



Vermont Health Connect
Operations Assessment

August 1, 2014

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EXECUTIVE SUMMARY

The purpose of Operations Assessment is to document findings and provide the State of Vermont with an operational stabilization plan to remediate identified risks. This review documents risk and process gaps in the eight key operational areas that are currently driving backlogs and sub-optimal customer experience with Vermont Health Connect (VHC). It also includes an Operational Stabilization Plan to proactively and systematically address risk areas identified through the Assessment. The Stabilization Plan describes the specific operational improvements (e.g., backlog remediation, improvement in customer experience) that will be achieved in each of the eight operational areas addressed in the Assessment.

Optum selected the eight key operational focus areas, each defined below, to accomplish the following:

- 1) Diagnose and make recommendations to remediate the major categories of current application backlog at VHC
 - a. Change of Circumstance (CoC) Process: VHC's IT system is not currently able to process a customer Change of Circumstance request. CoC requests are processed manually via the VHC operations team.
 - b. Premium Processing: VHC currently has a backlog of service requests from customers related to premium processing and billing issues that are preventing completed enrollments for customers.
 - c. 834 Enrollment Transactions: Like many other States, complex manual application processing is generating errors in 834 enrollment transactions to insurance carriers, also preventing completed enrollments for customers.
 - d. Other Backlog Elimination: There are other categories of customer service requests at VHC that are analyzed in this Assessment, with Stabilization Plan recommendations to begin remediation.
- 2) Address foundational operational processes that will improve VHC operations across multiple teams within VHC, and across Contractor staff who are supporting VHC, including but not limited to Optum staff
 - a. Training / Knowledge Management: Training and systemic access to information needed to execute VHC's operational processes for any State and contractor staff is a critical building block for a strong VHC operations.
 - b. Escalations: Optum has observed in all the State Exchanges we support that escalated customer cases commonly overwhelm existing processes and staff, then disrupting normal operational processes from being executed. Addressing escalated cases is critical to improving overall operational performance.
 - c. Reporting: VHC cannot manage operational performance and productivity of any staff supporting VHC operations without detailed, consistent production reporting at the individual staff level.
- 3) Anticipate and prepare for future potential operational challenges
 - a. Renewals: VHC has two categories of challenges regarding coverage renewals. The Medicaid renewal process is a combination of the legacy ACCESS eligibility system and VHC, generating some ongoing backlogs. Secondly, VHC must plan for the 2015 open enrollment period, and the possibility that customers renewing coverage for next year may require manual processing.

As context for our specific findings and recommendations for the above eight focus areas, Optum has the broad observation that the State does not have sufficient operational resources and documented, scalable processes required to reduce and avoid application backlogs, and to reach a stable ongoing operation. The State is having a consistent experience with other State Exchanges who did not expect to encounter the significant problems they experienced with their exchange IT systems, and did not plan for the operational infrastructure needed for the high volume of manual processing required to complete customer enrollments.

Four out of eight of the key focus areas in this Assessment include backlogs that need to be addressed. VHC finds itself in a constant fire-fighting mode responding to urgent client requests as long as these backlogs exist. In this state, VHC does not have the resources to step away from immediate customer needs and invest in fire-prevention strategies – e.g., root cause analysis to identify and document process improvements, systemic and

consistent staff training, elimination of processes that amplify and complicate backlogs. We found that States' operations teams are often aware of key steps that need to be taken to make improvements, but that those steps are often not taken due to lack of staff capacity, leaving problems to linger or accumulate. Optum's recommendations focus on identifying and executing the right fire-prevention strategies, strategically augmenting VHC staffing to reduce and avoid backlogs and equipping VHC with the tools it needs to be effective in ongoing operations after backlogs are reduced to normal operating levels.

Key Findings:

Across the operational areas reviewed in this Assessment, there are common issues that can be addressed to reduce and avoid backlogs and improve customer experience with VHC:

- **Process Documentation:** Providing detailed and consistent documentation for key processes that are the source of backlogs.
- **Enhanced Training:** Consistent and proactive staff training, based on detailed documentation for key processes.
- **End-to End Process Monitoring:** Highly complex transaction processes may require end-to-end monitoring to track applications to their completion.
- **Staff Augmentation:** Targeted staff augmentation for key process bottlenecks where an inadequate number of staff are deployed today.
- **Reporting:** Detailed, consistent and automated reporting for all backlog types that are preventing completed customer enrollments.
- **Performance Metrics:** Detailed, consistent and automated performance metrics allowing VHC to manage productivity of staff working backlogged cases, whether they are State or contractor employees.
- **Communication:** In key operational processes, there is insufficient communication and flow of information between relevant teams within VHC, contractors and stakeholders such as the insurance carriers. The assessment includes the specific key processes where Optum recommends regular structured calls with relevant State, contractor, carrier and other stakeholder teams to assure needed communication to address key operating issues.
- **Administrative Decisions:** In certain specific processes, the State has made a standard decision regarding administrative handling of service requests (SR) that create or perpetuate backlog. This assessment includes the specific circumstances where we recommend a different administrative policy that will allow staff to focus on resolving needs for the end customer rather than multiple SRs for one individual.

Recommendations:

The Operational Stabilization Plan outlines Optum's specific recommendations for each of the eight key operational areas. Table 1 below provides a summary of the eight areas and the operational issues that VHC needs to address to improve operational performance in that area. We have indicated with an "X" where Optum has made a specific recommendation in a key finding category for each of the eight operations areas.

Table 1: Recommendation Summary for Operational Stabilization Plan

	Process Documentation	Enhanced Training	End-to-End Process Monitoring	Staff Augmentation	Reporting	Performance Metrics	Communication	Administrative Decisions	Other
A. 834 Enrollment Transactions	X	X	X	X	X		X	X	
B. Reporting		X			X	X			
C. Renewals	X								X
D. Escalations	X	X		X	X	X	X		X
E. Other Backlog	X	X					X	X	
F. Premium Processing	X	X		X	X		X	X	
G. CoC Process	X	X	X	X			X		
H. Training / Knowledge Mgmt	X	X	X	X					

Of these key eight operational areas, Optum believes that the following are the highest priority needs to address:

- **Priority #1 = 834 Enrollment Transactions:** Optum has already augmented the VHC team with 125 contact center staff to reduce CoC backlog. 834 process improvement to reduce occurrence of 834 errors and additional staffing to work 834 backlog is a high priority because the CoC backlog effort is likely to generate more 834 issues that will need to be resolved to complete enrollments. Optum and VHC have already initiated the 834 recommendations in this Stabilization Plan.
- **Priority #2 = Reporting:** VHC requires end-to-end, automated, enterprise reporting on case status, and some level of productivity reporting for VHC and contractor staff working cases. Without improving reporting and frequency of reporting, VHC is unable to accurately measure progress and manage productivity of staff working on customer issues.
- **Priority #3 = Renewals:** All the Priorities above will contribute to elimination of backlog and reconciliation of enrollment data, both of which must be accomplished for VHC to renew coverage for current members in the fall of 2014. VHC should initiate planning now for the worst case scenario where annual renewals for the 2015 open enrollment period may need to be completed manually.
- **Priority #4 = Escalations:** Speed to resolve an escalated case will not improve until a unified escalations process is defined and followed by all teams needed to close these cases. Optum views escalation management as a high priority because these cases include consumers with self-reported, time sensitive, access to care issues and cases that are highly visible.

This Assessment includes two Sections:

- 2.0 Background: Describes the methodology Optum followed to conduct the Assessment
- 3.0 Assessment: Optum's assessment findings and recommendations for the eight key operational areas

1.0 BACKGROUND

The purpose of this review is to provide an assessment of VHC's current Operations, including processes and backlogs. Over a two-week period, the Optum team interviewed State personnel including VHC, HAEU and ADPC, Operations Contractors and Carriers and reviewed existing materials to better understand VHC's current practices in all facets of Operations.

The team met with the following State and vendor team members, to discuss pain points and review supportive documents.

- **State of Vermont**
 - Danielle DeLong
 - Cass Gekas
 - Andrew Laing
 - Paul Hochanadel
 - Jessica Miller
 - Denise Nagelschmidt
 - Cindy Olson
 - Tena Perrelli
 - Jillian Torress
 - Lindsey Tucker
 - Nicole Weidman
- **HAEU**
 - Lorraine Clark
 - Sara Driscoll
 - Ileana Merriam
 - Linda Schindler
 - Sarah Sedd
- **Contractors**
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
- **Maximus**
 - [REDACTED]
- **BCBS**
 - [REDACTED]
 - [REDACTED]
- **ADPC**
 - Marcia Guyette
 - Laura Callahan

The following project documents were reviewed are outlined in the table below.

