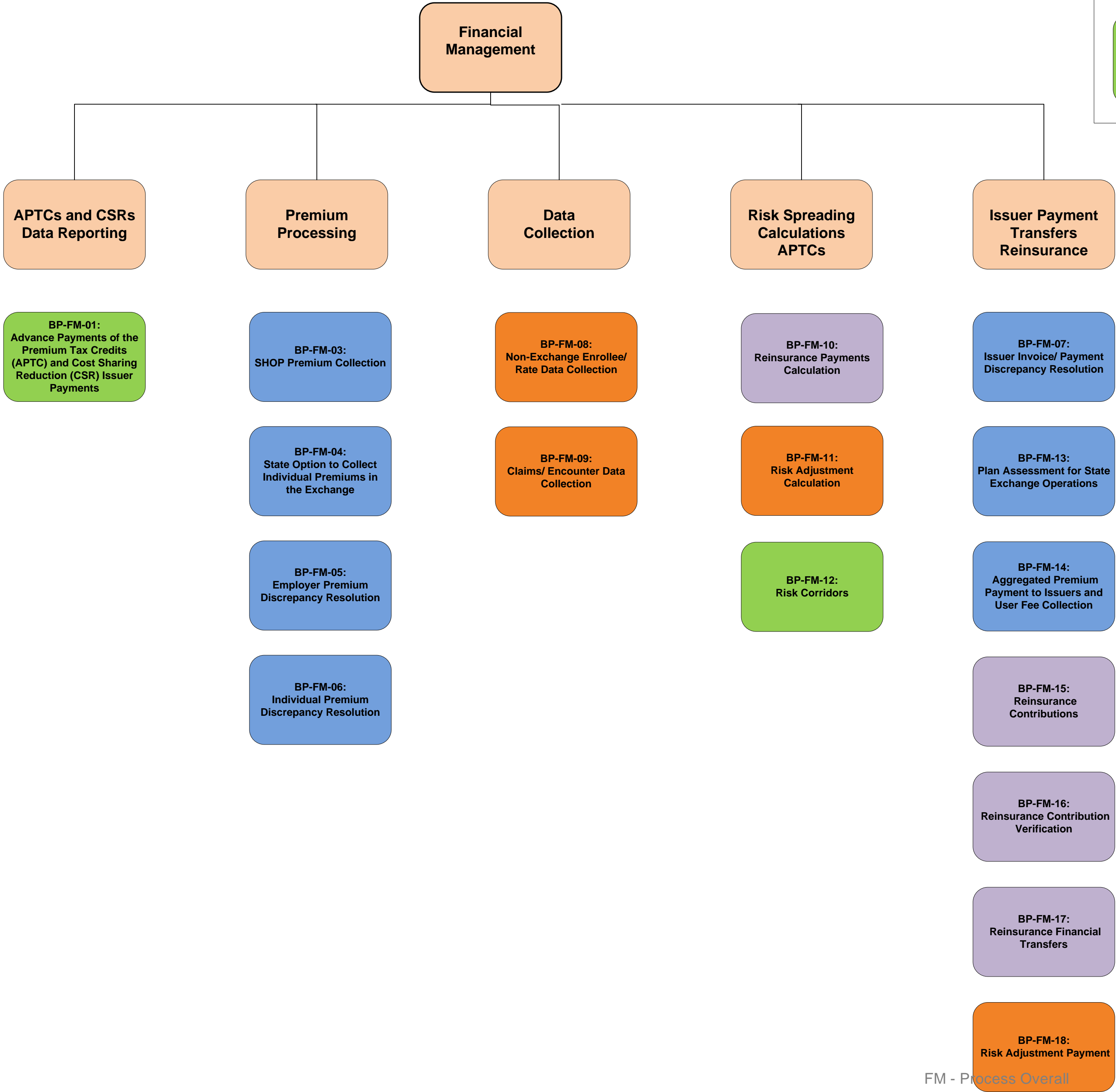
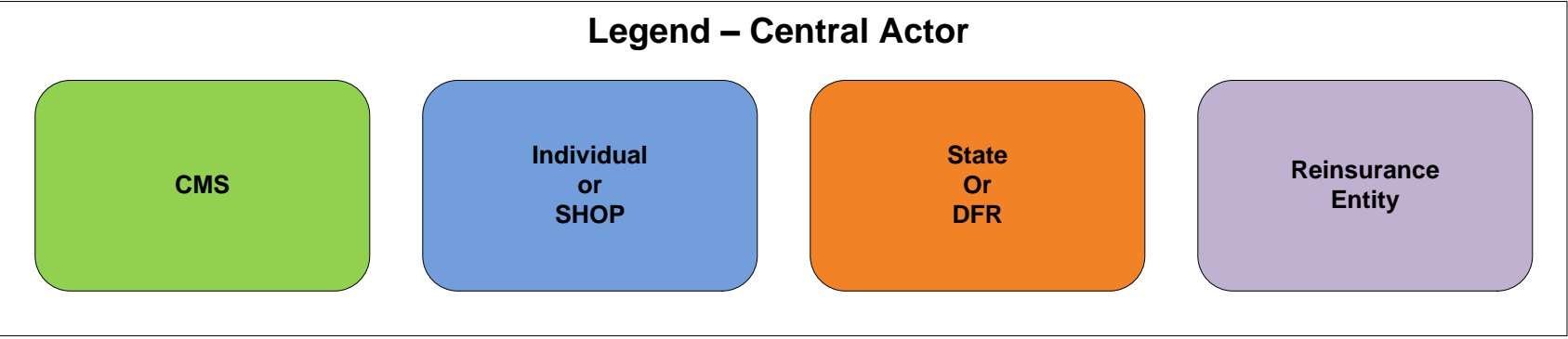
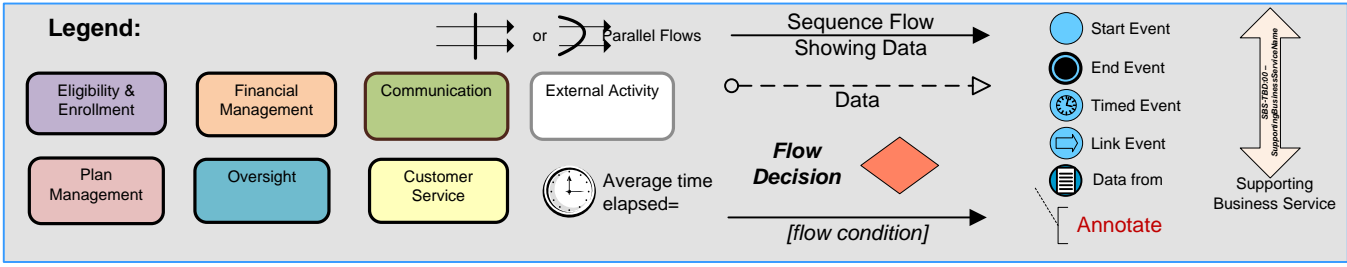
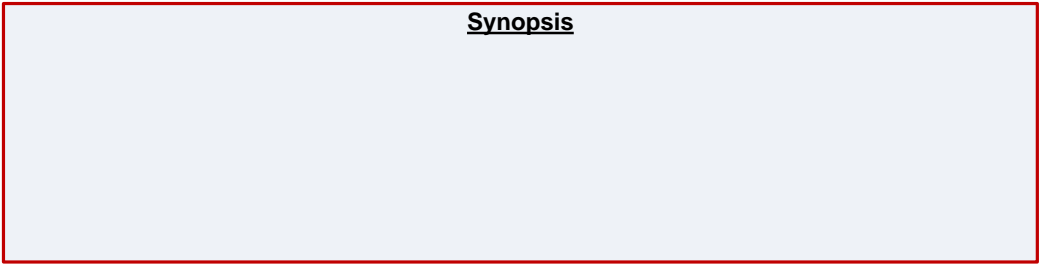


