as the creation of a tax credit process**
- **Identification of a recommended approach, preparation of a high-level budget estimate, and development of a timeline for implementation for all exchange activities**
- **Overall management of the exchange development process**
- **Coordination of activities with other division/units within DVHA including and not limited to:**
  - **Blueprint for Health**
  - **Clinical Services**
  - **Coordination of Benefits**
  - **Program Integrity**
  - **Information Technology**
  - **Business Office**
- **Coordination of activities with other division/units within the Agency of Human Services**
  - **AHS Information Technology**
  - **AHS Business Office**

- Implementation of final standardized plan design for platinum, gold, silver, and bronze plans
- Participation in the design of a quality rating system with the Vermont Department of Health and other involved entities
- Development of carrier reporting requirements
- Comparison of federally-defined essential health benefits with Vermont mandates, and estimated cost of continuing Vermont mandates not included in essential benefit package

#### **IV. DVHA Responsibility During Level 1 time period (September 30, 2011 -- September 30, 2012)**

- Maintenance of all documentation to comply with Federal grants.
- Administration of all Federal grants including budget, reports, and communications with the federal government
- Development of Health Insurance Exchange Information Technology
- Review of current Medicaid customer service/call center functions and determination of what additional call center requirements and functions will be needed in the future
- Development of enrollment requirements for the exchange
- Development of exemption requirements from individual mandate
- Development of the requirements for a web portal.
- Review of current Medicaid Business operations for changes necessary in the future.
- Review of current financial management functions for changes necessary in the future
- Development of requirements for the navigator function for both individuals and small businesses
- Review of appeals processes for individuals and small businesses and determination of needed changes
- Review of current waste, fraud, and abuse prevention activities and determination of any needed changes
- Development of an outreach and education campaign

## **II. Collaboration**

The Department of Banking, Insurance, Securities and Health Care Administration, BISHCA, and the Department of Vermont Health Access, DVHA, will work together to further all of the goals and requirements of establishing the state-operated health insurance exchange. The collaboration will continue during the first phase of the Level 1 implementation grant process, September 30, 2011-September 30, 2012, and on an ongoing basis. This agreement will outline what areas each department will be responsible for during the Level 1 grant process.

## **III. BISHCA Responsibility During Level 1 time period (September 30, 2011 – September 30, 2012)**

- Regulatory authority over Health Insurers
- Licensing authority over Health Insurers
- Insurance market law changes
- Review of current rate review process to determine any changes needed to comply with the Affordable Care Act
- Financial stability of insurance companies
- Insurance company solvency standards
- Market conduct investigations
- Development of criteria and process, including forms, notices, agreements, etc, to certify, recertify, and decertify qualified health plans
- Inside/Outside market study
- Small business/employers from 50 to 100 study
- Development of risk adjustment and reinsurance programs and collaborate with HHS on risk corridor program
- Standards for display of plan information on web portal
- Development of the consumer satisfaction survey design
- Development of standardized plan design options

**Interagency Agreement between**

**Vermont Department of Banking, Insurance, Securities and Health Care Administration (BISHCA)**

**AND**

**Vermont Department of Vermont Health Access (DVHA)**

**I. Purpose**

The Department of Vermont Health Access (DVHA) was awarded funding under the U.S. Department of Health and Human Services (USDHHS) State Planning and Establishment Grants in September 2010 for the Affordable Care Act's Exchanges and is applying for funding for the State Implementation Grants in September 2011. The purpose of the funding is to help the State of Vermont to establish a State-Operated Health Insurance Exchange. The deliverables for this project will include a recommended implementation plan and budget for an operational exchange. This agreement formalizes the ongoing relationship between BISHCA and DVHA regarding responsibilities for the Health Insurance Exchange. The implementation plan will include the eleven exchange establishment core areas:

1. Background Research
2. Stakeholder Consultation
3. Legislative and Regulatory Action
4. Governance
5. Program Integration
6. Exchange IT Systems
7. Financial Management
8. Oversight and Program Integrity
9. Health Insurance Market Reforms
10. Providing Assistance to Individuals, and Small Businesses, Coverage, Appeals and Complaints
11. Business Operations of the Exchange

**Infrastructure/Architecture  
Security Specialist**

The Infrastructure/Architecture Security Specialist will provide oversight and guidance of security protocols to ensure the SOA and HIX is developed with maximized security.