Files & Reports Reviewed
<ul style="list-style-type: none"> • Vermont Health Connect Operations Assessment v1.0 by HES (Finnerty & O'Brien)
Existing VHC Operations Reporting <ul style="list-style-type: none"> • VT VHC Remedy Tickets Report • Daily Data Integrity Report • Executive & 834 Error Report • HAEU SR Detail Report • List of CRs • 560 Choose your own adventure – 834 Error Report

3.0 ASSESSMENT

Optum's Assessment findings and recommendations are reported in eight sections:

- A....834 Enrollment Transactions
- B....Reporting
- C....Renewals
- D....Escalations
- E....Other Backlog Elimination
- F....Premium Processing
- G....Change of Circumstance Process
- H....Training & Knowledge Management

A. 834 Enrollment Transactions

Recommendations Summary: 834 Enrollment Transactions	
Process Documentation	Create end-to-end 834 process map
Training	Update training for all staff working 834 issues based on end-to-end 834 process map
End-to-End Process Monitoring	Implement review of all 834s prior to submission to carrier, and confirmation of receipt by carriers
Staff Augmentation	Current VHC staffing dedicated to 834 issues is not adequate, apply additional staff to remediate backlog
Reporting	Implement regular reporting on progress of 834 backlog remediation
Communications	Calls with carriers to remediate outstanding 834 transmission issues

i. Key Findings

System, process and human errors are creating a current backlog of 834 enrollment transactions that are not being transmitted through VHC to the insurance carriers, preventing completed enrollments. VHC is experiencing three types of 834 enrollment transaction errors:

- **834 Internal Errors:** There are 834 enrollment transactions that have incorrect data before they are submitted to the insurance carriers. This kind of error most frequently occurs in complex cases (e.g., "split family" cases, where some family members are on Medicaid, others on a QHP), or in complex CoC cases.
- **834 External Errors:** These are 834 enrollment transactions that have correct information at the time they are submitted to the carrier, but require a back and forth dialogue with the carrier on what needs to be changed in order for those 834s to successfully transmit to the carrier.
- **834s Never Generated:** In some cases, the IT system does not generate an 834 when it should have. VHC identifies 834s that were never generated when customers call inquiring about the status of their enrollment and the VHC staff finds that no 834 was ever created by the system. Currently, there are 5,500 instances of enrollments that did not generate 834s in the VHC system.

Optum's findings regarding 834 enrollment transactions include:

- **General Findings:**
 - No end-to-end process documented for 834 processing including premium amounts.
 - VHC is not receiving an acknowledgement file confirming that 834s that have not errored have in fact resulted in an enrollment in the carrier's systems. The carriers offering coverage in VHC are using a third party vendor to process 834s. The fact that VHC does not receive this file produces backlog for SSU when customers inquire about incomplete enrollments that never errored, but also did not result in an enrollment (10% of SSU 834 backlog). Carriers also report customers who are in this situation.

- Inconsistent communication and coordination between VHC and carriers.
- Key Reasons for Internal 834 Errors:
 - Incorrect effective dates being transmitted (e.g. June 16th effective date instead of July 1st).
 - Dependents are being lost during transmission.
 - Other issues with incorrect household composition in the 834 transaction.
- Findings on External 834 Errors:
 - There is no process to identify and document patterns on why 834s error after they are transmitted to the carrier if all VHC data is correct.
- Findings on 834s Never Generated:
 - Stage 3 CoCs have a high transmission error where the record is never transmitted to carrier (50% of SSU 834 backlog).
 - Shell plan created to cover those customers who have demonstrated a health plan election but no 834 transmitted.
 - 700 Total Shell Cases with 260 being high priority for research.
 - Staffing constraints preventing timely research and resolution by VHC.

ii. Risks & Recommendations

Identified Risks	Recommendation
<ul style="list-style-type: none"> • <u>Process Documentation</u>: VHC needs detailed process documentation on processes to submit a correct 834 to the carrier (prevent internal 834 error), and identify process steps that prevent an 834 from erroring after it is submitted to the carrier (prevent external 834 error). • <u>Quality Review for 834s</u>: A quality check should be conducted on 834 transactions before they are submitted to the carriers to catch and remediate 834 internal errors. • <u>Staffing Constraints</u>: VHC has an inadequate number of staff dedicated to reduce 834 backlog. • <u>Communication</u>: VHC needs more structured, regular communication with carriers to troubleshoot specific, outstanding 834 transactions. 	<p>Phase 1:</p> <ul style="list-style-type: none"> - Document end-to-end map of 834 process including premium invoicing - Analyze Root Cause for all process gaps where 834s have not effectuated and document remediation / workarounds to ensure successful transmission - Examine proactive review approach for 834 records prior to EDI transmission - Establish and facilitate reconciliation call with carriers to track progress and remediate outstanding 834 transmission issues <p>Phase 2:</p> <ul style="list-style-type: none"> - Work current backlog of 834 issues - Add bandwidth to support increased 834 volume from CoC backlog work

iii. Expected Enrollment / Efficiency Impact

An end-to-end 834 processing map addressing process gaps will provide a consistent process for VHC staff to use on a go-forward basis, addressing identified risks. By addressing problems that are blocking 834s from getting processed, this plan will eliminate the need for the 'shell plan' approach and ensure customers have access to care.

B. Reporting:

Recommendations Summary: Reporting	
Reporting & Metrics	Create Enterprise Dashboard Reporting connecting all existing data sources (Siebel, Benassaince, Maximus, ACCESS)
Training	Conduct training on Enterprise Dashboard Reporting for all staff working case backlogs

i. Key Findings

VHC requires end-to-end, automated, enterprise reporting that is capable of tracking a customer application from entry to completion. This reporting would be the basis for managing operations staff productivity whether employed by the State or supporting contractors. All current reporting requires significant manual effort from VHC staff to integrate needed information across fragmented sources, and the VHC team does not have all the necessary reports to manage staff productivity.

- Staff-related findings:
 - Currently, VHC's BA team pulls and produces operational reports from Siebel to assign backlog cases to staff to be worked. The BA team spends significant time creating reporting that should ideally be automated, instead of analyzing reporting and identifying opportunities for operational staff to be more effective and productive.
 - Reporting confirming action taken on cases by individual staff members or operations managers is not available. The Audit Trail functionality is not enabled in Siebel. Individual staff level productivity reporting is critically important to manage productivity of staff working backlog cases.
 - In the absence of receiving reports, VHC team uses Excel for investigations and then circulates the material through email (PII Concerns).
- Data source findings:
 - Dashboard reporting sufficient for day to day management of VHC operations is not part of the existing VHC platform.
 - Data affecting the status of the case is fragmented across multiple sources (e.g., Siebel, Benassaince, Maximus, ACCESS, etc). There is no consolidated reporting that shows a case holistically, and the multiple errors / issues related to a single case.
 - Archetype is the reporting vendor who develops real-time and other reporting needs. When researching specific cases or sets of cases, the VHC team is sometimes unable to extract enough detailed data from the data warehouse to resolve case issues.
 - Some Dashboard development is underway, but does not include all data sources that could impact the status of a case.

ii. Risks & Recommendations

Identified Risks	Recommendation
<ul style="list-style-type: none">• Lack of automated end-to-end inventory reporting:<ul style="list-style-type: none">– Limits ability to efficiently prioritize and assign cases to staff to be worked, and then update case status based on activity completed by case.– Disproportionately consumes VHC BA resources to produce basic reporting.• Reporting confirming action taken on cases by individual staff or operations managers is not available. The Audit Trail functionality is not enabled in Siebel.• Audit Trail and other functionality is not enabled; iHelp and Library are not accessible.• Automated reporting will allow staff to complete investigations assuring compliance with PII requirements.	<ul style="list-style-type: none">• Create Enterprise Dashboard Reporting connecting all existing data sources :<ul style="list-style-type: none">– Integrate data inputs from Siebel, Benassaince, Maximus, ACCESS and provide a holistic view of the customer.– Effort will leverage current dashboard development efforts already initiated by VHC.– Once deployed, enterprise dashboard reporting must be monitored and updated to stay useful.– Ownership of the enterprise dashboard should be transitioned to VHC BA team after it is an established component of ongoing VHC operations.• Evaluate feasibility and cost of enabling individual staff level productivity (Audit Trail) reporting in Siebel.

iii. Expected Enrollment / Efficiency Impact

This workstream is expected to have an impact on efficiency as reporting at all levels from enterprise to individual staff level will drive greater productivity and earlier awareness of any issues as they are identified. Measuring the impact and productivity of any staff working any case backlog is hampered without the reporting tools recommended above.

C. Renewals:

Recommendations Summary: Renewals	
Process Documentation	Conduct Root Cause Analysis of ACCESS -> VHC limitations and document plan to remediate issues
Other: Research	Scenario planning support for Renewals for 2015 Open Enrollment Period

i. Key Findings

VHC is experiencing two categories of issues related to renewals:

1. Monthly Medicaid Renewals
2. Annual Renewals for the 2015 Open Enrollment Period

Monthly Medicaid Renewals

- Currently ACCESS (Medicaid Eligibility system) does not transmit renewal information to the VHC system. Our assessment team received this feedback from the HAEU team. This results in gaps in coverage for Medicaid beneficiaries.
- No linkage or workaround exists today for Medicaid renewals.

- No systemic outreach is made to the Medicaid members advising of action or need for re-enrollment to be re-determined.