Overall Process Overview

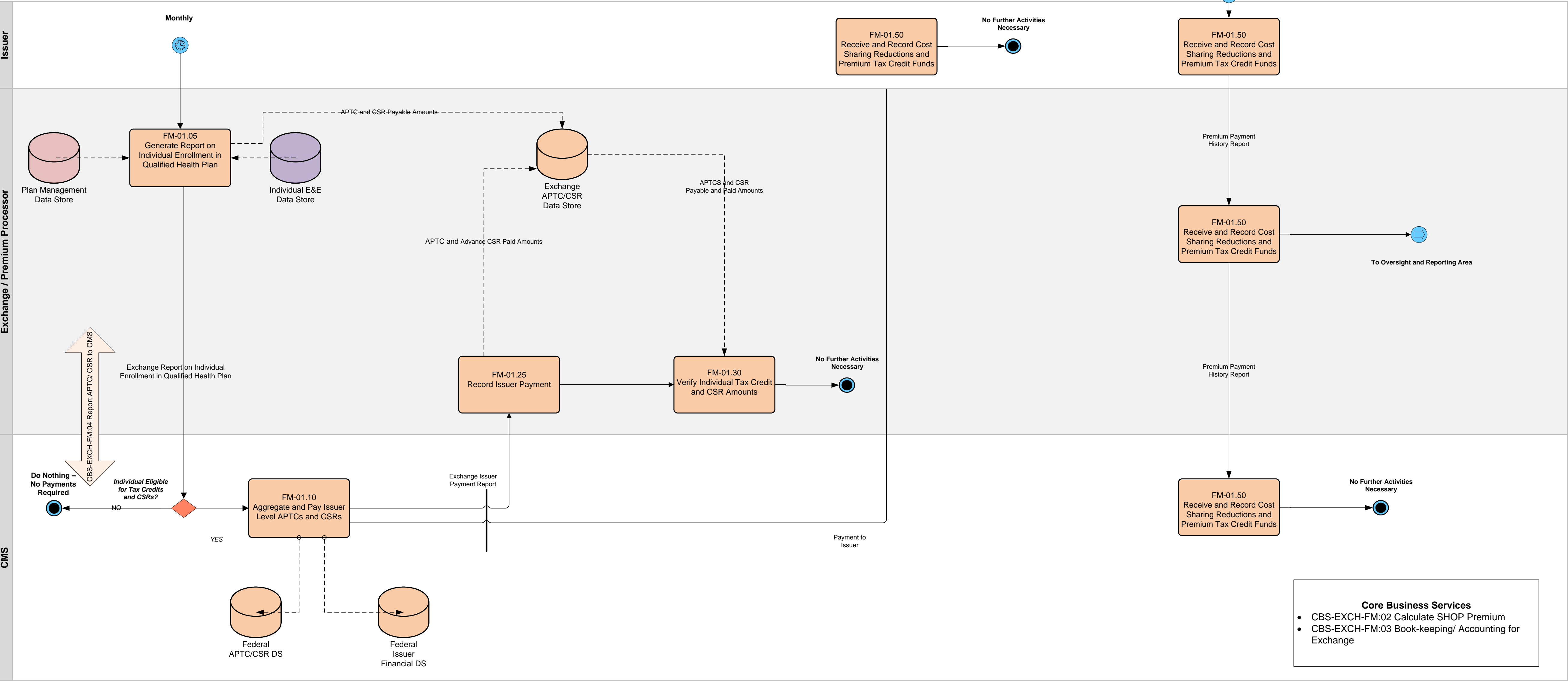
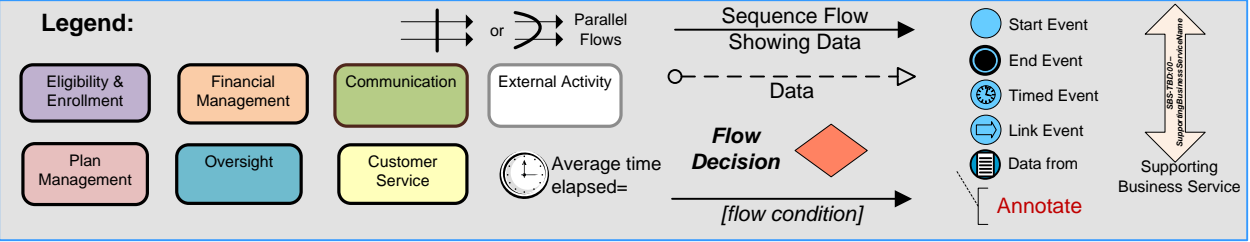


State of Vermont Blueprint Process Model  
Financial Management Process Model

FM 01 - Advance Payments of the Premium Tax Credits  
(APTC) and Cost Sharing Reduction (CSR) Issuer Payments

**Synopsis**

This process handles the financial transactions associated with advance payments of the premium tax credits and payment of cost sharing reductions. This involves notifying CMS of individual enrollments and eligibility for APTCs/CSRs. This also captures CMS' remittance of payments to Issuers.



FM-03 SHOP Premium Collection

Synopsis

This process consists of the SHOP issuance of monthly premium bills to Employers and the receipt of payments from Employers to the SHOP.

Legend:

Eligibility & Enrollment

Financial Management

Communication

External Activity

Plan Management

Oversight

Customer Service

Average time elapsed=

Sequence Flow

Showing Data

Data

Flow Decision

[flow condition]

Start Event

End Event

Timed Event

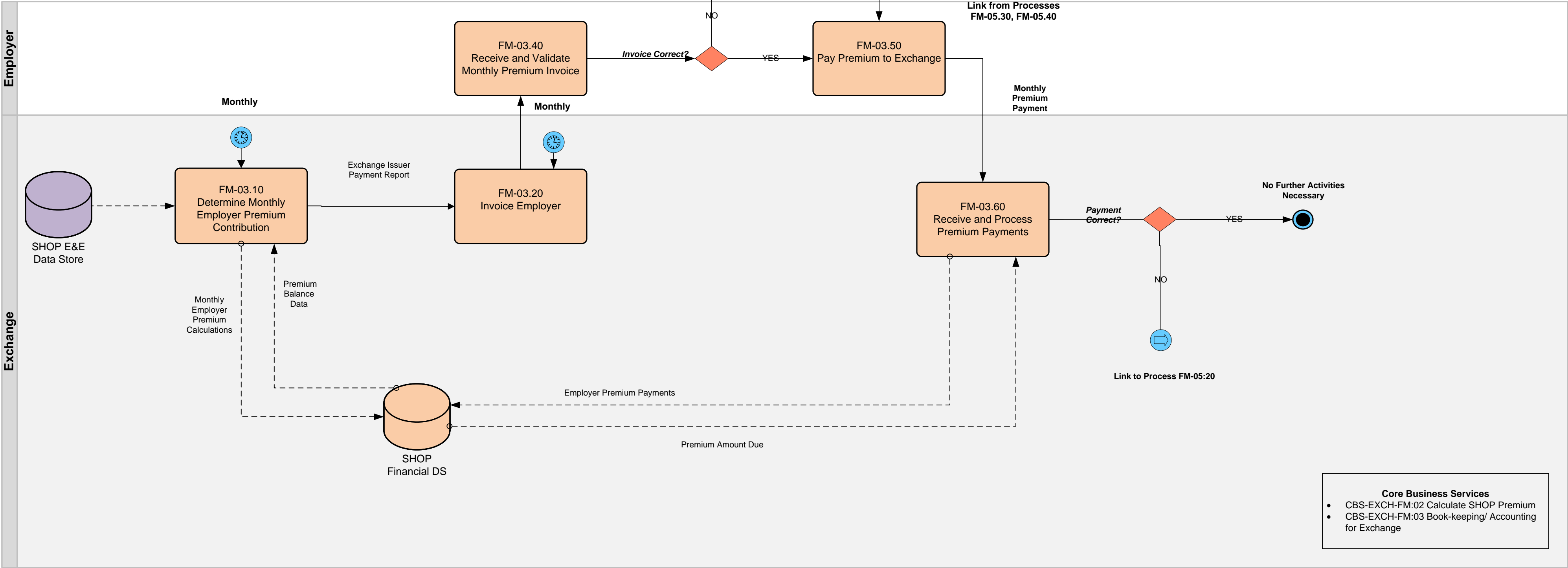
Link Event

Data from

Annotate

Parallel Flows

Supporting Business Service



FM-04 State Option to Collect Individual Premiums in the Exchange

Synopsis

This optional process consists of the Individual Exchange issuance of monthly premium invoices to Individuals and the receipt of payments from Individuals to the Exchange. .

Legend:

Eligibility & Enrollment

Financial Management

Communication

External Activity

Plan Management

Oversight

Customer Service

Average time elapsed=

or

Parallel Flows

Sequence Flow Showing Data

Data

Flow Decision

[flow condition]

Start Event

End Event

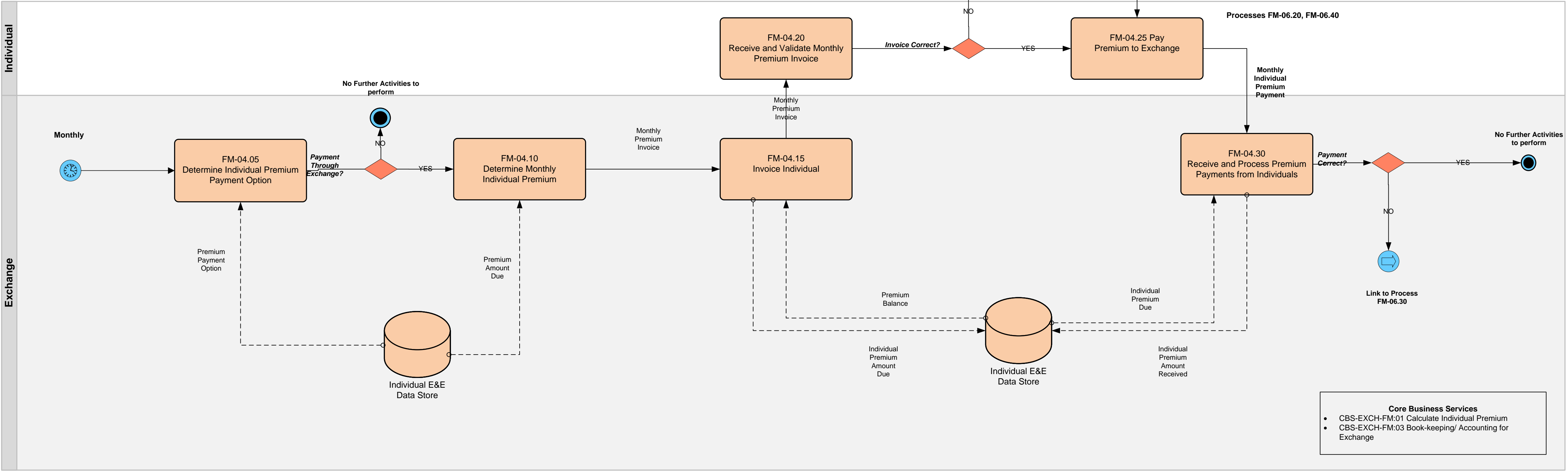
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Link Event