**Director, Health Care Reform**

The Director, Health Care Reform is responsible for ensuring that the exchange implementation and all health care reforms are a coordinated effort within state government. The Health Care Reform Director is also tasked with managing the federal government and state government relationship for all of Vermont's health care reform efforts.

**Information Management Officer**

The Information Management Officer works on issues, performs research, drafts documents and plans strategy on insurance-related issues in the exchange design process; Liaison between exchange administration and Department of Insurance; designs outreach program and activities.

**Director, Health Care Affordability**

The Director, Health Care Affordability has served as the project lead for the Exchange planning grant and will be the primary contact for the Level 1 establishment grant. As such, this position will serve on the core Exchange grant work group, will chair the Exchange implementation work group, and will be involved in the coordination of all Exchange work. The Project Director will be the primary liaison with other departments with key roles in Exchange development and implementation and will assist the Deputy Commissioner in his/her duties.

**Project Manager - Exchange Basics**

The Project Manager - Exchange Basics will assist the Health Care Affordability Project Director in organizing Exchange development work with the implementation teams, and will document decisions made by the teams. The Project Coordinator will be assigned to work with the contractor on specific tasks in the Level 1 contract.

**Project Manager - Exchange/Medicaid Long Term Integration**

The Project Manager - Exchange/Medicaid Long Term Integration will be the primary Exchange representative in the Medicaid/Medicare duals project, and will assist the Exchange/Medicaid Policy Analyst in his/her duties.

**Project Manager - Exchange/Public Health and Wellness**

This Project Manager - Exchange/Public Health and Wellness will be the primary liaison with the Vermont Department of Health and the insurance department in developing and implementing an Exchange wellness program or programs. This position will work closely with the wellness contractor hired under the Level 1 grant.

**Project Manager - IT**

The Project Manager - IT will lead the Insurance Exchange project in terms of timeline, scope, progress and executing necessary tasks related directly to IT requirements. The Project Manager - IT will coordinate resources, manage the overall project and provide leadership and guidance as well as being responsible for keeping stakeholders abreast of progress directly related to the technical aspects of the project.

**Project Manager -BISHCA**

The Project Manager - BISHCA is responsible for ensuring that all of the exchange-related activities in BISHCA are coordinated internally within the agency. This includes rate review of qualified health plans as well as plan certification. The project manager is also responsible for ensuring that plan-related information flows between BISHCA and the exchange. Supports internal working meetings of BISHCA staff working on the exchange.

**Business Analyst (2 positions)**

The Business Analyst will provide HIX analysis of policy rules and business workflow ensuring that business needs are being met in terms of efficiencies and performance.

SOA QA Integrator

The SOA QA Integrator will provide quality assurance identifying potential deficits in terms of system and/or workflow needs to address the HIX. Documenting all findings and how they were resolved.

SOA Developer 1

The SOA Developer I will provide development skills and abilities meeting HIX needs of the SOA infrastructure.

SOA Developer 2

The SOA Developer II will provide development skills and abilities meeting HIX needs of the SOA infrastructure.

Database Administrator

The Database Administrator will provide data management ensuring data is normalized, stored and connected in an effective and efficient manner. Data management must also take into account the expansion of HIX needs.

Administrative Assistant for IT

The Administrative Assistant for IT will provide supportive activities to leadership and key stakeholders of HIX efforts. The Administrative Assistant will utilize clear and effective communication and documentation skills to assist with HIX implementations.

Director of QHP Certification

The Director of QHP Certification will be responsible for making sure products sold on the exchange are approved according to federal and state standards. They will work with the rate review analysts and Project Manager-BISCHA to ensure that individuals and small businesses can access affordable plans on the exchange.

Data Analyst

The Data Analyst collects and analyzes data, running various mathematical calculations to determine how the data might best be applied to the exchange operations for an efficient and effective exchange. They are responsible for converting the data into useful reports so that policy decisions can be made. They will also evaluate data on cost-drivers in the health care system to ensure insurance rates are affordable to Vermont residents. Conducts needed research and analysis to inform exchange policy.

Data Analyst

The Data Analyst collects and analyzes data, running various mathematical calculations to determine how the data might best be applied to the exchange operations for an efficient and effective exchange. They are responsible for converting the data into useful reports so that policy decisions can be made. They will also evaluate data on cost-drivers in the health care system to ensure insurance rates are affordable to Vermont residents. Conducts needed research and analysis to inform exchange policy. Supervises Data Analyst I.



