Vermont Health Connect

An Update on Vermont's Integrated System for Medicaid and QHP Enrollment

February 24, 2016

Overview

- Updated Metrics

- Outreach and Education

- Medium-term DDI Steps to Improve the Customer Experience

- Enrollment and Plan Selection

UPDATED METRICS

Medicaid Renewals

- **Medicaid for the Aged, Blind and Disabled (MABD)** - Redeterminations began in November 2015 (1K/mo.)

- **Medicaid for Children and Adults (MCA)** –

    - First group of notices to legacy members mailed in early January for February redetermination

        - Followed by reminder notice and closure notice

        - After termination, QHP-eligible customers will have a 60-day special enrollment period, then have to wait until 2017

    - 2nd group mailed in February for March redetermination

    - 3rd and final legacy group mails in early March

    - VHC member groups run May - October

    - 9K/mo. for each group

Medicaid Renewals

First group:

- Final notice mailed last week to 5,868 households with closure date of February 29.

- >40% of first group have now responded - in line, or just ahead of, prior efforts.
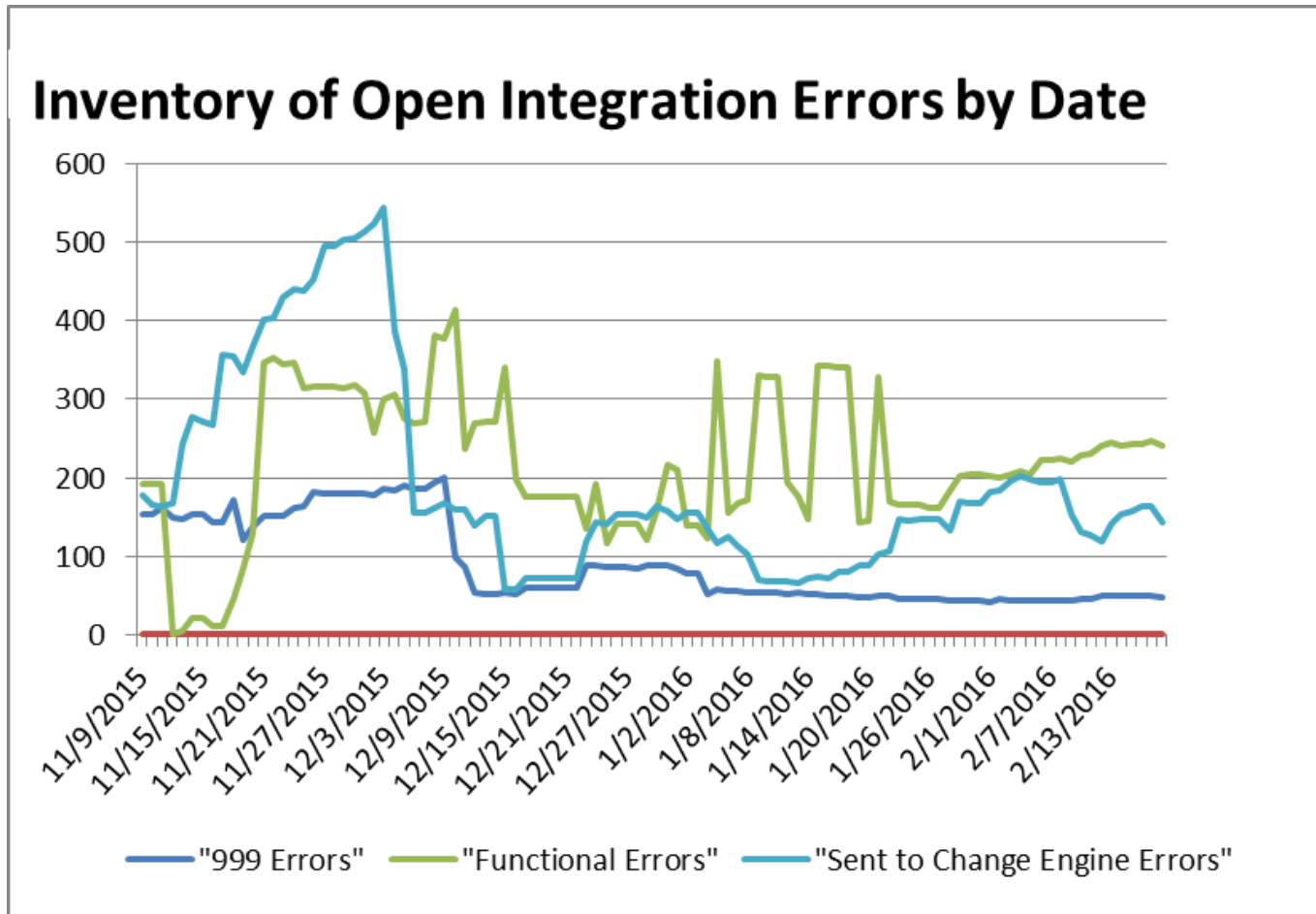
Change Requests (COC)

Change request net inventory:

- 5,577 on Monday 2/1

- 4,081 on Monday 2/22

Note:

- Net inventory is an active work queue.