Data from

Annotate

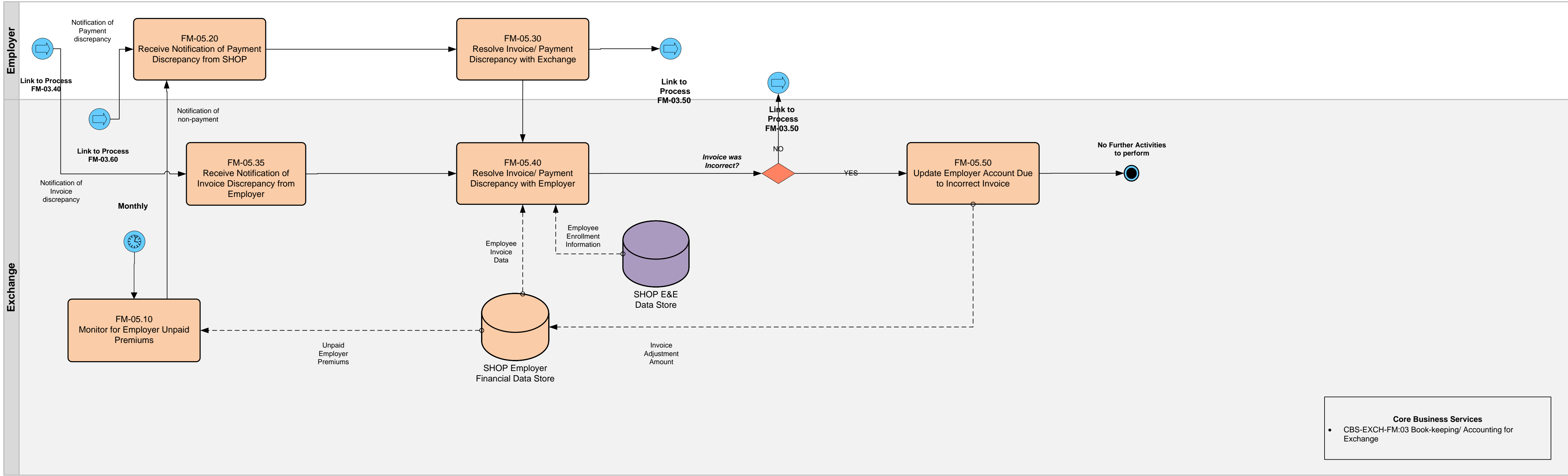
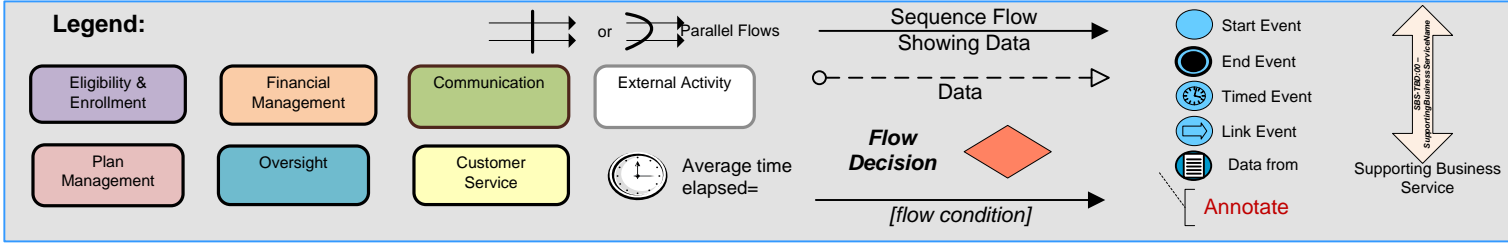
Supporting Business Service



FM-05 Employer Premium Discrepancy Resolution

Synopsis

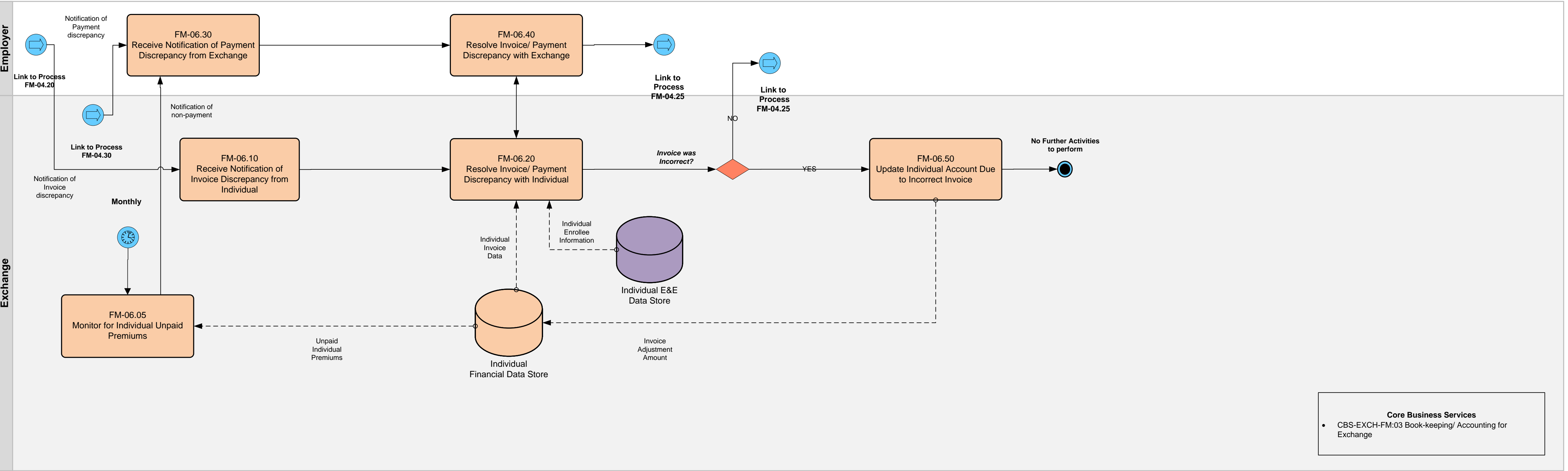
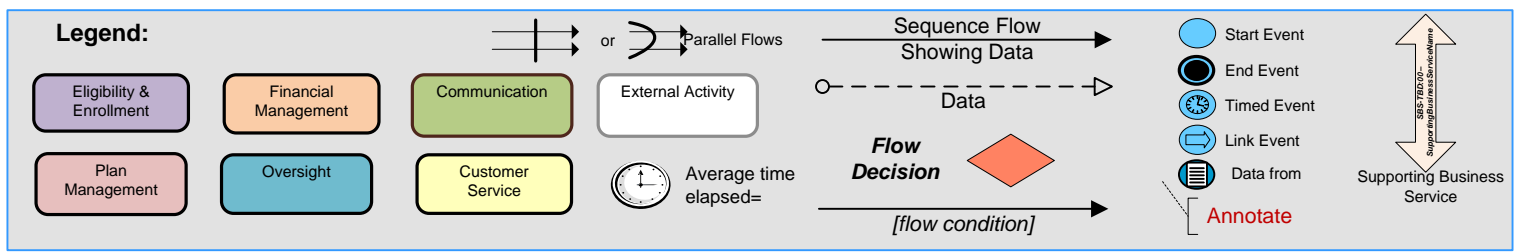
This process resolves employer payment and billing discrepancies in the SHOP Premium Aggregation process.



FM-06 Individual Premium Discrepancy Resolution

Synopsis

This process resolves payment and billing discrepancies in the Individual Premium Collection process. This process is applicable when the State elects to collect premiums on the behalf of Issuers

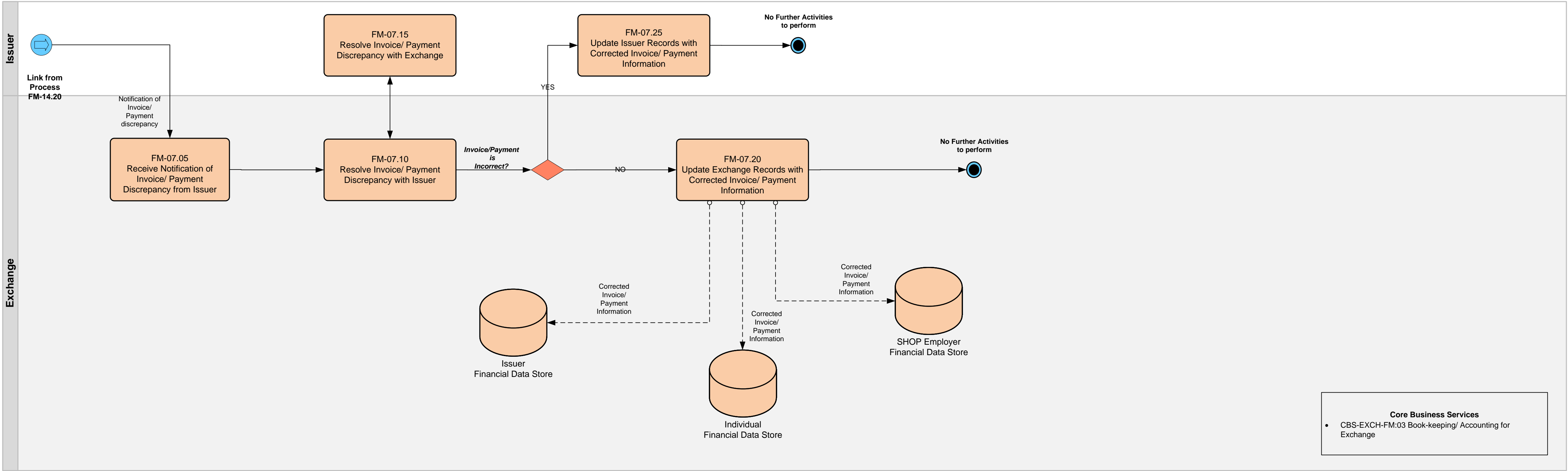
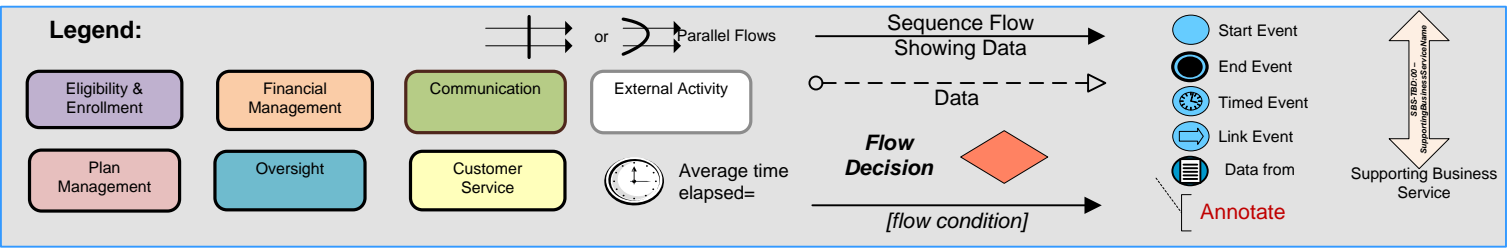




FM-07 Issuer Invoice/ Payment Reconciliation

Synopsis

This process resolves Issuer invoice or payment discrepancies in the SHOP and Individual Premium Aggregation as well as the User Fee processes.