**Position Title (and Name)**

**Normalized Descriptions- by JNS 9-21-2011**

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**Accountant**

The Accountant will assist the Grants Management Specialist in meeting all federal and state requirements for tracking and managing grant funds. The Accountant will also work closely with the contractors in designing the financial management system for the Exchange.

**Accountant**

The Accountant will assist the Grants Management Specialist in meeting all federal and state requirements for tracking and managing grant funds. The Accountant will also work closely with the contractors in designing the financial management system for the Exchange.

**Grants Management Specialist**

The Grants Management Specialist will track progress under the contracts against the work plan approved under the grant and will submit all necessary federal reports. This position will review all invoices submitted by contractors and work with the accountants to ensure proper funds management.

**Admin for Agency of Administration**

The Administrative Assistant for Agency of Administration will perform administrative duties for the Director of Health Care Reform. The responsibilities include screening calls, making travel and meeting arrangements and preparing reports of health care-related information to support the Director of Health Care Reform. Maintains office calendar to coordinate work flow and meetings. Creates documents such as reports, memos, and letters. Manages all office procedures and other tasks as assigned by the Director.

**Admin. Assistant for Exchange Division at Medicaid**

The Administrative Assistant for Exchange Division at Medicaid will assist the Deputy Commissioner in scheduling meetings, managing documents, and all other administrative tasks associated with developing and implementing the Exchange.

**Attorney/Policy Analyst (step 12) exchange/Medicaid**

The Attorney/Policy Analyst exchange/Medicaid will develop proposed Exchange rules and usher them through the steps of Vermont's Administrative Procedure Act process. This position will also provide legal advice on Exchange design and ensure that Exchange rules are consistent and integrated with Medicaid rules and regulations. The Policy Analyst will serve on the Exchange implementation team and help define business processes.

Attorney/Policy Analyst (step 12)  
exchange/private market

The Attorney/Policy Analyst exchange/private market will act as a liaison with the insurance department to ensure that the Exchange design and rules are consistent and in compliance with federal and state insurance laws. This attorney will work closely with insurance department attorneys and the contractor on other Exchange-related tasks, such as the analysis of state-mandated benefits against federally-defined essential health benefits and the risk adjustment/reinsurance programs.

Attorney/Policy Analyst (step 12)  
exchange/single payer/other  
integration

The Attorney/Policy Analyst exchange/single payer/other integration will be responsible for researching legal and health policy issues related to the exchange in Vermont. The attorney/health policy analyst will prepare policy briefs and reports, public hearing testimony, meetings and conference presentations.

Business Analyst  
(2 positions)

The Business Analyst will serve as the Exchange liaison with the IT staff in developing functional specifications for Exchange implementation. The Exchange Business Analyst will work closely with the IT Business Analyst to ensure that all functional specifications are properly translated into system specifications.

Contract/Grant Writer

The Contract/Grant writer will develop RFPs, oversee the bidding process, and negotiate contracts with vendors. The Contract/Grant writer will develop any necessary data use agreements, and will work closely with the Grants Management Specialist to ensure that grant funds are properly expended. This position will also research and follow through on any grant opportunities that are Exchange-related.

Deputy Commissioner

The Deputy Commissioner will serve as the Exchange Director or Exchange CEO and will have responsibility for all facets of Exchange development and operation..

Outreach Program manager

The Outreach Program Manager will work with the contractor to develop the outreach/education/marketing plan for the Exchange rollout and will coordinate outreach efforts with other Vermont departments and community organizations that have an ongoing role in educating the public on health issues.

Operations Manager (Step 12 -  
HIR)

The Operations Manager will be responsible for the day-to-day operations of the Exchange. Prior to implementation, the Operations Manager will work with the contractor and the implementation team to define Exchange design and functions.

## Hartrich,Toni

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**From:** Jones, Kate  
**Sent:** Tuesday, December 27, 2011 10:08 AM  
**To:** Hartrich,Toni  
**Subject:** Positions #s in Exchange Grant  
**Attachments:** AA-1 Position Attachment - Revised.xls

Please find attached the revised HIX Position Attachment which ties the federal grant positions to those that have been requested in this AA-1 Packet. Please note that found within the federal grant packet there is a Normalized Description list of all positions which only identifies 31 positions. However this total number is a misrepresentation as two of the normalized descriptions represent a singular total when they should represent 2 FTE's each. Both Business Analyst descriptions should represent 2 positions in each detail bringing the total number of positions to 33.

Please let me know if you have any questions, thank you.

Kate Jones, Financial Manager II  
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802-879-8256

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