- VHC receives approximately 125 change requests per day.

- Goal is to get queue below 3,000, a sustainable level for being able to meet prescribed customer service targets.

834 Transactions

In addition to working to resolve these known errors, VHC and carriers continue to work together to make sure other transactions are being integrated across systems as expected.

System Performance

Month	Availability	Avg Page Load Time (seconds)	Max Peak User	Visits
November 2015	99.17%	1.36	85	35,701
December 2015	99.99%	1.93	97	67,068
January 2016	99.86%	2.02	136	67,911

For context:
- SLA calls for Availability of at least 99.9% and Load Time no greater than two seconds.
- January's load time was just over Load Time SLA. Had met Load Time SLA every month since spring upgrades.
- November was first month since spring upgrades in which Availability SLA was missed.

VERMONT
HEALTH
CONNECT
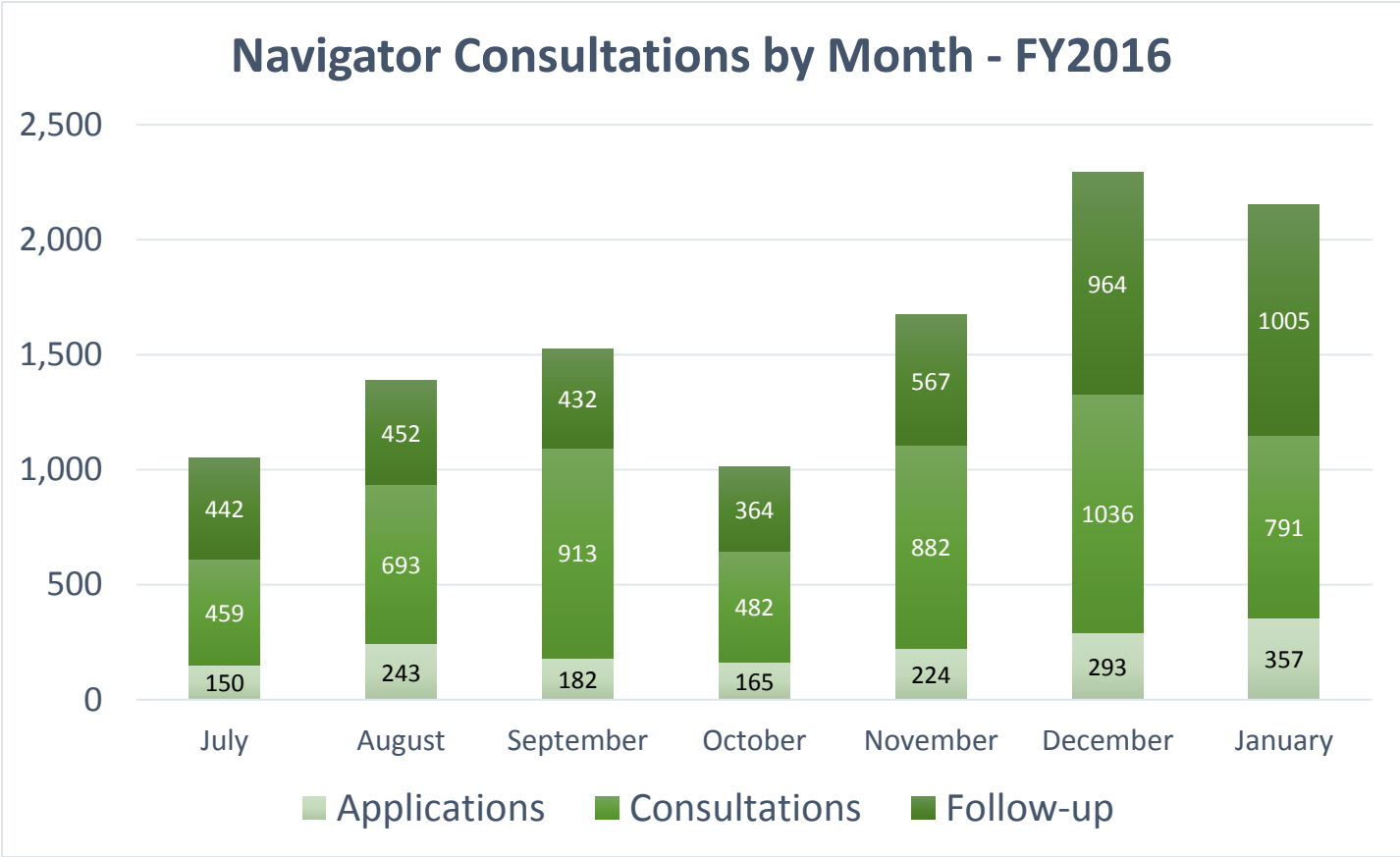Find the plan that's right for you.