Synopsis

This process receives information on non-exchange enrollees from individual and small group plans outside of the Exchange and receives non-QHP rate setting data from CMS.

Legend:

Eligibility & Enrollment

Financial Management

Communication

Plan Management

Oversight

Customer Service

Parallel Flows

Sequence Flow Showing Data

Data

Flow Decision

Average time elapsed=

[flow condition]

Start Event

End Event

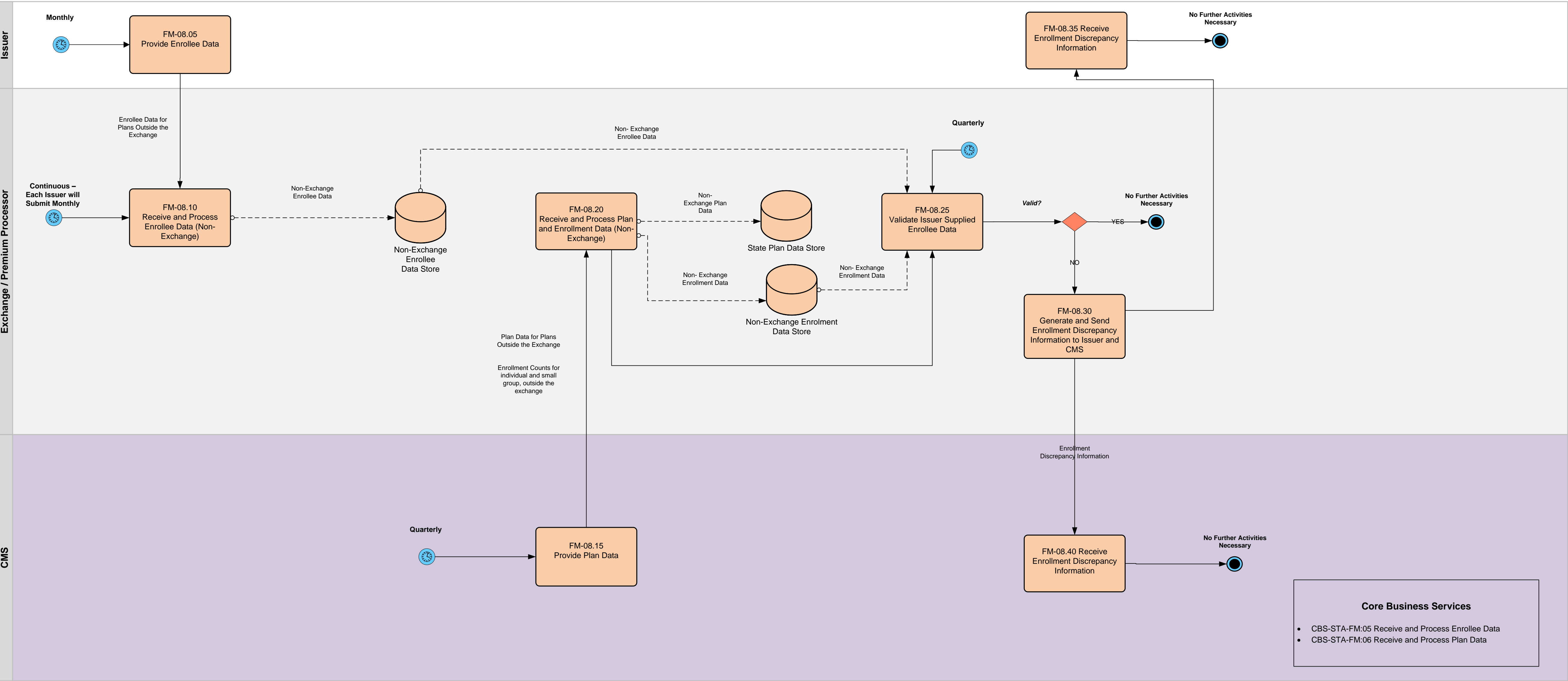
Timed Event

Link Event

Data from

Annotate

Supporting Business Service

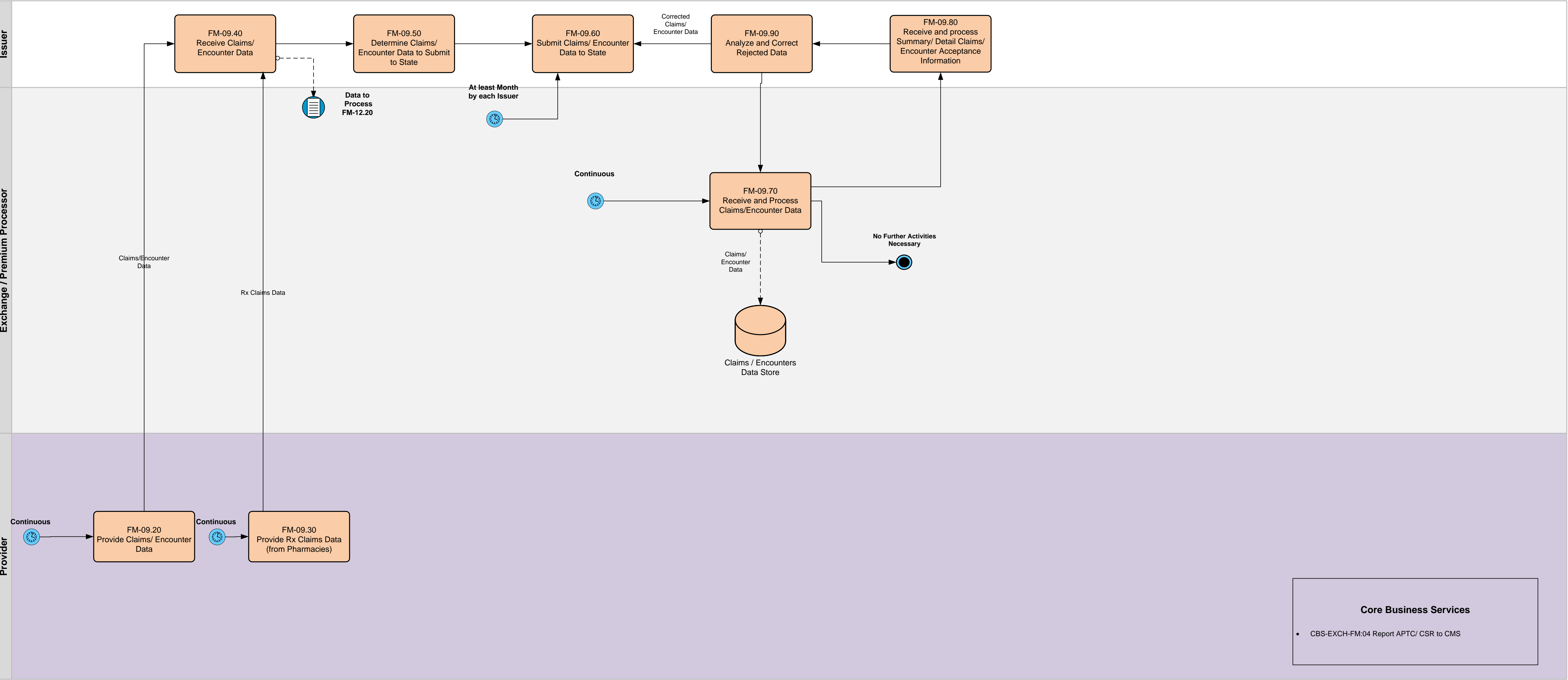
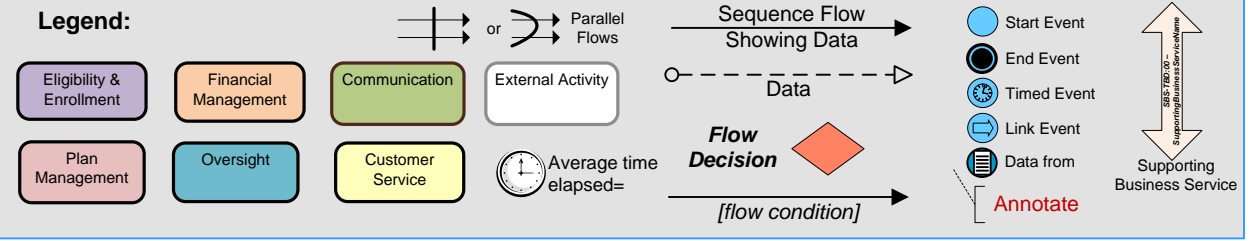