Annual Renewals (QHP & Medicaid)

- VHC has a documented model demonstrating requirements for renewals (e.g. Re-determinations, Noticing, etc.).
- Model requires CoC backlog reduction and data reconciliation to be completed prior to starting the renewal process. A customer's current coverage has to be reconciled with the relevant carrier for QHP enrollees and with the ACCESS eligibility system for Medicaid beneficiaries.
- Two of the three scenarios account for system functionality not currently in place:
 - Scenario A – Functional VHC capable of producing Noticing & Renewal Re-Determinations
 - Scenario B – Functional VHC capable of producing Re-Determinations and Manual Noticing
 - Scenario C – No Renewal functionality; Vermonters re-enroll (new application) in VHC for Determination
- CMS has provided recent guidance on Renewal approach and decisions by Exchanges that impact their customers.

ii. Risks & Recommendations

Identified Risks	Recommendation
<p>MEDICAID ONGOING RENEWALS</p> <ul style="list-style-type: none"> • <u>System Issues:</u> 3 – 4K Medicaid members being termed out of system every month with 24K Medicaid renewals expected in September. When these individuals present to re-enroll, the application process starts at the beginning, rather than leveraging existing data from prior periods of Medicaid eligibility. • <u>Staffing Constraints:</u> Preventing proactive contact with Medicaid member for continuing coverage in Medicaid or switching to QHP. <p>ANNUAL RENEWALS</p> <ul style="list-style-type: none"> • Worst case scenario is the VHC IT system will not be able to support renewals. VHC should have an operating strategy and plan for this scenario where renewals will need to be manually processed. 	<p>MEDICAID ONGOING RENEWALS</p> <ul style="list-style-type: none"> • Conduct Analysis of strategies to overcome ACCESS -> VHC limitations. • Identify alternatives (manual workarounds between systems, call center outreach, etc.). • Provide detailed plan with approach to resolve current issues. • Facilitate implementation of approved plan. <p>ANNUAL RENEWALS</p> <ul style="list-style-type: none"> • Provide experienced resource to support and provide guidance to VHC leadership regarding Renewal Strategy and Scope. <ul style="list-style-type: none"> - Assist in driving appropriate scenario that yields least risk to Vermonters and VHC. - Assist with determining resource needs for identified Renewal Strategy.

iii. Expected Enrollment / Efficiency Impact

Addressing issues with the Medicaid renewal process and planning for annual renewals will prepare VHC for the 2015 Open Enrollment Period.

D. Escalations:

Recommendations Summary: Escalations	
Process Documentation	Document a unified process to prioritize and work escalated cases from multiple referral sources
Training	Training on documented escalations processes and transition processes to owners on VHC team
Reporting & Metrics	Implement a centralized workflow tool for escalations. This tool will provide a web link to the person who referred the case and allow the referrer to view the case status
Communications	Documented unified process will include defining needed communication among State and contractor teams needed to work escalations
Staff Augmentation	Additional staffing should be dedicated to working escalated cases

i. Key Findings

Optum defines escalations as cases prioritized for work based on source of referral or access to care needs. The Escalation assessment and recommendations cover 'Access to Care' and escalations from all channels (legislator, executive and contact center). The process to address an escalation is a separate discipline than work to remediate backlog cases. For example, a CoC case may be part of the CoC backlog. It may also become an escalated case if the customer is experiencing access to care problem or referred-in from a public official. A defined escalated case process will give VHC a consistent set of steps to follow to resolve and follow up with the customer on an escalated request, no matter what problem is affecting that case.

VHC has a strong team in place to address the challenges that escalated cases have presented, however Optum has identified opportunities where improved processes and additional resources could help reduce turnaround times for escalated cases and improve the customer experience for Vermonters.

- General Findings:
 - Lack of a centralized escalations approach has exacerbated communication issues between teams already overwhelmed with workload.
 - VHC appears to have little-to-no consistent documentation process for new incoming cases, which has likely resulted in reworking/double-working issues for each customer. Identification and tracking of these members and their cases in one place is critical to reporting and tracking of cases through-out the process.
- Process Findings:
 - Escalated cases are currently received through one of at least three different avenues, including the Maximus call centers (hosting 6 separate phone numbers for a variety of issues), one external and two internal email boxes, and direct phone calls from the Governor's office and legislators. Based on experience in other states with similar systems for receiving new escalated cases, this has likely resulted in duplicative work as well because escalated cases have a tendency to be received by multiple avenues at once.
 - There are several defined processes for routing cases, mainly divided by source (legislator) or need (Access to Care cases). Each of these are directed to one or several of the following internal triage teams:
 - General service requests via Siebel
 - BASU for technical requests
 - The Maximus Payment Unit for payment collection and processing
 - SSU and the Payment Support Unit for more complex payment reconciliation issues and carrier transaction issues
 - Lion's Den
 - Carriers

- Outreach to customers, following up on their cases, is inconsistent as it is done through multiple teams without process documentation, including:
 - A public-facing VHC email box monitored by 2 VHC staff
 - Maximus (cases referred back by the BASU team upon resolution of technical requests)
 - Carriers (although, it is unclear how consistent this is)
 - SSU team
 - VHC is also in the process of implementing an additional mechanism for outreach through an email address to be used for collection and response of cases from legislators
- Access to Care cases are received, triaged, and resolved on a “on-off” basis with some tracking and fairly quick turnaround by carriers in providing shell cases for those in need of immediate coverage; however a unified solution to collecting and processing these type of cases is needed.
- Findings on Future VHC Plans:
 - VHC is reviewing a proposed process for collecting, triaging, and resolving some escalated cases for approval by VHC leadership. While this will provide a starting point from which to build a more efficient system for escalated cases, the proposed new process will likely require more resources than those identified currently and can likely be streamlined even more so. For example, a single point person is listed for the following steps of the process: case collection and acknowledgment of receipt, triage, service request submissions and updates, distribution for research, outreach, closing the loop, and tracking of all cases.

ii. Risks & Recommendations

Identified Risks	Recommendation
<ul style="list-style-type: none"> • <u>Lack of Tracking</u>: Little-to-no consistent tracking of escalated cases, resulting in duplicative work for VHC staff and inconsistent resolutions for cases that have been “worked” by multiple routes simultaneously; • <u>Case Differentiation</u>: Inconsistent flagging of a case as escalated vs. not escalated for QHP vs. Medicaid, which is likely causing cases to be incorrectly routed and delaying case resolution for some days longer than necessary; • <u>Fragmentation</u>: Fragmented escalation staff with multiple team leads receiving, triaging, assigning, and routing cases, including staff working within the VHC leadership, the Maximus Call Center, and HAEU; • <u>Disjointed Process</u>: Multiple routing processes for cases with similar issues, including sending cases to the SSU team, Access to Care team, the Lion’s Den, BASU, and the Economic Service Division; and • <u>Lack of Follow-up</u>: A lack of a formal follow-up and “closing-the-loop” process for resolving escalated cases, which prevents adequate tracking of cases and may leave some Vermonters feeling neglected after seeking assistance. 	<p>Phase 1</p> <ul style="list-style-type: none"> • Develop an Escalated Cases Operational Playbook, including any necessary workarounds, efficiency recommendations, and longer-term solutions for reducing the backlog of escalated cases. The Playbook will be tested and updated to ensure most scenarios are captured within the Playbook document. <ul style="list-style-type: none"> - Defining “escalated cases” for the State of Vermont. - Leveraging the “Current State” analysis through shadowing current VHC escalations team members to understand current processes and connect the dots towards a unified process for addressing escalated cases. - Developing a process flow for the escalated cases process that brings together escalated cases from both legislators and those in need of immediate coverage (Access to Care cases) through logging new cases, tracking their progress, and providing an outreach system for “closing the loop” on resolved cases.

Identified Risks	Recommendation
	<p>Phase 2</p> <ul style="list-style-type: none"> • Determine Resources to address the backlog and provide support for triage and resolution of escalated cases. • Transition of tools to VHC staff: <ul style="list-style-type: none"> - Implementing the Playbook in partnership with VHC staff, including defining communications processes among State teams. - Assisting VHC leadership in identifying escalation staff members to take on the escalations process upon Optum's transition back over to VHC staff. - Designing and hosting trainings necessary to achieve long-term staff transitions. <p>Phase 3</p> <ul style="list-style-type: none"> • Developing a centralized Escalation Common Web-Based Tool for VHC to allow for real-time updates, tracking, and resolution of escalated case by VHC, Maximus, and other VHC vendors involved in resolving escalated cases. <ul style="list-style-type: none"> - This tool will provide a web link to the person who referred the case and allow the referrer to view the case status. - Requirements gathering and tool design for VHC specific processes. - Developing and hosting User Acceptance Testing. - Developing and publishing training materials and a Handbook for the Tool. - Hosting training sessions to VHC staff who will use the Tool. - This tool is security compliant. - This Escalation Tool should and can be integrated with the Enterprise Dashboard Reported recommended in the Reporting Section.

iii. Expected Enrollment / Efficiency Impact

These recommendations aim to provide VHC with support to resolve escalated cases efficiently and improve experience for the end customer and individuals referring escalated cases.