Customer Support Center

Month	Calls Offered	Answer Rate	Calls Answered	Calls Answered <30 Seconds	Initial Rep. Rate*
November 2015	32,235	89%	28,605	55%	89%
December 2015	38,969	86%	33,416	57%	87%
January 2016	42,769	83%	35,352	33%	90%

- The initial representation rate measures the proportion of calls that can be resolved by the customer service representative who answers the phone (no transfer).

For context:
- SLA calls for answer rate of at least 90% and 75% of calls answered within 24 seconds.
- Maximus missed SLA these three months, had met SLA 11 of the previous 12 months.
- Average wait time over the three months of Open Enrollment:
  - Vermont: 5min 3sec
  - Federal: 10min 30sec

VERMONT HEALTH CONNECT
Find the plan that's right for you.

Assisters

Navigator Consultations by Month - FY2016

Month	Applications	Consultations	Follow-up
July	150	459	442
August	243	693	452
September	182	913	432
October	165	482	364
November	224	882	567
December	293	1036	964
January	357	791	1005

VERMONT
HEALTH
CONNECT
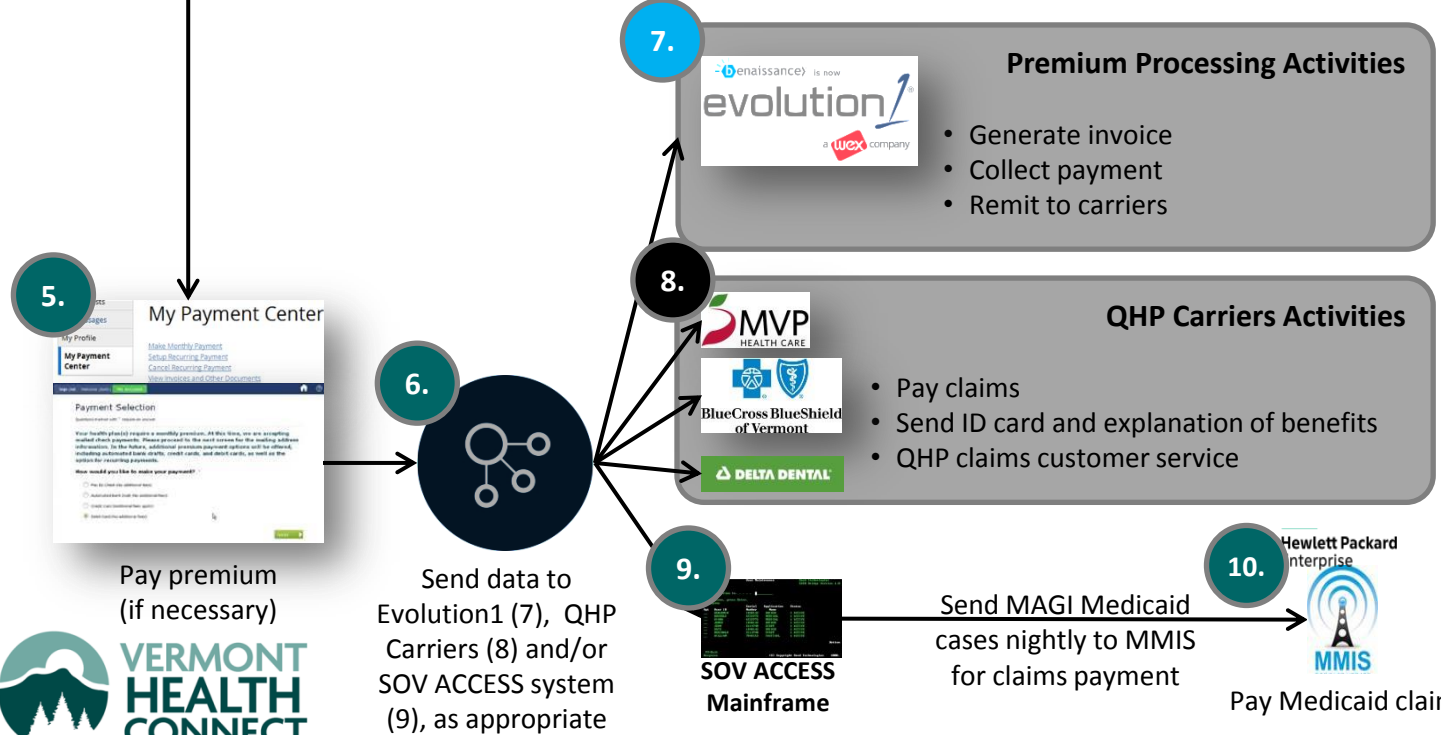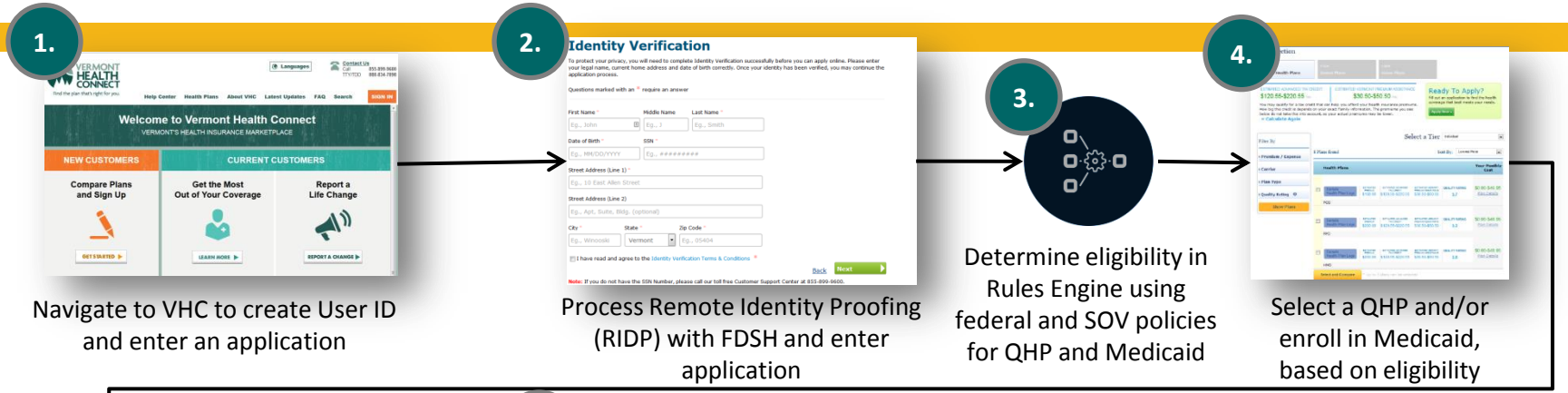Find the plan that's right for you.