FM 09 - Claims/ Encounter Data Collection

Synopsis

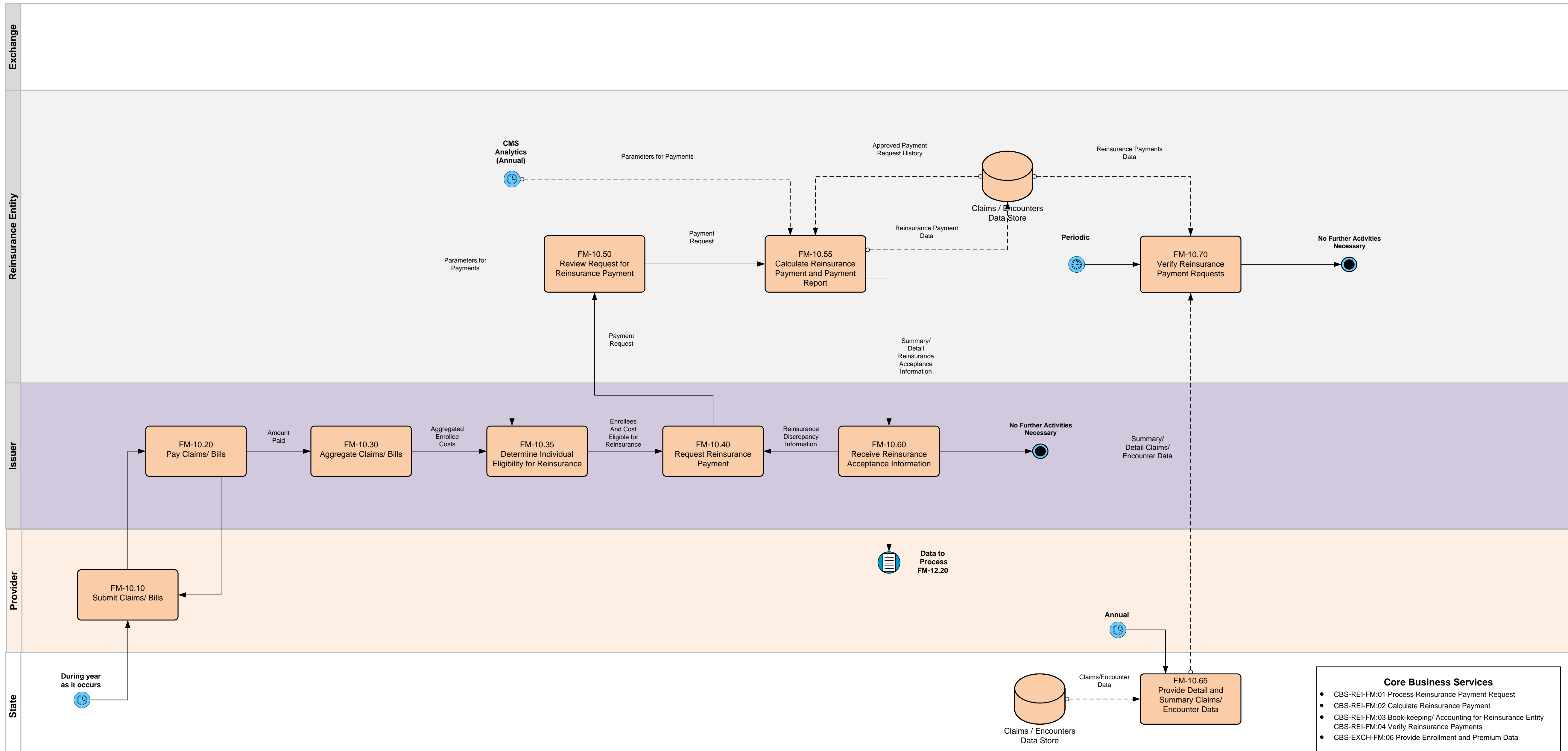
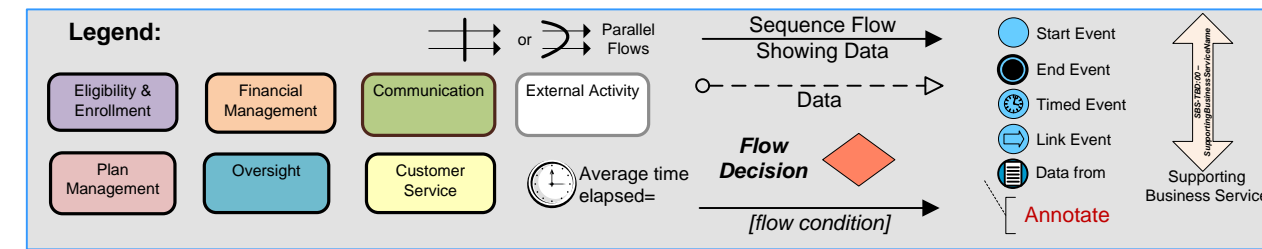
This process receives and processes claims and encounter data from non-grandfathered individual and small group Issuers inside and outside the Exchange.



### FM 10 - Reinsurance Payment Calculation

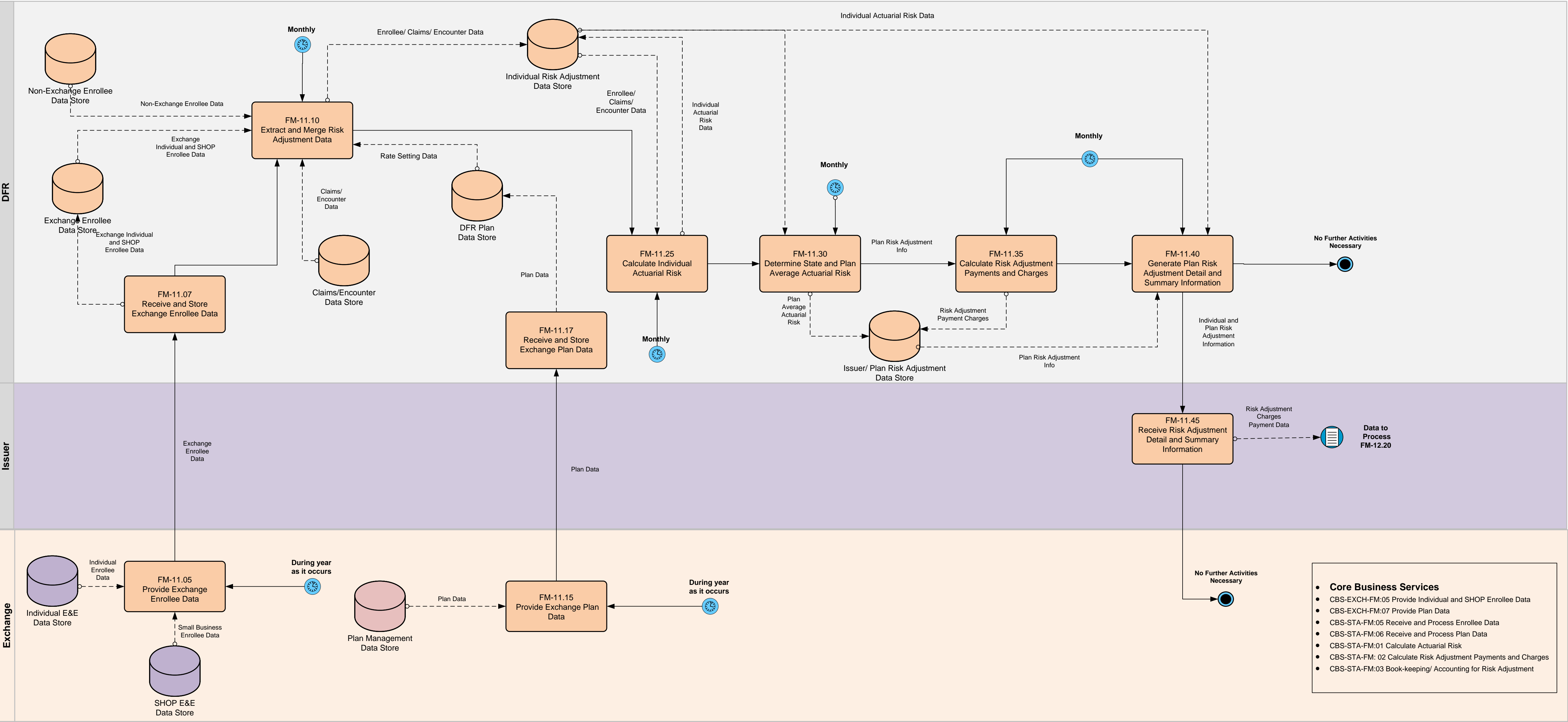
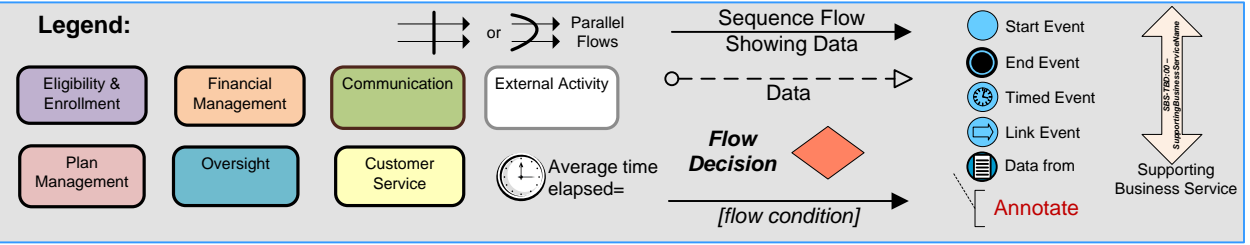
## Synopsis

This process operates from 2014 through 2016. The process calculates reinsurance payments to Issuers that cover high-risk individuals in order to help stabilize premiums for coverage. Reinsurance payments apply to Issuers of non-grandfathered individual QHP plans.