E. Other Backlog Elimination:

Recommendations Summary: Other Backlog Elimination	
Process Documentation	Document process steps / manual workarounds to reduce creation of duplicate cases across backlogs
Training	Update training for all staff working other backlog categories with steps to reduce creation of duplicate cases and criteria for closing cases
Administrative Decisions	Review each backlog, prioritize cases and document consistent criteria for closing cases
Other: Research	Research and define processes to address backlog categories

The State has additional backlogged service requests that are not being worked and need to be researched and prioritized. The fact that there is no prioritization and outreach occurring on these backlogged SRs is a risk as some of the customers could be unique (not included in CoC, 834, or premium processing backlogs), and could be experiencing a barrier to access to care. Aged cases where the customer has not responded to prior outreach or where the customer has multiple service requests should be closed to focus backlog remediation efforts. Administrative decisions have been made by State teams to allow certain backlog categories to go unworked due to resource limitations, and conversely to allow aged SRs to remain open – these choices should be revisited in the context of detailed case sampling and research on these backlog categories.

i. Key Findings

Change of Circumstance, Premium Processing and 834 backlogs have been addressed in other sections of this assessment. This section describes the remaining other types of SRs that may require remediation:

- Enrollment Applications (37K)
 - Paper Applications (2K) are backlogged due to resource constraints. These are largely Medicaid applications that come into HEAU and can only be handled by State workers with specific qualifications.
 - Electronic Applications (~35K) that show application has gone through Eligibility but no plan selected. This 35K applications could be customers who were browsing plans, but then ultimately decided not to purchase. This backlog is not currently assigned to staff to be evaluated or worked.
- HAEU Service Requests (22K)
 - 12K SRs are related to verifications that need to be appended to the customer records. There is no current standardized process for applying the verification to the customer application, so these backlogged cases are not getting worked.
 - The remaining ~10K SRs are related to General Inquiries, VHC Applications, Correspondence and Other. Some of this backlog is aged, should be analyzed for closure.
 - Administrative Decision: HAEU made an administrative decision to keep open 2,500 HAEU SRs are classified as >90 days waiting on customer.
 - This volume does not represent the current CoC SRs associated with the Tiger team.
- DDI Reporting – These are currently being worked by the SSU team and Tiger Team.
 - Error Cases residing in the Siebel system (4K).
 - 2.5K are cases without Contact ID that require further examination to determine their relationship to existing CoC cases.
 - Remaining SRs are combination of 9 other categories that require further research.
- ACCESS Integration Rejections (3K) - Currently, these SRs begin with the SSU team, but need to be referred to HAEU for closure due to need for access to the eligibility system.
 - Rejections created when VHC/VHCdata is not accepted by ACCESS Eligibility System (eg. – Address not matching, hyphenated last name, etc.).
 - After research by SSU, corrections are made in ACCESS.

Other findings regarding the backlogs above include:

- ~9K SRs have been identified as either duplicates or other SRs that can be linked to the customer.
 - Process of creating new contact IDs for customers has led to multiple records for a customer.
 - System and process approaches have created large quantities of SRs.
- The current process to track the SR types described above is manual and not consistently reported.
- Many processes in place promote multiple SR creations instead of amending existing SRs.

ii. Risks & Recommendations:

Identified Risks	Recommendation
<ul style="list-style-type: none"> • <u>Standing Backlogs</u>: Several of the backlogs in this section are not getting resolved. Each outstanding backlog impacts VHC's ability to reconcile customer records prior to Renewals. • <u>Staffing Constraints</u>: Number of staff dedicated is not adequate to address these backlogs. Current staffing can only resolve daily volume with little ability to eliminate backlog. • <u>Administrative Decisions</u>: 30% of SRs described above are more than 90 days old. There has been a policy decision not to close SRs where outreach has been conducted to the customer, but no response has been received. Need to define any required process steps needed to close aged SRs (e.g., noticing). Administrative rules generating SRs need to be evaluated and optimized. • <u>Process Errors</u>: Several existing processes are creating duplicate cases and Service Requests. • <u>Redundant SRs</u>: Determining which is correct record for noticing, applying payments, CoCs, etc., is problematic and can lead to further issues if wrong record selected. 	<ul style="list-style-type: none"> • Detailed Research on Enrollment Applications: <ul style="list-style-type: none"> - Determine appropriate options for processing Paper Applications and remaining current - Examine 100 electronic applications to determine Root Cause for remaining in Suspended status. Provide plan for either retiring records or next steps to close out • HAEU Service Requests & DDI Reporting: Prioritize and close by: <ul style="list-style-type: none"> - Access to Care Issues - >90 days classified as Waiting on Customer - Duplicative or SRs with little research required with no action to customer record - Verifications: Define process to attach verifications to records. - Research and Correcting Records Data • AI Rejections: <ul style="list-style-type: none"> - Assume research of data rejection reason - Research information to correct existing case - (1) Coordinate changes with HAEU or (2) Facilitate changes in ACCESS • Overall Backlog Work: <ul style="list-style-type: none"> - Determine Level of Effort for large volumes of work that cannot be eliminated by this group - Create Work Instructions for clearing out backlogs - Provide detailed plan that contains Root Cause Analysis for prevention of future backlogs • Data Cleansing: <ul style="list-style-type: none"> - Build data consolidation plan that identifies customer records that are duplicates, recommends which duplicative records to retire and then process to coordinate with CGI on how to retire records quickly. (This process should be coordinated with any Reconciliation work being done by VHC) - Conduct Root Cause Analysis of processes and systems that create excessive data points - Provide detailed plan and manual workaround instructions to prevent future backlog • Coordinate with VHC team on training and knowledge management system update

iii. Expected Enrollment / Efficiency Impact

This work stream is expected to have a significant impact on Enrollments and Efficiency as backlogged volumes have plagued VHC for many months. The proposed workplan will organize the backlog so it can be worked, and identify specific process changes needed so cases can be successfully processed. The proposed resources do not include additional staff augmentation to work backlog cases.

F. Premium Processing:

Recommendations Summary: Premium Processing	
Process Documentation	Create end-to-end map of current Premium Processing workflow
Training	Update training for all staff working premium issues based on Premium Processing end-to-end process map
Staff Augmentation	Current VHC staffing dedicated to premium issues is not adequate, apply additional staff to remediate backlog
Reporting	Develop reporting to track progress on premium processing cases worked and resolved
Communications	Calls with carriers to remediate outstanding premium processing issues
Administrative Decisions	Shift decision making on how to apply premium payments from individual SOV staff decision-making to documented process

i. Key Findings

Premium data in the financial management system (Benassaince), VHC eligibility system (OneGate) and carriers are not consistent – this inconsistency and variance will generate premium processing backlog service requests that must be manually addressed. Assuming that this system issue may not be resolved quickly, the findings and recommendations below:

- The design of the premium processing solution has contributed to challenges and backlogs experienced by the VHC team:
 - Designed using QHP rules instead of Medicaid rules, thus affecting hierarchy and payment approach
 - Administrative Decision: Creates an SR for every page forwarded for review (e.g. 18 page application = 18 SRs)
- 4K backlog premium processing SRs
 - 1,800 are simple coupon SRs that need to be applied to customer's account
 - 65% or more of the remaining 2,200 SRs are misrouted by Customer Service team as premium issue where in fact the consumer has a different problem (e.g., eligibility).
 - High misalignment to carriers for appropriate customer balance resulting in past due notices not being sent or where carrier shows past due but customer not on VHC Dunning report
- Documentation on process steps to resolve premium issues is not sufficiently detailed:
 - 1,600 cases of unapplied payments due to premium being sent to carriers with no 834 effectuation
 - Premium applied to withdrawn cases
 - Lack of receipt causing customer confusion resulting in repeated attempts (multiple account withdrawals)

ii. Risks & Recommendations

Identified Risks	Recommendation
<ul style="list-style-type: none"> • <u>Process Errors</u>: Retroactive effective dates from CoCs are impacting invoicing (APTC, VPA, etc.). • <u>Administrative Decisions</u>: Decisions to resolve premium payment issues escalated to VHC staff are made at the individual VHC staff level versus through established documented processes. • <u>System Errors</u>: Misapplied Payments must be corrected by Benassaince, creating delays. • <u>Staffing constraint</u>: Preventing ability to reconcile with carriers premium amounts and balances for each customer. • <u>Communication</u>: VHC needs more structured, regular communication with carriers to troubleshoot specific, outstanding 834 transactions. • <u>Compliance Impacts</u>: Reporting requirement to IRS scheduled for Sep/Oct reliant upon CGI for development and production. • <u>Reporting</u>: Reporting on premium processing backlog is not run frequently enough to manage staff performance. 	<ul style="list-style-type: none"> • Create end-to-end map of current Premium Processing workflow and make adjustments to address process gaps. • Update / Create any Work Instructions (Job Aids) based on the end-to-end map. • From gaps documentation, evaluate entire backlog of Change Requests to Benassaince and prioritize cases worked by limited Benassaince resources. • Determine resources required to assist with backlog reduction and file reconciliation with carriers • Develop reporting to track progress on premium processing cases worked and resolved. • Conduct consistent reconciliation communication with carriers to track progress and remediate outstanding premium processing issues. • Examine alternate options for IRS reporting (Data Extracts, etc.).

iii. Expected Enrollment / Efficiency Impact

This workstream would have a significant impact to enrollments and efficiency as billing issues are reconciled faster resulting in less enrollment cancellations and escalations from inaccurate premium notices. End-to-end premium processing map and job aides will provide consistent processes for VHC staff to use on a go forward basis, addressing identified risks.