OUTREACH & EDUCATION

Outreach and Education

- Collaboration with BCBVT, MVP, and HCA on [one-pager](#) explaining how grace periods work
- Communication around Medicaid renewals before, during, and after Town Meeting Day
- Plan Comparison Tool: >14,000 visits and counting

# MEDIUM-TERM DDI STEPS TO THE CUSTOMER EXPERIENCE

Simplified VHC Flow

- **#** SOV or VHC Process Step (s)
- **#** Federal Exchange Process Step(s)
- **#** QHP Carrier Process Step(s)
- **#** VHC Premium Vendor Process Step (s)

1. Navigate to VHC to create User ID and enter an application

2. Process Remote Identity Proofing (RIDP) with FDSH and enter application

3. Determine eligibility in Rules Engine using federal and SOV policies for QHP and Medicaid

4. Select a QHP and/or enroll in Medicaid, based on eligibility

7. **Premium Processing Activities**
- Generate invoice
- Collect payment
- Remit to carriers

8. **QHP Carriers Activities**
- Pay claims
- Send ID card and explanation of benefits
- QHP claims customer service

5. Pay premium (if necessary)

6. Send data to Evolution1 (7), QHP Carriers (8) and/or SOV ACCESS system (9), as appropriate

9. **SOV ACCESS Mainframe** — Send MAGI Medicaid cases nightly to MMIS for claims payment

10. Pay Medicaid claims

VHC Customer Service
- QHP and Medicaid eligibility inquires
- Payment questions
- Member maintenance
- Medicaid claims inquires

14
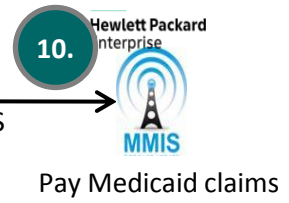
7 Priority DDI Items

Specific investments to improve customer experience until an analysis determines best route forward from OneGate:

1. <u>PCI Compliance</u>: Put VHC on the cutting edge for online payment security.
2. <u>Automated Medicaid Renewals</u>: Allow VHC to fully automate Medicaid renewals, including notice and verification functionality (RRV, passive file, block non-verified Medicaid enrollment, notice suppression).
3. <u>QHP Renewal Remediation</u>: Remediate short list of defects discovered during QHP renewal process.
4. <u>Change of Circumstance Functionality across Plan Years:</u> Automate the ability to process change requests for previous years as easily as we can for current year.
5. <u>Root Cause Analysis and Remediation of Data Inconsistencies:</u> Improve reconciliation efforts across all systems.
6. <u>Access to the Tools Needed to Retrigger Files across Systems:</u> Allow VHC staff to assert great control over integration process.
7. <u>Root Cause and Remediation of Issues</u>: Reduce reliance on Optum Maintenance & Operations (M&O) scripts.
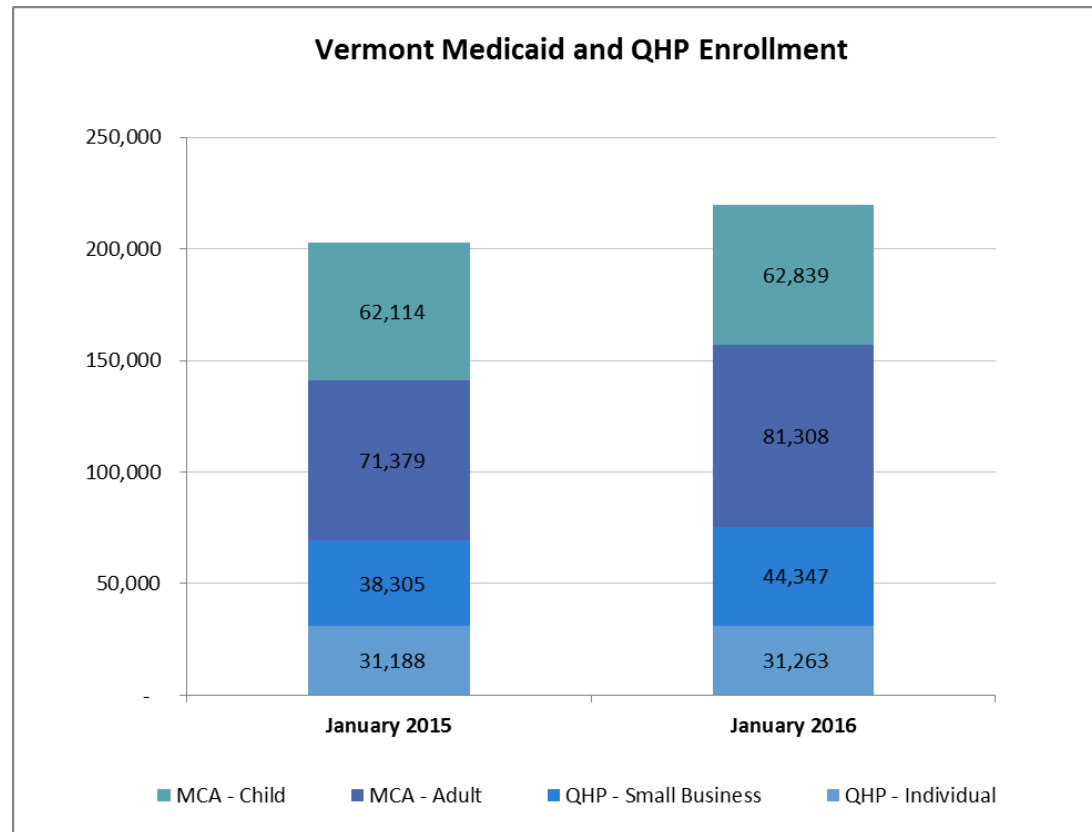
Contracting Strategy

- End T&M contract and transition to Fixed price DDI Contract via a competitive approach

- Break work into smaller deliveries to reduce risk and provide quicker benefit to operations
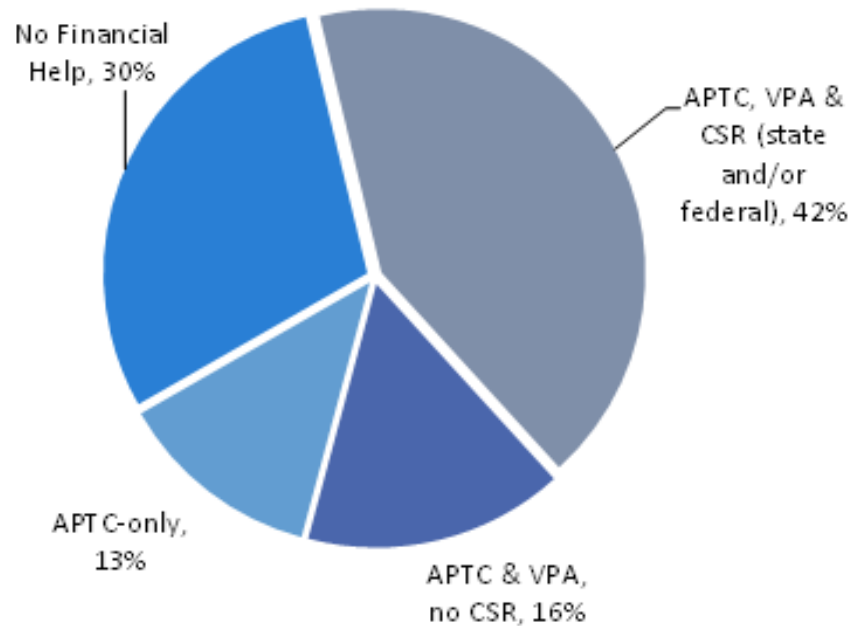
ENROLLMENT AND PLAN SELECTION

Current Coverage

Nearly 220,000 Vermonters are covered by VHC Qualified
Health Plans and Medicaid for Children and Adults

Vermont Medicaid and QHP Enrollment

	January 2015	January 2016
MCA - Child	62,114	62,839
MCA - Adult	71,379	81,308
QHP - Small Business	38,305	44,347
QHP - Individual	31,188	31,263

Legend: ■ MCA - Child   ■ MCA - Adult   ■ QHP - Small Business   ■ QHP - Individual

Financial Help

Of Individuals in VHC-Enrolled Individual QHP

- No Financial Help, 30%
- APTC, VPA & CSR (state and/or federal), 42%
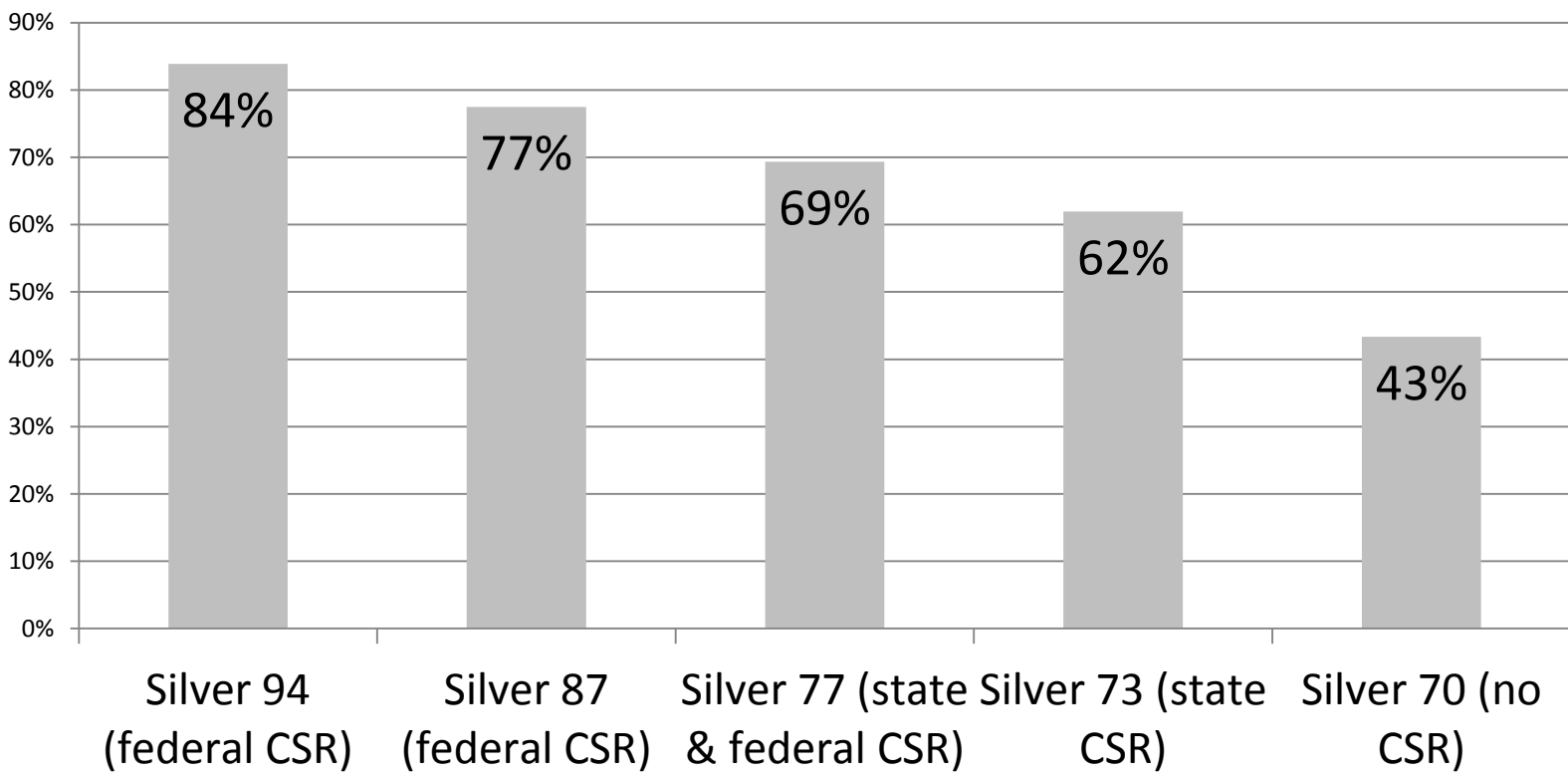- APTC & VPA, no CSR, 16%
- APTC-only, 13%

Of VHC-Enrolled Individuals:
- 70% receive premium subsidies
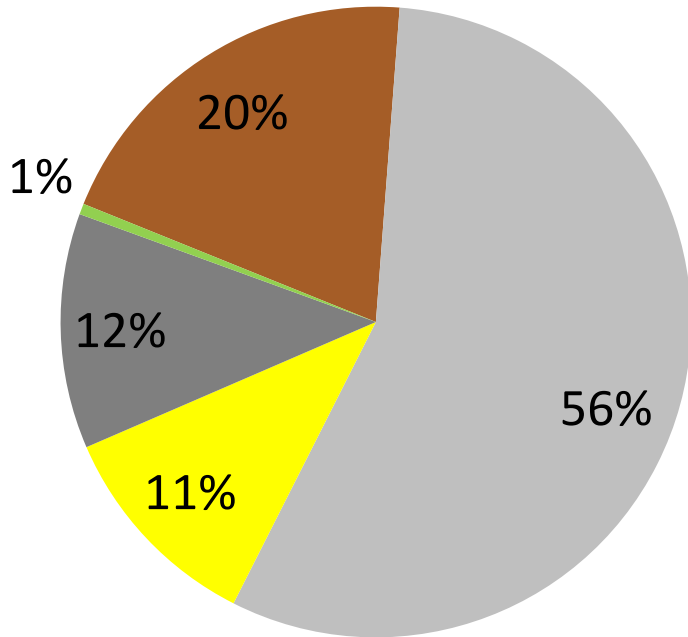- 58% receive APTC & VPA, 13% receive only APTC (total not 100% due to rounding)

VERMONT HEALTH CONNECT
Find the plan that's right for you.

19

QHP-Individual Enrollment - Feb 2016

Silver Plan Enrollment as % of Eligible Customers in Each Income Bracket

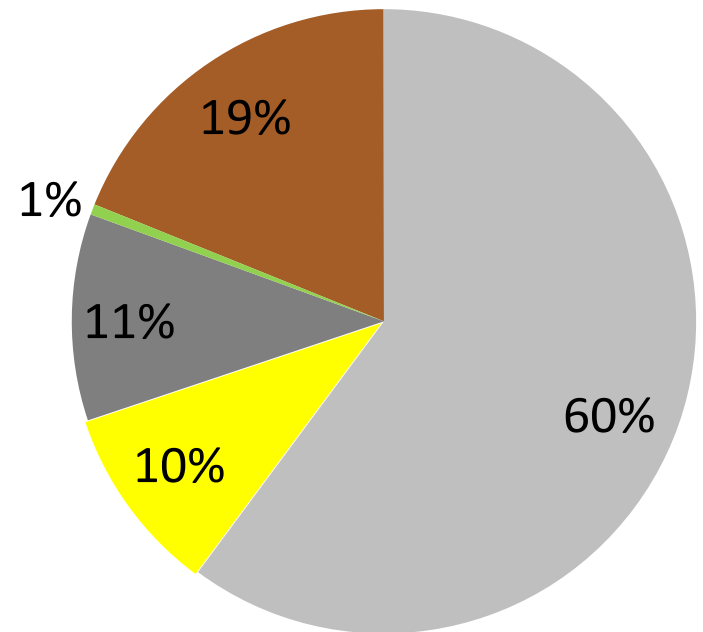| Plan	Enrollment %
Silver 94 (federal CSR)	84%
Silver 87 (federal CSR)	77%
Silver 77 (state & federal CSR)	69%
Silver 73 (state CSR)	62%
Silver 70 (no CSR)	43%

VHC-Enrolled QHP by Metal Level

QHP-Individual Enrollment – Feb. 2016

Standard, 77%

Blue Rewards and Vitality Plus, 23%

HDHP/CDHP 24%

Deductible Plans 76%
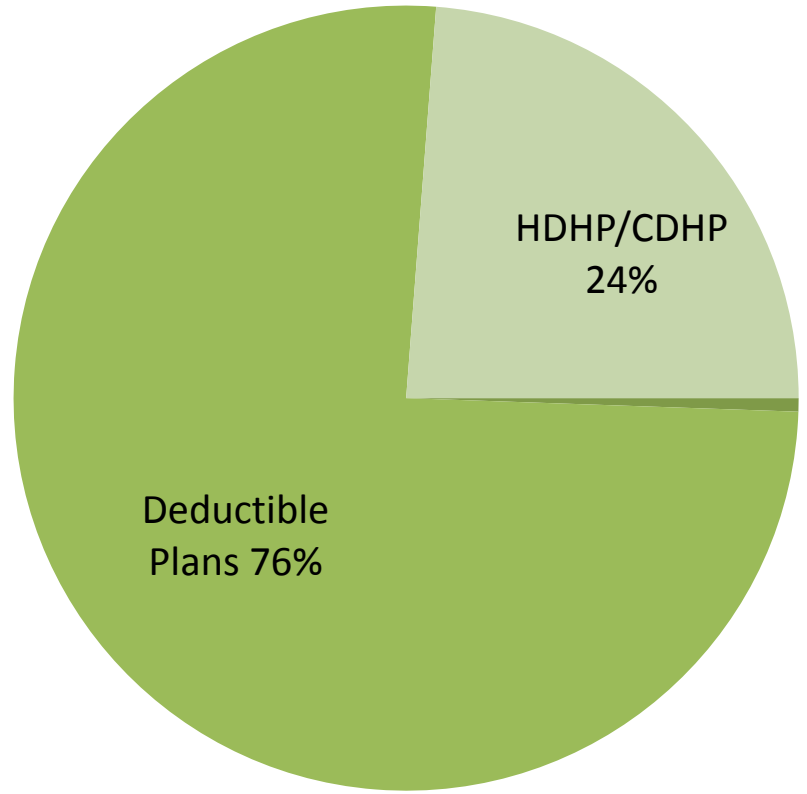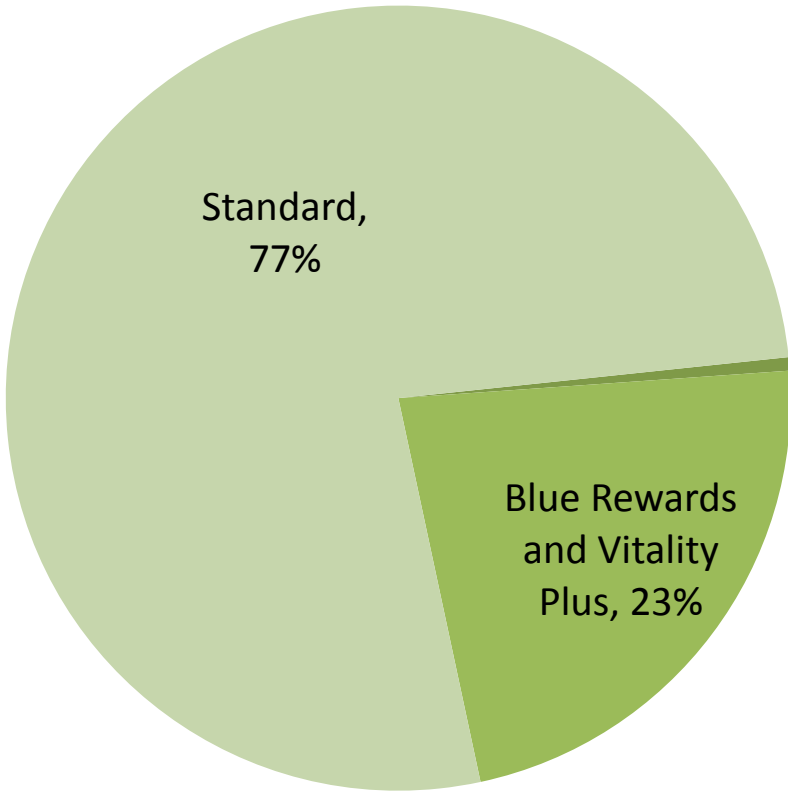
QHP-Individual Enrollment – Feb. 2016

	Deductible Plans	HDHP / CDHP
Standard Plans	59%	18%
Blue Rewards/ Vitality Plus	17%	6%

VERMONT
HEALTH
CONNECT
Find the plan that's right for you.