FM 11 - Risk Adjustment Calculation

**Synopsis**  
This process calculates the risk adjustment payments or charges to Issuers based on the actuarial risk of enrollees within a plan when compared to the State average actuarial risk. The State assesses charges to low actuarial risk plans and makes payments to high actuarial risk plans. This process applies to all Issuers in Individual and Small Group Markets (within the State).

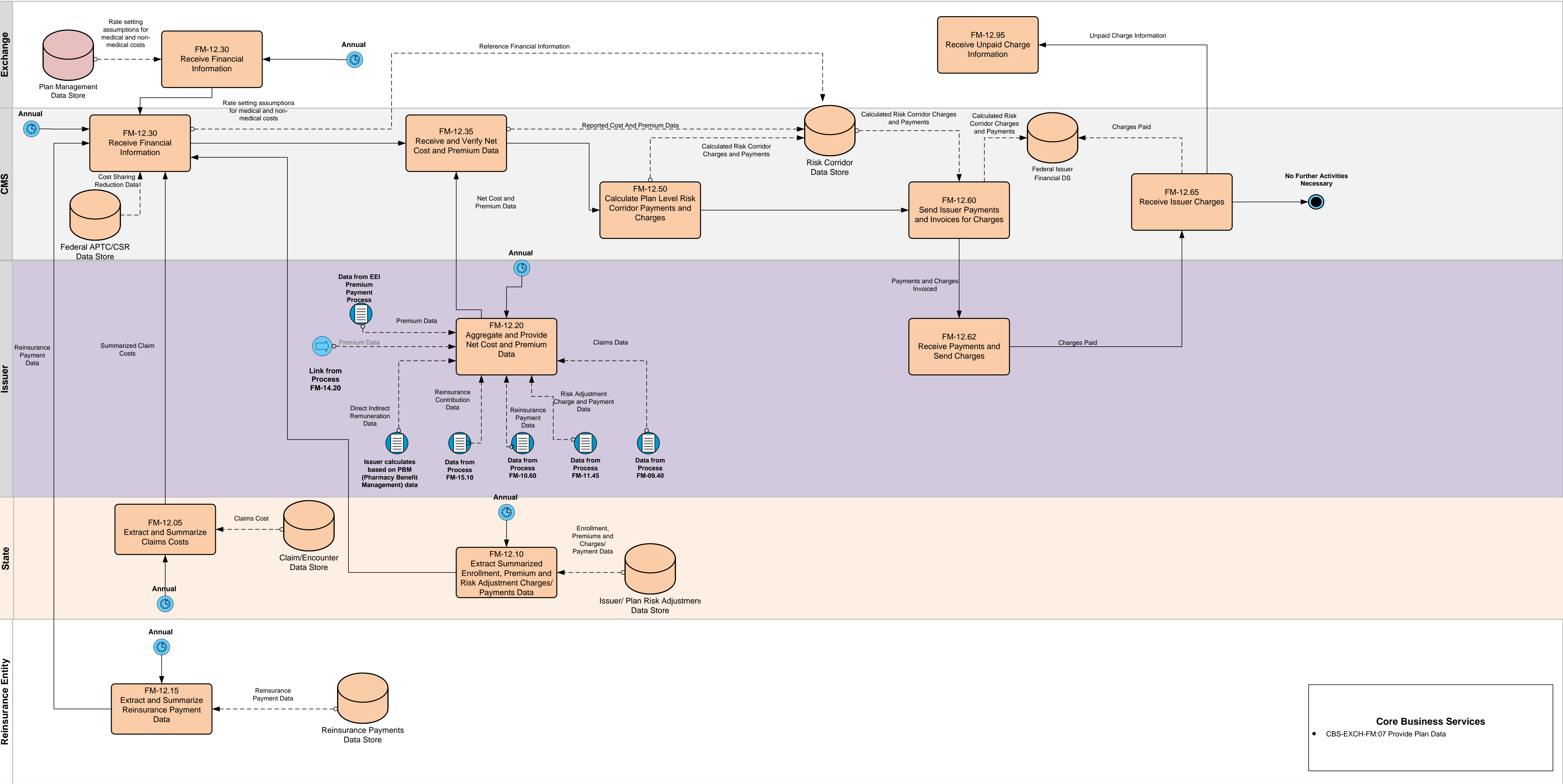
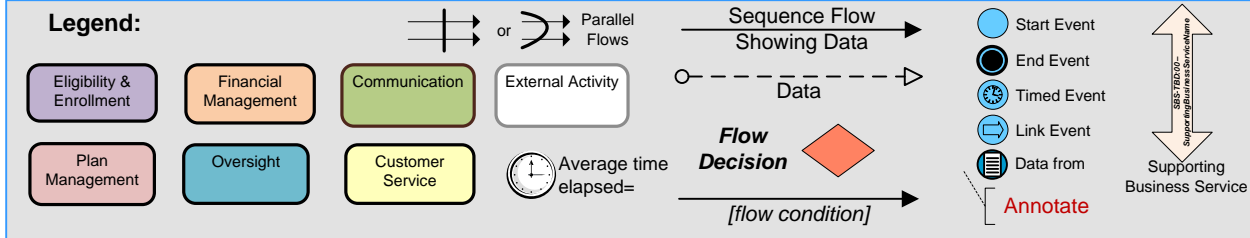


FM 12 - Risk Corridors

Synopsis

This process operates from 2014 through 2016. The risk corridor process allows QHPs and CMS to share in profits or losses based on a statutory formula. This process applies to all individual and small group QHP Issuers.

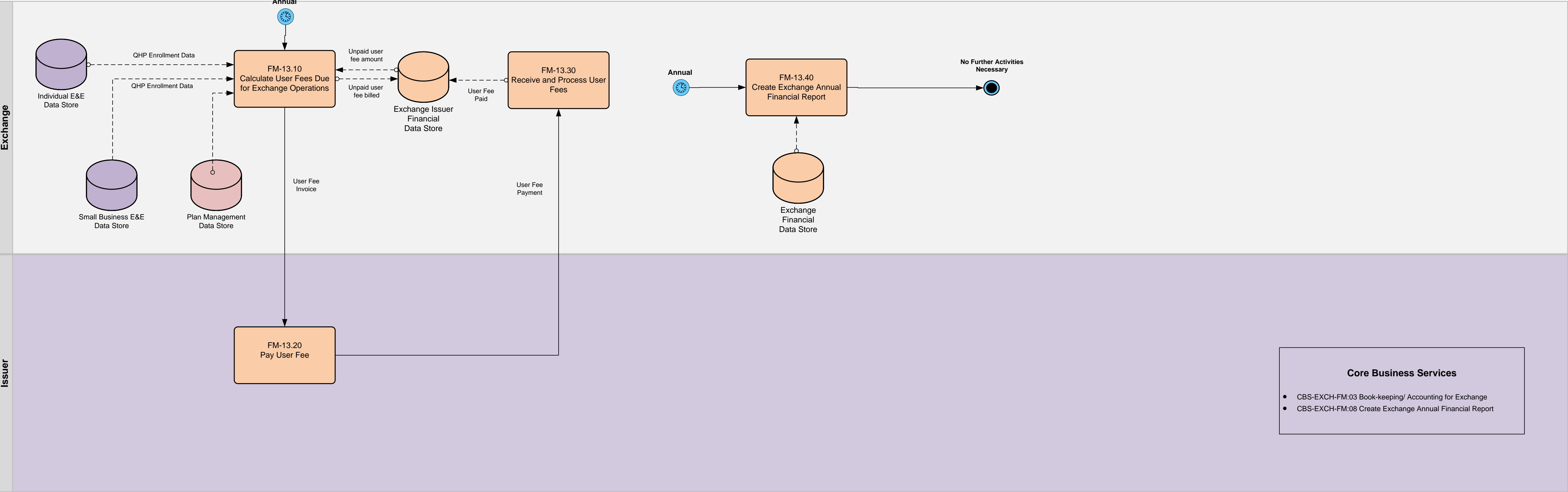
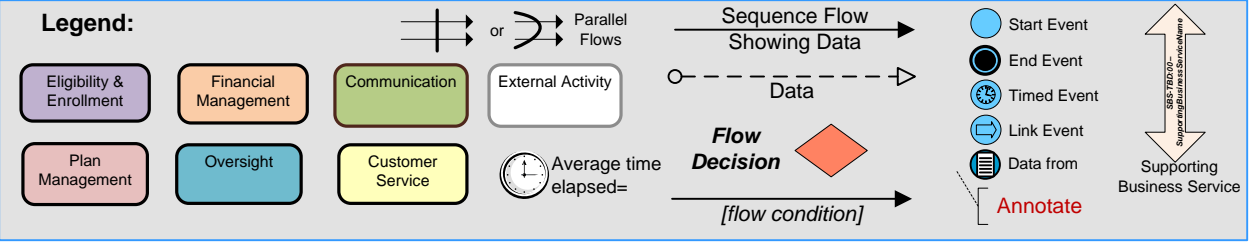
Legend:



FM 13 - Plan Assessment for State Exchange  
Operations

**Synopsis**

Beginning in 2014, this optional process charges user fees to participating health insurance Issuers to generate funding to support Exchange operations in States that elect to charge user fees. Each State will determine the user fee formula. The Exchange will then calculate the user fee due for Exchange operations, notify the Issuers, and process Issuer payments. The Exchange also prepares the Exchange Annual Financial Report as required by the State or other authority. Note: This process will not be utilized if the Exchange elects to deduct user fees from premiums as outlined in BP-FM:14.

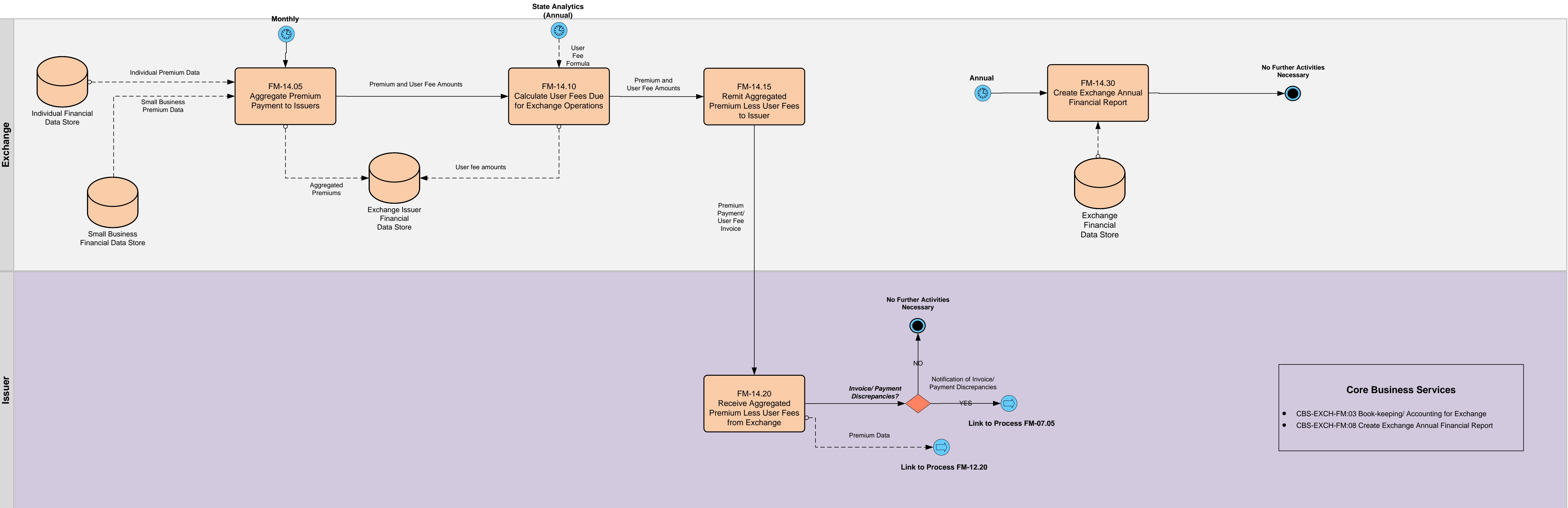
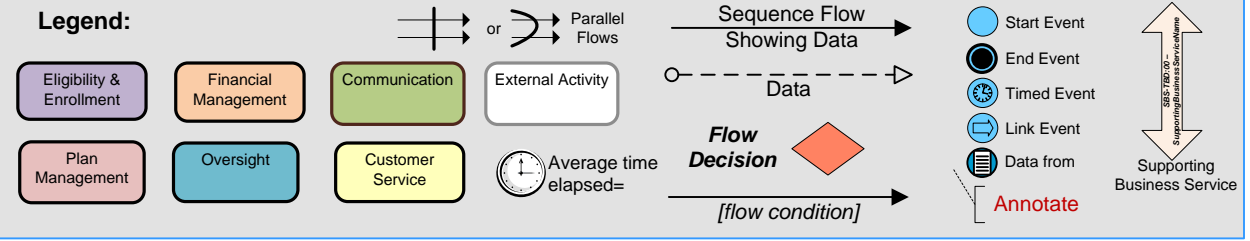




FM 14 - *SHOP and Individual Aggregated Premium Payments to Issuers and User Fee Collection*

**Synopsis**

This process includes the aggregated payment of individual and/or SHOP premiums to Issuers after user fees are deducted from the premiums received.

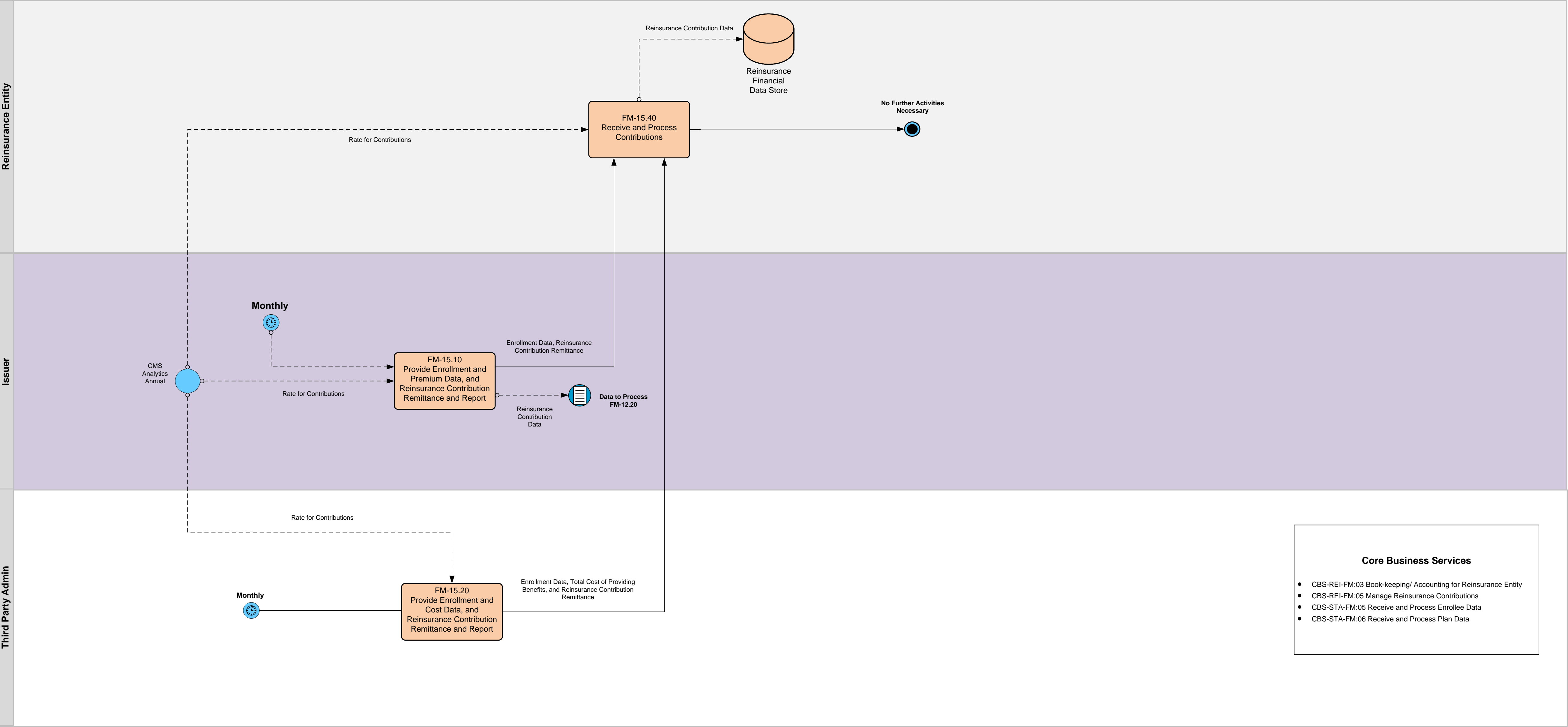
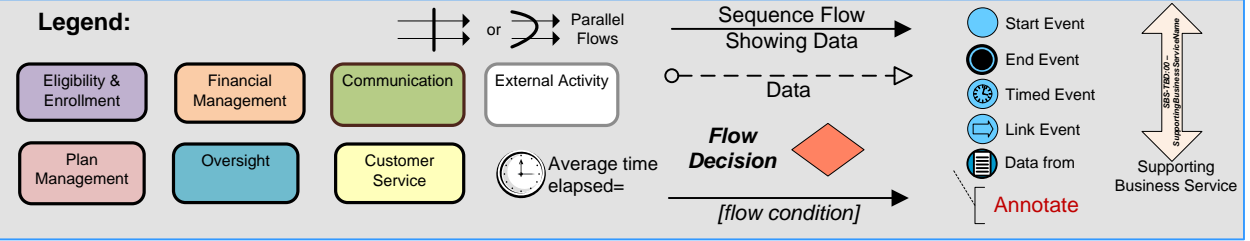




FM 15 - Reinsurance Contributions

Synopsis

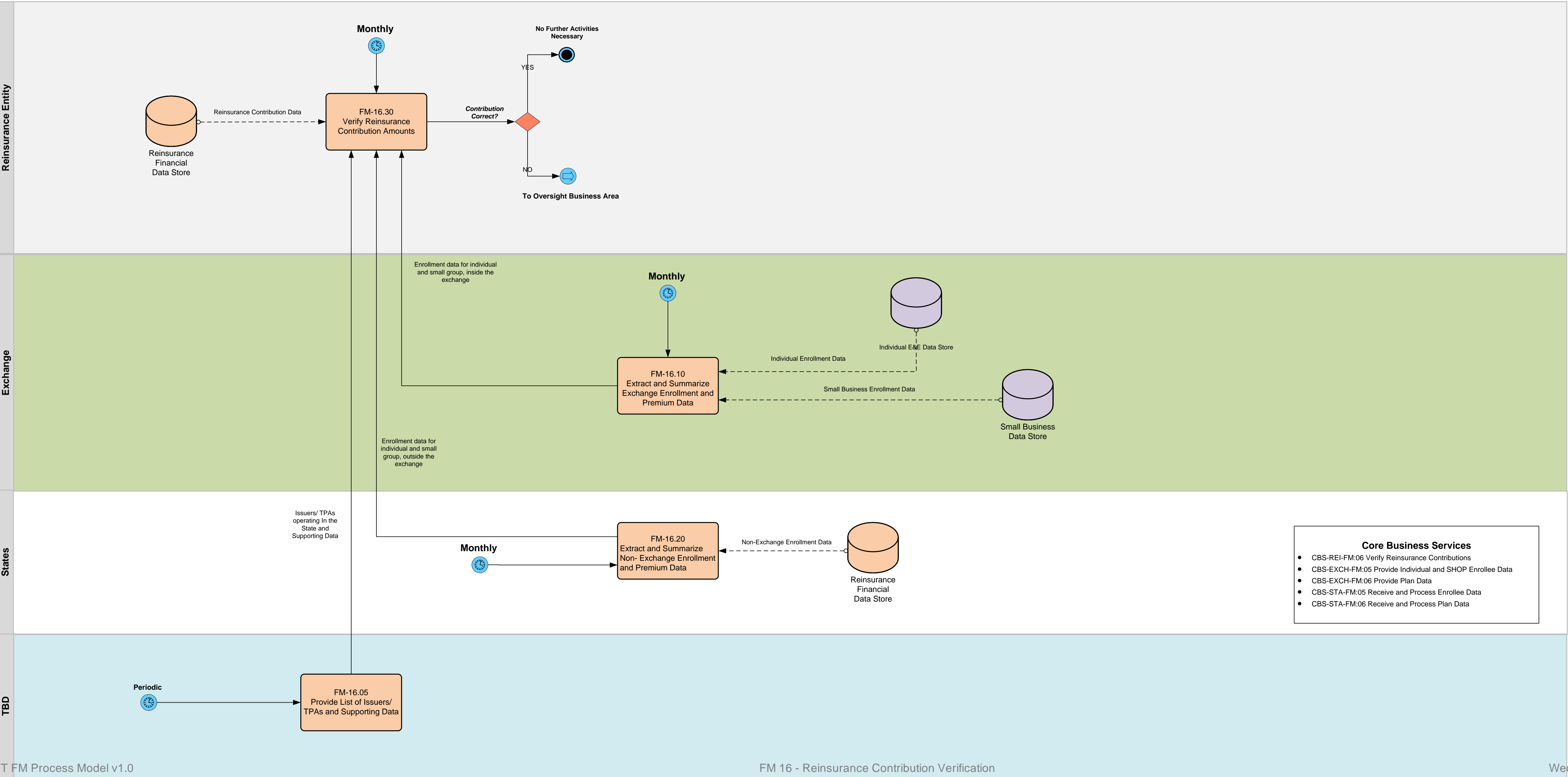
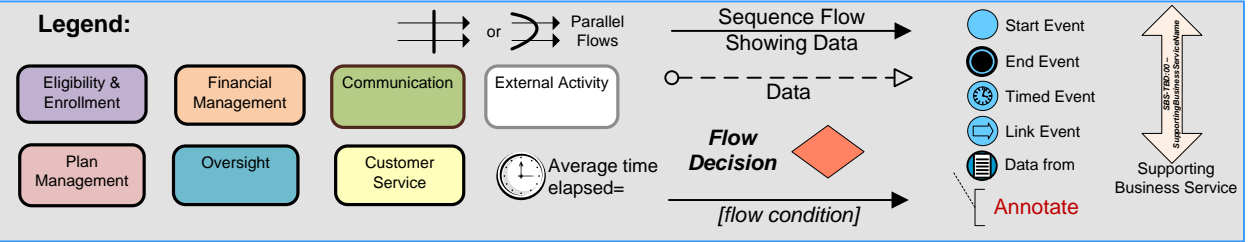
This process operates from 2014 through 2016. The process collects and processes reinsurance contributions from all Issuers and TPAs acting on behalf of group health plans. This process applies to all Issuers in all markets (large, small group, individual, non-grandfathered) and TPAs for self-insured entities (contributions go to State where the employee resides).



FM 16 - Reinsurance Contribution Verification

Synopsis

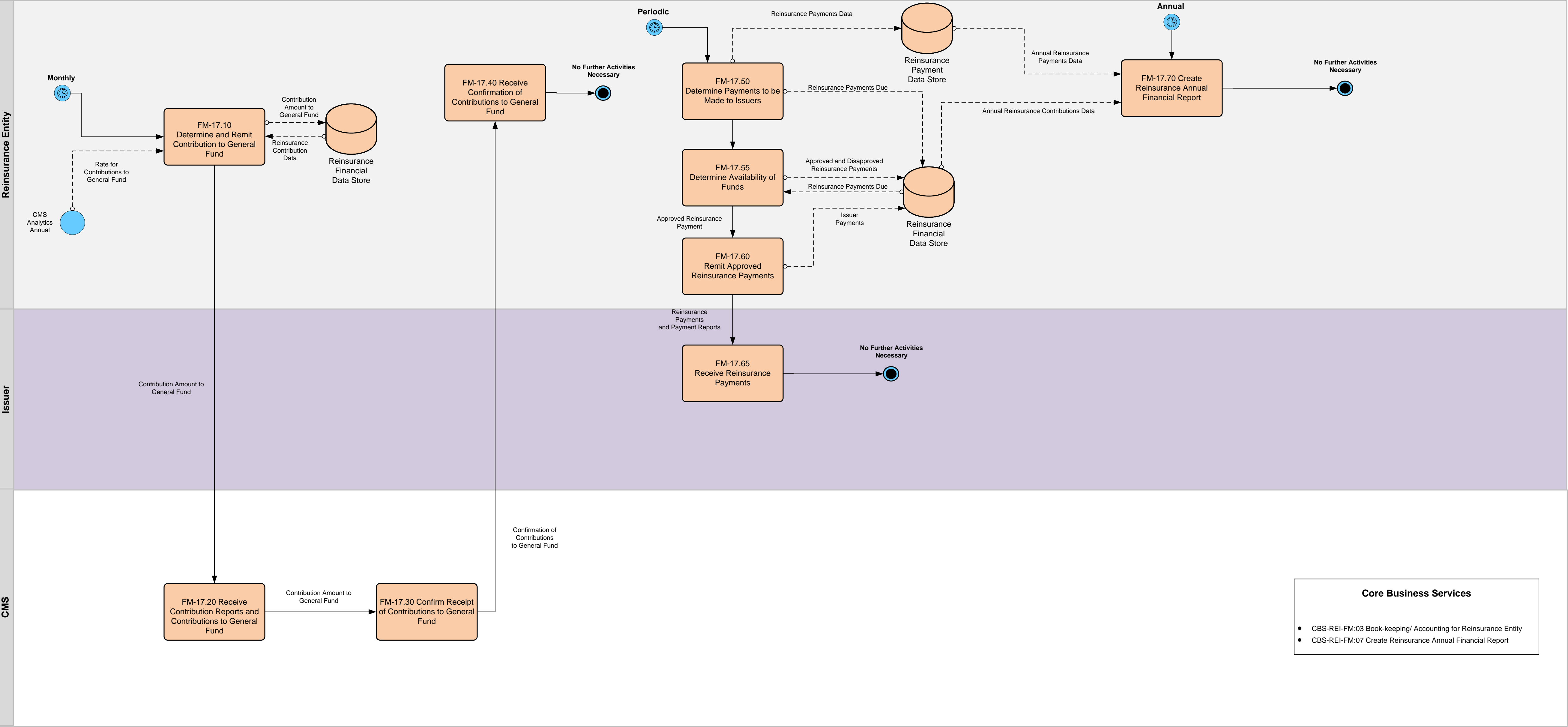
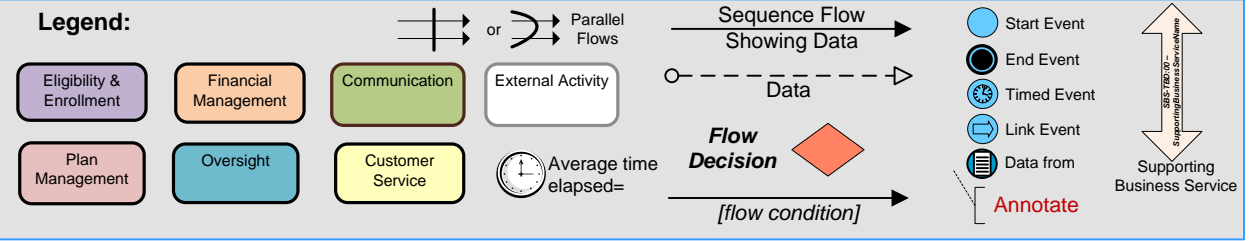
This process operates from 2014 through 2016. The process verifies reinsurance contributions from all Issuers and TPAs acting on behalf of group health plans. This process applies to all Issuers in all markets (large, small group, individual, non-grandfathered) and TPAs for self-insured entities (contributions go to State where the employee resides).



FM 17 - Reinsurance Financial Transfers

Synopsis

This process operates from 2014 through 2016. The process makes reinsurance payments to individual-market Issuers that cover high-risk individuals in order to help stabilize premiums for coverage. Reinsurance payments apply to individual QHP Issuers inside the Exchange.



FM 18 - Risk Adjustment Payment

Synopsis

This process collects risk adjustment charges from Issuers and remits risk adjustment payments to Issuers. This process applies to all Issuers in individual and small group markets (within the State).