G. Change of Circumstance Process:

Recommendations Summary: Change of Circumstance Process	
Process Documentation	<ul style="list-style-type: none"> • Create detailed scripted process documentation leveraging existing VHC documentation to enable scalable training and onboarding for new staff working CoC Backlog (COMPLETE) • Identify and document improvements building from existing process
Training	Update training for all staff working CoC cases based on identified process improvements
End-to-End Process Monitoring	End to end monitoring of CoC cases addressed in Reporting Recommendation
Staff Augmentation	125 Contact Center representatives conducting outreach on CoC Cases (ONGOING)
Administrative Decisions	Expanded hours for CoC outreach (COMPLETE)

i. Key Findings/Observations

Addressing Change of Circumstance (CoC) requests from customers is a key priority for VHC. Although VHC has a dedicated team in place that is working to address CoC requests, process challenges and system bottlenecks have led to a substantial backlog in cases. New CoC cases have a cascading effect on VHC operations, because they contribute to accumulation of other backlogs such as 834 and premium processing errors. Key findings associated with the existing CoC process are identified below.

- System Limitations: VHC currently lacks system functionality to process any “Change of Circumstance” – including certain income changes, changes in family size due to marriage, death, plan changes, address changes, divorce, or birth. Once an application has been submitted, it cannot be modified in the system for any of these changes of circumstance.
- Data Integrity Challenge: VHC employees have change applications by using the “withdraw/add” function – in an effort to withdraw submitted information and add new information to an application. System limitations in this situation have meant that multiple new applications have been created for individual customers. Duplicate records created through this process have created data integrity issues.
- Backlog Growth: The pace at which CoC issues is currently being addressed is not resulting in a net reduction in the overall backlog (currently, more than 13,100 issues). Currently ~10K new Medicaid enrollments each month are generating the bulk of new CoC issues.
- Multiple Teams & Handoffs: Multiple teams are involved in addressing CoC requests.
 - When there are multiple applications in the system, a member of VHC’s “Tiger Team”, a team of staff specifically trained to investigate CoC Cases, the group that works CoC requests must review each one to determine which has the most current data. Multiple outreach attempts to the customer are generally required to collect missing information necessary to resolve the CoC issue. If necessary, the Tiger Team member calls the customer to do plan shopping. The process requires critical thinking by the Tiger Team member to determine the plan of action to resolve the case. Correct tracking is also essential.
 - The Tiger Team works with another VHC team – the “Lion’s Den” – to finalize CoC requests. The Lion’s Den team – composed of staff from CGI, Benaissance, Archetype, and the State of Vermont – pre-screens the ICP form and rejects it if errors are identified or if case data was incomplete. The Tiger Team uses a form called the Lion’s Den Form or “Interim Change Process” (ICP) form to move CoC cases through the system.
 - The State of Vermont’s contracted premium processing vendor, Benaissance, receives information through the Lion’s Den process. When a CoC is addressed, Benaissance may shift funds around in carrier accounts – which in-turn can lead to reconciliation issues.
 - Once the ICP form is processed by the Lion’s Den team, the ICP and related SR is reassigned to the originating Tiger Team member in Siebel for the final customer call.
 - In cases of an 834 error, the Lion’s Den team sends the existing SR to another VHC team – the “Shark Team” – that addresses 834 errors or needs for immediate coverage.
- Process Documentation: Although VHC does have a good baseline of current CoC operational processes, existing process documentation is not sufficiently detailed for large numbers of new staff who are not familiar with QHP and Medicaid eligibility to successfully and consistently execute processes to resolve backlogged CoC cases.
- Payment Tracking & Reconciliation Challenges: The Benaissance payment process and related reconciliation issues (e.g., overpayments, cancellations for past due balances) can increase complexity to resolve a CoC case.
- Carrier Interface Challenges: “Shell cases” have been created by the carriers for cases in which a customer has confirmed a plan selection, has not effectuated coverage, but needs to access care. The shell case plan mirrors the current plan in VHC. The majority of these shell cases involve CoC issues; resolving these expeditiously needs to be a top priority.

ii. Risks & Recommendations

Identified Risks	Recommendation
<ul style="list-style-type: none"> • <u>Process Bottleneck with Lion's Den:</u> Since no-CoC issues can be resolved without sending to the Lion's Den, the overall capacity for resolving cases is limited in part by the small size of the Lion's Den team. Eliminating the Lion's Den bottleneck requires additional IT staffing with system access and experience. • <u>Administrative Decision:</u> Tigers have limited night and weekend hours, so their calls to customers may not be made at a time that is convenient for working individuals and the return calls the customers make outside business hours to their assigned Tiger Team member are not likely to be received. • <u>Training Needs (Tiger Team):</u> In-depth analysis is required by Tiger Team members and others – but many of the Tiger Team members are new in their roles and lack key contextual information. For example, many members of the Tiger Team lack familiarity with the ACCESS system and with Medicaid eligibility rules – for example household composition – which is proving recently to be an issue given the large number of Medicaid-related cases. • <u>Lack of Performance Metrics:</u> There are no goals, objectives, rewards, or incentives to motivate Tiger Team member performance. Performance and tracking metrics are not in place to establish reporting capabilities. • <u>Lack of Case Tracking Capabilities:</u> The use of multiple teams and paper forms increases the number of handoffs and the potential for error – and limits the capacity for effective end-to-end case tracking. 	<p>ACTION TAKEN ON COC BACKLOG REMEDIATION</p> <ul style="list-style-type: none"> • Optum and the State have already initiated Staff Augmentation via 125 contact center representatives trained and conducting outreach to customers to remediate the CoC Backlog. • Optum's contact center has added evening and weekend hours to maximize opportunity to reach customers. • Using VHCs existing CoC process documentation, Optum and VHC partnered to produce detailed scripting and checklists for contact center agents, or any other VHC or contractor staff working CoC cases. VHC now has tools to onboard and train new staff who are inexperienced with the CoC process. <p>ADDITIONAL RECOMMENDATIONS</p> <ul style="list-style-type: none"> • <u>Staffing Alignment:</u> Develop staff plan that produces ratio base and hours of operation for CoC work: <ul style="list-style-type: none"> - (Level 1 -> Tiger Team -> Lion's Den) • <u>CoC Process Improvement and Re-design:</u> Current CoC Backlog Remediation is occurring based on VHC's existing process. Detailed analysis of the existing process is needed to identify and implement improvements. Potential areas for additional evaluation include: <ul style="list-style-type: none"> - Triage methods and categorization of CoC cases to reduce the complexity of the workflow required to address each category and the optimal resources to apply to process each CoC category. - Consideration of scenarios where improved IT functionality from Package 2 may impact current CoC processes. • <u>Training:</u> Update training for all staff working CoC cases based on identified process improvements.

iii. Expected Enrollment / Efficiency Impact

The additional recommendations above are focused on identifying and implementing process efficiencies in the current CoC process. This will be important to pursue as implementation of automated change in circumstance functionality may result in need for modification of current CoC processes.

H. Training & Knowledge Management:

Recommendations Summary: Training & Knowledge Management	
Process Documentation	<ul style="list-style-type: none">• Develop core VHC training curriculum, leveraging updated process documentation recommended in other Assessment sections• Optimize current Knowledge Management and Learning Management Systems to quickly disseminate updated information to staff
Performance Metrics	Identify business metrics that will measure learner success in training
Communications	Establish ongoing practices for addressing and communicating training updates

i. Key Findings

We observed that the VHC team is committed to the importance of staff training. Establishing standard processes and consistent information flow will enable VHC staff and contractor staff managed by VHC to execute operational processes more consistently and efficiently. Key findings are identified below.

- Staffing-related Findings
 - Current Training team has the skills and capabilities to provide needed training.
 - Training team members are business-oriented and are well aware of how critical effective training is to the greater success of VHC. Team members are willing and eager to participate in more aspects of the larger project that impact training development (e.g., project and/or process meetings, etc.) so they can better support future VHC training efforts.
- Process Findings
 - All training is treated as urgent. There is a need for a formalized training request submission/intake/prioritization/queue process.
 - The Training team is currently leveraging instructional best practices to the greatest degree that is allowed by the circumstances; not enough time is given for development of materials. The team has the capability to make the training experience more innovative and interactive. They could also explore/determine more efficient approaches to training if more lead-in time was given.
 - Learning Management and Knowledge Management systems exist but not leveraged, staff focused on the just-in-time training needs.
 - Training curriculum could be better if centered on an agent career path approach, but no career path exists today. This would set performance expectations for team members and provide team and individual goals. Additionally, the Training team can work to align their training efforts to support this development plan/path.
 - Communication of process changes or training update information is managed outside of the training team. The information delivered is at times confusing and inaccurate. It would be more effective if it was managed by and integrated into training.
 - VHC needs to clearly designate decision makers to enable development of more accurate and effective training materials and efficiently use training resources.

ii. Risks & Recommendations

Identified Risks	Recommendation
<ul style="list-style-type: none">• <u>Metrics</u>: Business and training have no agreed upon measurement of learner success; business needs to provide clearly stated metrics for job performance by the CSRs• <u>Process</u>: Business needs a process to systematically implement change, approvals, communications, etc. Training is not regarded as a priority until there is a problem, then it is urgent• <u>Curriculum</u>: No core training curriculum or curriculum maintenance plan in place; no revision cycles with business sign off, majority of the documents are in 'DRAFT'• <u>Structure/Staff</u>: Team members support multiple functions; curriculum development, delivery, no specialization; team members are temps (2 of 3) with a lot of internalized knowledge	<p>Part I</p> <ul style="list-style-type: none">• Identify business metrics that will measure learner success• Establish ongoing practices for addressing and communicating training updates (e.g., process changes, new business, etc.)• Implement a structure that supports the following processes: front-end intake, design, train the trainer, delivery communication, as well as ongoing maintenance <p>Part II</p> <ul style="list-style-type: none">• Optimize current Knowledge Management and Learning Management Systems by establishing an information documentation and dissemination process as well as a dissemination process for within VHC and to external entities (e.g. HAEU, Maximus, Navigators and Assisters)• Develop core curriculum that includes skills used by call center representatives employed by VT and external entities unique learner needs will be addressed through job aids and supporting documents <p>Part III</p> <ul style="list-style-type: none">• Support the other work stream efforts, roll up of training needs and process implementation

iii. Expected Enrollment / Efficiency Impact

Training supports the business needs and day to day operations by utilizing established processes to meet clearly defined metrics. VHC and other staff (Maximus, HAEU, etc.) will benefit from consistent training processes, driving greater efficiency and reduced errors.

4.0 STABILIZATION PLAN

The purpose of the Operational Stabilization Plan is to proactively and systematically address risk areas identified through Optum's two-week assessment of VHC operations. The Stabilization Plan provides specific next steps that VHC can take to help reduce backlogs, strengthen ongoing operations for VHC, and improve consumer experience. As the steps in this Stabilization Plan are executed, we anticipate identifying additional areas requiring remediation. Optum and the VHC team will collaborate on the strategies to meet future operational needs.

Optum believes that recommendations in this Stabilization Plan should be implemented in the following order of priority:

- **Priority #1 = 834 Enrollment Transactions:** Optum has already augmented the VHC team with 125 contact center staff to reduce CoC backlog. 834 process improvement to reduce occurrence of 834 errors and additional staffing to work 834 backlog is a high priority because the CoC backlog effort is likely to generate more 834 issues that will need to be resolved to complete enrollments. Optum and VHC have already initiated the 834 recommendations in this Stabilization Plan.
- **Priority #2 = Reporting:** VHC requires end-to-end, automated, enterprise reporting on case status, and some level of productivity reporting for VHC and contractor staff working cases. Without improving reporting and frequency of reporting, VHC is unable to accurately measure progress and manage productivity of staff working on customer issues.
- **Priority #3 = Renewals:** All the Priorities above will contribute to elimination of backlog and reconciliation of enrollment data, both of which must be accomplished for VHC to renew coverage for current members in the fall of 2014. VHC should initiate planning now for the worst case scenario where annual renewals for the 2015 open enrollment period may need to be completed manually.
- **Priority #4 = Escalations:** Speed to resolve an escalated case will not improve until a unified escalations process is defined and followed by all teams needed to close these cases. Optum views escalation management as a high priority because these cases include consumers with self-reported, time sensitive, access to care issues and cases that are highly visible.
- **Priority #5 = Other Backlog Elimination:** VHC has backlog categories other than CoC, 834 and premium processing backlogs. Steps needed to identify and remediate some of these backlogs have not been defined. State teams do not have capacity to take action on some of these backlogs, creating risks if there are consumers in these categories who do not overlap with CoC, 834 and premium backlogs who are experiencing access to care and other account management issues.
- **Priority #6 = Premium Processing:** Similar to the 834 backlog, the work to reduce the CoC backlog may create additional premium processing issues that need to be resolved.
- **Priority #7 = CoC Process Improvement:** The CoC process improvement recommendations included in this Stabilization Plan will be particularly important if the implementation of automated change of circumstance functionality initiates change to the current CoC Process. We view this work as less time sensitive than the Priorities above because the CoC backlog is getting addressed via combined effort of Optum, VHC, and other State Teams.
- **Priority #8 = Training:** Training is critically important, but dependent on much of the process documentation that will be created under the other Priority areas above.

For each Priority area, the Operational Stabilization Plan includes:

1. Summary of recommendations from the Assessment.
2. Opportunities for the State of Vermont Team: This section includes suggested actions that VHC can take to improve operating performance.
3. Proposed Optum Support: This section includes potential support that Optum can provide to VHC, with detail on suggested staffing and duration.

Priority #1: 834 Enrollment Transactions

834 process improvement and additional staffing to work 834 backlog is a high priority because the work to reduce CoC backlog is likely to generate more 834 issues that will need to be resolved to complete enrollments. VHC currently has 5 staff on the Shark Team dedicated to resolving 834 issues, which is not adequate as the 834 backlog is not declining.

Recommendations Summary: 834 Enrollment Transactions	
Process Documentation	Create end-to-end 834 process map
Training	Update training and standard procedures for all staff working 834 issues based on end-to-end 834 process map
End-to End Process Monitoring	Implement review of all 834s prior to submission to carrier and confirmation of receipt by carriers.
Staff Augmentation	Current VHC staffing dedicated to 834 issues is not adequate, apply additional staff to remediate backlog
Reporting	Implement regular reporting on progress of 834 backlog remediation
Communications	Calls with carriers to remediate outstanding 834 transmission issues

i. Detailed Assessment Recommendations

Below are the detailed findings on 834 enrollment transactions from the operations assessment. VHC and Optum have already begun implementing these recommendations.

- 834 Process Documentation & Oversight
 - Document end-to-end map of 834 process including premium amounts.
 - Analyze Root Cause for all process gaps where 834s have not effectuated and document remediation / workarounds to ensure successful transmission.
 - Examine proactive review approach 834 records prior to EDI transmission.
 - Establish and facilitate reconciliation call with carriers to track progress and remediate outstanding 834 transmission issues.
- 834 Staff Augmentation
 - Supplement VHC staff with four additional FTEs to process the current backlog of 834s and successfully transmit them to carriers.
 - Expands bandwidth to support increased 834 volume from CoC backlog work.
 - The supplemental staff will utilize the detailed process and oversight documentation for 834 transmissions described above process backlogged cases. Documentation will include any solutions for root causes identified.

ii. Opportunities for State of Vermont Team

- VHC could improve performance by assigning a set of specific 834 errors to each Shark and requiring a daily status report from each individual on progress made against the assigned cases. This approach can be implemented and drive greater urgency to resolve errors among the Shark team even in the absence of improved reporting capabilities. A manager or supervisor should monitor individual level performance on a daily basis.

- Optum recommends that VHC utilize Optum staff to work backlogged 834 transactions, rather than re-allocating VHC staff, for two reasons:
 - Speed to assure that CoC cases do not bottleneck at the 834 transmission process.
 - The Shark team will not need to spend time on 834s that can be resolved by added Optum staff and can instead focus on very complex 834 transactions or keep up with ongoing case volume to avoid backlog accumulation.

iii. Support Provided by Optum

Optum has proposed to provide the following the staff to implement the recommendations in this section to achieve maximum speed to reduce the 834 backlog. Specific Optum staff include:

- 834 Process Documentation & Oversight
 - 2 Analysts (Level 3) to build end-to-end map and remediation/workaround documentation within six weeks
- 834 Staff Augmentation: The below staff will provide support for a seven week period
 - 2 Research Consultants with 834 experience
 - 2 Analysts (Level 3) with process mapping experience
 - As the Optum team encounters highly complex cases that are difficult to resolve, they will engage Shark team members to assist with resolution of these cases

Priority #2: Reporting

VHC requires end-to-end, automated, enterprise reporting on case status, and some level of productivity reporting for VHC and contractor staff working cases. Without improving reporting and frequency of reporting, VHC is unable to accurately measure progress and manage productivity of staff working on any of the other areas addressed by this Stabilization Plan.

Recommendations Summary: Reporting	
Reporting & Metrics	Create Enterprise Dashboard Reporting connecting all existing data sources (Siebel, Benassaince, Maximus, ACCESS)
Training	Conduct training on Enterprise Dashboard Reporting for all staff working case backlogs

i. Detailed Assessment Recommendations

Below are the detailed findings on reporting from the operations assessment.

- Create Enterprise Dashboard Reporting connecting all existing data sources.
 - Dashboard reporting sufficient for day to day management of VHC operations is not part of the existing VHC platform.
 - Integrate data inputs from Siebel, Benassaince, Maximus, ACCESS and provide a holistic view of the customer.
 - Effort will leverage current dashboard development efforts already initiated by VHC.
 - Once deployed, an enterprise dashboard reporting must be monitored and updated to stay useful.
 - Ownership of the enterprise dashboard should be transitioned to VHC BA team after it is an established component of ongoing VHC operations.
- Improving reporting functionality in the VHC platform:
 - Evaluate feasibility and cost of enabling individual staff level productivity (Audit Trail) reporting in Siebel.
 - Evaluate feasibility and cost of enabling Siebel functionality not operating today, including iHelp and Library.

ii. Opportunities for State of Vermont Team

- Optum can assist VHC in evaluating if Enterprise Dashboard can be created using existing technology (Siebel). If we jointly determine that implementing this tool via Siebel requires IT development effort that is cost prohibitive or time-consuming, Optum has successfully implemented Enterprise Dashboard Reporting with other State Exchanges outside of the State's CRM, and found that it is a critical asset to allow backlog remediation efforts to be successful.
- The VHC team has initiated creating dashboard reporting, but this reporting may not include all the input sources that could impact a single application. Any Optum resources applied to assist in creating the Enterprise Dashboard Reporting would begin with any planning VHC has already completed on dashboard reporting and incorporate this into the solution developed.
- Optum can assist VHC in evaluating feasibility and cost of enabling individual staff level productivity (Audit Trail) reporting in Siebel.

iii. Proposed Optum Support

Optum can provide the following resources to assist with Enterprise Dashboard Reporting described above:

- Deploy 1 Reporting Lead with Siebel expertise to evaluate:
 - If the Enterprise Reporting Dashboard can be created in Siebel or if leveraging an Optum tool developed for State exchanges is the more cost-effective and/or expedient.
 - If enabling Siebel functionality that is currently not available is cost-effective and/or expedient.
- If VHC chooses to implement the Optum Enterprise Dashboard Reporting tool:
 - 1 Reporting Lead for eight weeks
 - 1 Reporting Design & Development Engineer (Level 3) for four weeks
 - 1 Reporting Analyst (Level 2) for eight weeks

Priority #3: Renewals

All the Priorities above will contribute to elimination of backlog and reconciliation of enrollment data, both of which must be accomplished for VHC to renew coverage for current members in the fall of 2014. VHC should initiate planning now for the worst case scenario where annual renewals for the 2015 open enrollment period may need to be completed manually.

Recommendations Summary: Renewals	
Process Documentation	<ul style="list-style-type: none">• Conduct Root Cause Analysis of ACCESS -> HIX limitations and document plan to remediate issues• Document plan for Annual Renewals for 2015 Open Enrollment Period
Other: Research	Scenario planning support for Renewals for 2015 Open Enrollment Period

i. Detailed Assessment Recommendations

Below are the detailed findings on renewals from the operations assessment.

- MEDICAID ONGOING RENEWALS
 - Conduct Root Cause Analysis of ACCESS -> HIX limitations
 - Identify alternatives (manual workarounds between systems, call center outreach, etc.)
 - Provide detailed plan with approach to resolve current issues
 - Facilitate implementation of approved plan
- ANNUAL RENEWALS
 - Provide experienced resource to support and provide guidance to VHC leadership regarding Renewal Strategy and Scope
 - Assist in driving appropriate scenario that yields least risk to Vermonters and VHC

- Assist with determining resource needs for identified Renewal Strategy

ii. Opportunities for State of Vermont Team

- Optum can partner with VHC to project potential work volume anticipated for 2015 renewals in multiple scenarios of IT functionality.
- Optum can also partner to help document renewals processes that existing VHC and / or Optum staff will need to follow to execute renewals, again under multiple scenarios of IT functionality. It is unclear at this time when enough information will be available on system capabilities to do this work. In the meantime, VHC may want to invest in documenting the manual process assuming very little change in functionality relative to today.

iii. Proposed Optum Support

- Conduct Root Cause Analysis on Medicaid Renewals:
 - 1 Analyst (Level 4) for 3 weeks
- Documentation of manual renewals process
 - 1 Analyst (Level 4) for 3 weeks
- Staff Augmentation for Renewals for 2015 Open Enrollment Period: To be determined based on continued VHC and Optum dialogue

Priority #4: Escalations

Speed to resolve escalated cases will not improve until a unified escalations process is defined and followed by all teams needed to enter as well as close these cases – a true closed loop process. VHC currently has some well-defined but separate escalations processes (e.g., for issues referred by legislators, and for Access to Care issues), but could benefit from a comprehensive approach and tracking mechanism for escalations across VHC operations.

Optum views escalation management as a high priority because these cases include consumers with self-reported, time sensitive, access to care issues and cases that are highly visible. The process to address an escalation is a separate discipline than ongoing work to remediate backlog cases. For example, a CoC case may be part of the CoC backlog. It may also become an escalated case if the customer is experiencing access to care problem or referred in from a public official. A defined escalated case process will give VHC a consistent set of steps to follow to resolve and follow up with the customer on an escalated request, no matter what problem is affecting that case.

Recommendations Summary: Escalations	
Process Documentation	Document a unified process to prioritize and work escalated cases from multiple referral sources
Training	Training on documented escalations processes and transition processes to owners on VHC team
Reporting & Metrics	Implement a centralized workflow tool for Escalations. This tool will provide a web link to the person who referred the case and allow the referrer to view the case status. It will also provide metrics including turnaround time per case and total volume of cases
Communications	Documented unified process will include defining needed communication among State and contractor teams needed to work escalations
Staff Augmentation	Additional staffing should be dedicated to working escalated cases

i. Detailed Assessment Recommendations

Below are the detailed findings on escalations from the operations assessment.

- Escalated Cases Operational Playbook, including any necessary workarounds, efficiency recommendations, and longer-term solutions for reducing the backlog of escalated cases.
 - Creating a documented definition for an “escalated case” for VHC.
 - Developing a process flow for the escalated cases process that brings together escalated cases from both legislators and those in need of immediate coverage (Access to Care cases) through logging new cases, tracking their progress, and providing an outreach system for “closing the loop” on resolved cases.
 - Defining and documenting “Rules of Engagement” for multiple teams who participate and collaborate in the escalations process. This will also include the Maximus Call Center.
 - Transition of escalation tools developed to VHC staff:
 - Implementing the Playbook in partnership with VHC staff, including defining communications processes among State teams
 - Assisting VHC leadership in identifying escalation staff members to take on the escalations process
 - Designing and hosting trainings necessary for VHC teams
- Escalation Common Web-Based Tool
 - Will allow for real-time updates, tracking, and resolution of escalated case by VHC, Maximus, and other VHC vendors involved in resolving escalated cases
 - This tool will provide a web link that can be provided to the person who referred the case and allow the referrer to view the case status
 - Requirements gathering and tool design for VHC specific processes
 - Developing and hosting User Acceptance Testing
 - Developing and publishing training materials and a Handbook for the Tool
 - Hosting training sessions to VHC staff who will use the Tool
 - The Escalation tool will be security compliant
 - This Escalation Tool should and can be integrated with the Enterprise Dashboard Reported recommended in the Reporting Section

ii. Opportunities for State of Vermont Team

- Below are steps that VHC can take to improve the escalations process:
 - Establish an “escalations SWAT team” to handle any escalated case that comes into VHC. Staff who are already working on these cases could be tapped to be on this team. We recommend a team of 3-4 people.
 - Set defined criteria for which cases will be handled by the SWAT team and which will be referred to other teams. VHC already has a starting point with processes for Access to Care cases and legislative liaison cases.
 - Ensure all escalated cases come to one central place – e.g., single email box covered by the SWAT team.
 - All escalated cases should be tracked and triaged by the SWAT team in a uniform way to ensure cases are all tracked and inventoried.
 - All cases that are received should be responded to using this same central repository – ensuring that the SWAT team closes the loop on all the cases.
 - Establish performance metrics for staff working escalations.
 - Optum recommends that VHC tracks the number of escalated cases outstanding – separate from tracking by category of consumer issue (e.g., CoC, 834 or premium processing backlog).
- The process of developing documentation around a unified escalations process across multiple State teams currently involved will address the following issues observed by Optum:
 - Define communication processes that all State teams should follow regarding escalated cases, to prevent cases from “falling between the cracks” in the handoff points between State teams.
 - Assure that all State teams working escalations all follow a consistent process.

iii. Proposed Optum Support

Optum proposes the following staffing for escalations based on our success improving escalations processes for other State Exchanges. By implementing the combination of improved process documentation via the Escalated Case Playbook and the Escalation Common Web-Based Tool, Optum has helped other States significantly reduce the average turnaround time for resolution of an escalated case.

- Escalated Cases Operational Playbook
 - One Escalations Task Leader: Experience working with escalated cases, process mapping, project management experience, and strong client relations skills for six weeks
 - Three analysts for six weeks
- Staff Augmentation for Escalations
 - Augment After Process Documentation: After the Escalated Cases Playbook is defined, Optum and VHC may conclude that additional staff should be added to work escalated cases. This should be revisited when the Playbook is complete
 - Augment Concurrent with Process Documentation: Our recommended approach is to augment the VHC team with Optum staff as the Playbook is being created for increased speed in resolving these cases. Optum staff would follow current escalations processes and transition to new processes as they are defined
- Escalation Common Web-Based Tool
 - Two Escalations Analysts from Phase 1 to carry out UAT, training, and operational triage of cases for six weeks
 - 1-2 Optum IT analysts to make modifications of the escalated cases tool and assist with UAT for six weeks

Priority #5: Other Backlog Elimination

VHC has backlog categories other than CoC, 834 and premium backlogs. Steps needed to resolve some of these backlogs have not been defined. State teams do not have sufficient capacity to take action on some of these backlogs, creating risks if there are consumers in these categories who are experiencing access to care problems who do not overlap with CoC, 834 and premium backlogs that are being remediated. Developing better understanding of these backlog categories is a priority over other recommendations in this assessment because consumers in these categories could have access to care issues that VHC will not discover via efforts in other workstreams.

Recommendations Summary: Other Backlog Elimination	
Process Documentation	Document process steps / manual workarounds to reduce creation of backlogs
Training	Update and deliver training that addresses the business processes that contribute to the creation of backlog, and defines processes to close cases to enhance management of VHC work flow
Administrative Decisions	Review each backlog, prioritize cases and document consistent criteria for closing cases
Other: Research	Research and define processes to address backlog categories

i. Detailed Assessment Recommendations

Below are the detailed findings on other backlogs from the operations assessment.

- Detailed Research on Enrollment Applications:
 - Determine appropriate options for processing Paper Applications and remaining current
 - Examine 100 electronic applications to determine Root Cause for remaining in Suspended status. Provide plan for either retiring records or next steps to close out
- HAEU Service Requests - Prioritize and close by:

- Access to Care Issues
- >90 days classified as Waiting on Customer
- Duplicative or SRs with little research required with no action to customer record (Sample size)
- Verifications: Define process to attach verifications to records
- Research and Correcting Records Data
- AI Rejections:
 - Assume VHC research of data rejection reason
 - Research appropriate information to correct existing case
 - (1) Coordinate changes with HAEU or (2) Facilitate changes in ACCESS
- Overall Backlog Work:
 - Determine Level of Effort for large volumes of work that cannot be eliminated by this group
 - Create Work Instructions for clearing out backlogs
 - Provide detailed plan that contains Root Cause Analysis for prevention of future backlogs
- Data Cleansing:
 - Build data consolidation plan that identifies customer records that are duplicates, recommends which duplicative records to retire and then process to coordinate with CGI on how to retire records quickly. (This process should be coordinated with any Reconciliation work being done by VHC)
 - Conduct Root Cause Analysis of processes and systems that create excessive data points
 - Provide detailed plan and manual workaround instructions to prevent future backlog
 - Coordinate with VHC team on training and knowledge management system update

ii. Opportunities for State of Vermont Team

- Due to resource constraints, State teams are not documenting defined processes to resolve cases in the backlog categories described in the findings above. State teams have good instincts about the processes that need to be followed to work these categories, but until processes are systemically documented, no scalable progress can be made to eliminate these backlogs.
- The State is not dedicating groups of staff to work exclusively on reducing these backlog categories. Until some staff are able to focus exclusively on remediating these backlogs (vs. also working new case volume as it flows into the system), consumers with backlogged requests who do not overlap with other backlogs, will continue to stagnate.
- Analysts should be assigned to each backlog category to conduct the process documentation, define criteria and processes that need to be followed to close cases. This may include documenting the process to meet noticing requirements or complete verifications before cases are closed.
- Based on these resource constraints, we recommend that Optum provide supplemental staff to conduct the recommended activities.

iii. Proposed Optum Support

Optum proposes the following resources to support other backlogs:

- Staff augmentation to process current backlog of paper applications for VHC
 - 50 Contact Center representatives are needed to eliminate the paper application backlog
- Research and review of existing backlogs, definition of criteria and processes to close backlog cases:
 - 1 Analyst (Level 3) for 8 weeks
 - 5 Analysts (Level 2) for 8 weeks
- Data cleansing activities including analysis of root causes that generate duplicate backlog cases, documentation of findings and training for VHC and HAEU staff. This effort requires access to production data.
 - 1 Analyst (Level 3) for 10 weeks
 - 1 Analyst (Level 4) for 4 weeks

Priority #6: Premium Processing

Similar to the 834 backlog, the work to reduce the CoC backlog may create additional premium processing issues that need to be resolved. Improving the 834 process will help slow the generation of premium issues, therefore this item is lower priority than Reporting and supporting other backlogs. Even though there are items that are more urgent in our view, VHC does need process documentation and staff augmentation to reduce backlogged premium processing issues.

Recommendations Summary: Premium Processing	
Process Documentation	Create end-to-end map of current Premium Processing workflow
Training	Update training for all staff working premium issues based on Premium Processing end-to-end process map
Staff Augmentation	Current VHC staffing dedicated to premium issues is not adequate, apply additional staff to remediate backlog
Reporting	Develop reporting to track progress on premium processing cases worked and resolved.
Communications	Calls with carriers to remediate outstanding premium processing issues
Administrative Decisions	Shift decision making on how to apply premium payments from individual staff decision-making to documented process

i. Detailed Assessment Recommendations

Below are the detailed findings on premium processing from the operations assessment.

- Create end-to-end map of current Premium Processing workflow and make adjustments to address process gaps
- Update / Create any Work Instructions (Job Aids) based on the end-to-end map.
- From gaps documentation, evaluate entire backlog of Change Requests to Benassance and prioritize cases worked by limited Benassance resources
- Determine resources required to assist with backlog reduction and file reconciliation with carriers
- Develop reporting to track progress on premium processing cases worked and resolved
- Establish and facilitate reconciliation call with carriers to track progress and remediate outstanding premium processing issues
- Examine alternate options for IRS reporting (Data Extracts, etc.)

ii. Opportunities for State of Vermont Team

- VHC could improve performance by assigning a set of specific premium processing issues to each staff person dedicated to working this backlog and requiring a daily status report from each individual on progress made against the assigned cases. This approach can be implemented and drive greater urgency to resolve premium issues even in the absence of improved reporting capabilities. A manager or supervisor should monitor individual level performance on a daily basis.
- Based on 4K case backlog, and inadequate existing process documentation to be able to accurately project processing times, Optum recommends that four additional staff be dedicated to begin reducing premium –related backlog. The staffing level may be adjusted after process documentation is completed providing an accurate per case processing time.
- The VHC team will not need to spend time on premium issues that can be resolved by added Optum staff and can instead focus on very complex premium processing cases or keep up with ongoing case volume to avoid backlog accumulation.

iii. Proposed Optum Support

- Create end-to-end premium processing map and develop job aids / training materials
 - One Business Analyst (Level 3) for a maximum period of 6 weeks:
- Staff Augmentation for Premium Processing:

- **Augment After Process Documentation:** After the premium processing end-to-end map is defined, Optum and VHC may conclude that additional staff should be added to work the backlog of premium issues.
- **Augment Concurrent with Process Documentation:** An alternative approach is to augment the VHC team with Optum staff as the process map is being created for increased speed in resolving premium issues. Optum staff would follow current premium processes and transition to new processes as they are defined. For this option, Optum recommends four Business Analysts (Level 2) to work premium processing backlog cases for a maximum of 8 weeks.

Priority #7: Change of Circumstance Process

The CoC process improvement recommendations included in this Stabilization Plan will be particularly important if the implementation of Package 2 initiates change to the current CoC Process. We view this work as less time sensitive than the Priorities above because the CoC backlog is getting addressed via combined effort of Optum, VHC and other State Teams. Although process improvement is important for CoC, consumers who are in the CoC backlog will receive outreach even if VHC does not take any additional action above and beyond the CoC remediation effort already underway.

Recommendations Summary: Change of Circumstance Process	
Process Documentation	<ul style="list-style-type: none"> • Create detailed scripted process documentation leveraging existing VHC documentation to enable scalable training and onboarding for new staff working CoC Backlog (COMPLETE) • Identify and document improvements building from existing process
Training	Update training for all staff working CoC cases based on identified process improvements
End-to-End Process Monitoring	End to end monitoring of CoC cases addressed in Reporting Recommendation
Staff Augmentation	125 Contact Center representatives conducting outreach on CoC Cases (ONGOING)
Administrative Decisions	Expanded hours for CoC outreach (COMPLETE)

i. Detailed Assessment Recommendations

Below are the detailed findings on the CoC process from the operations assessment.

- **Staffing Alignment:** Develop staff plan that produces ratio base and hours of operation for CoC work
 - (Level 1 -> Tiger Team -> Lion's Den)
- **CoC Process Improvement and Re-design:** Current CoC Backlog Remediation is occurring based on VHC's existing process. Detailed analysis of the existing process is needed to identify and implement improvements. Potential areas for additional evaluation include:
 - Triage methods and categorization of CoC cases to reduce the complexity of the workflow required to address each category and the optimal resources to apply to process each CoC category
 - Consideration of scenarios where improved IT functionality from Package 2 may impact current CoC processes
- **Training:** Update training for all staff working CoC cases based on identified process improvements

ii. Opportunities for State of Vermont Team

- CoC is an area where VHC staff could potentially lead identifying and documenting process improvements if capacity permits. Optum could facilitate the process in partnership with the VHC team.
- If there are changes in system functionality related to future CGI releases, process improvement documentation is dependent on access to needed information about system changes.

iii. Proposed Optum Support

If VHC does not have sufficient capacity with its CoC subject matter experts, Optum can provide targeted staff with experience assisting other State Exchanges with Change of Circumstance process improvement to partner with VHC staff to evaluate and document potential improvements to the existing CoC process.

- CoC Process Improvement Leader: This individual will have experience working with CoC issues from Optum's other State Engagements as well as project management experience and a strong client relationship focus.
- Three CoC Analysts: These individuals will have experience organizing and tracking CoC issues, as well as client relations skills and database experience.

Priority #8: Training & Knowledge Management

Training is critically important, but dependent on much of the process documentation that will be created under the other Priority areas above. Core curriculum development should begin after process documentation is completed for the below processes:

1. 834 Enrollment Transactions
2. Enterprise Dashboard Reporting
3. Premium Processing
4. