

MEMORANDUM OF AGREEMENT

A Unified Approach to Child Medical Support Through Inter-Agency Collaboration and Data Exchange

The Vermont Department for Children and Families' (DCF) Office of Child Support (OCS) and Economic Services Division (ESD), and the Office of Vermont Health Access (OVHA) hereby enter into this cooperative agreement to advance the medical support process within the Agency of Human Services. The parties agree to streamline communication, share information and work collaboratively to secure private health insurance or periodic cash medical contributions for children in an effort to reduce Medicaid expenditures and medical costs incurred by custodial parents, when appropriate. This memorandum of agreement is an outcome of a federal medical support grant and refers to processes outlined in the March 30, 2008 final grant report.

A. Terms of the Agreement

This agreement updates the agreement signed by the parties in March 2005 as part of the federal 1115 medical support grant awarded to OCS to develop collaborative processes to enhance health insurance coverage for children. The agreement is effective upon the last signature date and shall remain in effect until terminated by any party. A terminating party shall provide the remaining parties with 30 days prior notice. This agreement may be amended by consensus of all of the parties.

B. Governing Authority

Economic Services Division (ESD)

As a condition of Medicaid eligibility, ESD is required to have applicants assign their rights, or those of any individual they can legally assign (e.g., children), for medical support and payment for medical care from third parties (42 CFR § 433.145). The assignment requires applicants to cooperate in the establishment of paternity, if necessary, and the establishment/enforcement of medical support (42 CFR § 433.145). If an applicant refuses to assign rights or fails to cooperate, benefits are denied or terminated for that individual, but not for the children involved (42 CFR § 433.148).

ESD must provide an opportunity to apply for a waiver from cooperation (42 CFR § 433.147) if cooperation is not in the best interest of the children or will result in emotional or physical harm to the applicant or children (42 CFR § 433.147). Section 9142 of the Omnibus Budget Reconciliation Act of 1987 also exempts cooperation if the applicant is pregnant and under the federal poverty level or the benefit is transitional Medicaid.

Office of Child Support (OCS)

When rights are assigned, OCS must petition the court for an order that the non-custodial (and/or custodial) parent provide health insurance (45 CFR § 303.31) and, unless declined, must assist in establishing a child support obligation (45 CFR 302.33). OCS alerts OVHA when a medical support order is established and notifies the employer to enroll the children in a health plan (45 CFR § 303.32). If more than one plan is available, OCS, consulting

with the custodial parent, selects a plan and notifies the plan administrator (45 CFR § 303.32). When enrollment is confirmed, OCS provides the custodial parent and OVHA with policy information (45 CFR § 303.30, 303.31). OCS must monitor the case and follow-up with OVHA on any lapses in coverage (45 CFR § 303.31) that require a motion to enforce the court order (45 CFR § 303.31).

Office of Vermont Health Access (OVHA)

For a person covered by both Medicaid and private health insurance, OVHA pays the medical claim and seeks reimbursement from the private insurer (42 CFR § 433.139).

C. Partnership Goals and Objectives

1. DCF/OVHA Medical Support Workgroup¹

Since forming a collaborative workgroup in 2004, parties have worked together to develop a unified and expanded approach to medical support processes and procedures through a combination of manual and automated enhancements. Particular emphasis has been given to the creation of interfaces that allow for mutual conveyance of data and information. These interfaces cover division-to-division communication of specific case progression as well as automated action messages triggered by data changes to medical support orders, child enrollment in private health insurance plans, and lapses in coverage. The workgroup has been the pivotal force in this initiative and will take on a critical role in ensuring that Vermont continues to advance its medical support program.

2. Requirements

- (a) To ensure an enduring commitment to this effort, each party agrees to appoint a staff member as a point of contact for its respective division. The OCS Program Coordinator shall maintain the list of names and numbers for all points of contact. If appointed staff members change, parties agree to inform the OCS Program Coordinator. All staff members appointed to the DCF/OVHA Workgroup agree to meet to discuss medical support issues at least twice per year. The OCS Program Coordinator shall be responsible for setting the date, location and meeting agenda. If issues arise in the interim, the OCS Program Coordinator should be contacted to coordinate a meeting.
- (b) DCF/OVHA recognize the need to maintain the inter-agency data interfaces programmed to support more efficient processing of medical support. Parties agree to a continuing commitment to systems development when needed and to communicate with one another whenever system enhancements are created that may affect the medical support-related interfaces. These interfaces include, but are not limited to, the following:

¹ In an effort to simplify the title, the workgroup is referred to as the DCF/OVHA Medical Support Work Group; DCF is the acronym for the Department for Families and Children, the umbrella department for both the Office of Child Support (OCS) and the Economic Services Division (ESD).

- The communication interfaces that allow workers to send case specific messages from one division to another and the storing of that communication on the individual OCS and ESD case record. (See page A-37 of the Final Report.)
 - The interface from ESD to OCS that tracks the medical assignment procedure and monitors the waiver, non-cooperation and sanction processes. (See page A-34 of the Final Report.)
 - The interface that records private health insurance information pursuant to the National Medical Support Notice (NMSN) process. The insurance panel that is created is known as INSU and can be accessed by both OCS and OVHA. (See page A-36 of the Final Report.)
 - The employer health insurance information interface that creates an insurance panel (INSU) when an employer enters information through the NMSN wizard on the OCS website.
 - The medical support compliance interface that creates an automated message to OVHA and OCS workers when the noncustodial parent's on-line employer is removed. (See page A-37 of the Final Report.)
 - The medical support compliance interface that generates a notice to the OCS and OVHA workers whenever the order is changed regarding the health insurance responsibilities under the terms of the order. (See page A-37 of the Final Report.)
 - The medical support compliance interface that transfers information from the ESD intake screen (JINC) that records employment information for an obligor with a case with OCS. The system will send the OCS workers the information when certain conditions are satisfied. (See page A-44 of the Final Report.)
 - The Federal Parent Locator Service (FPLS) interface that captures information from the Department of Military Dependent Care's (DMDC) Defense Enrollment Eligibility Reporting System (DEERS) when children are enrolled in the military insurance system. This information is available to OCS and OVHA.
 - Any future electronic interface created between OVHA and the Vermont Department of Banking, Insurance, Securities and Health Care Administration.
- (c) DCF/OVHA recognize the importance of sharing data information and agree to collect data and provide periodic reports that assist in the development of further refinements and efficiencies. The reports include, but are not limited to, the following:
- A quarterly data match with the U.S. Department of Defense that contains Tri-Care coverage information. OVHA is responsible for updating Tri-Care coverage for all cases where the children are actively receiving Medicaid benefits. OCS is responsible for updating the Tri-Care coverage for all other children in IV-D cases.
 - A monthly report that contains a list of all INSU panels closed by OVHA. OVHA will forward to OCS to review for updated coverage.
 - An annual report from OVHA that matches cases with the three largest insurance carriers in Vermont through a contract with a private vendor. OVHA and OCS will negotiate an amount that OCS should pay for the information generated in the report.
 - Periodic reports or data from OVHA that outline Medicaid cost avoidance

and cost recovery.

(d) DCF/OVHA agree to review processes and procedures at the biannual meetings and make every effort to resolve any issues that may arise.

We the undersigned agree to the provisions set forth in this agreement:

For the Office of Child Support

Signature _____ Date _____

Printed Name and Title: Jeffrey P. Cohen, Director

For the Economic Services Division

Signature _____ Date _____

Printed Name and Title: Joseph Patrissi, Deputy Commissioner

For the Office of Vermont Health Access

Signature _____ Date _____

Printed Name and Title: Joshua Slon, Director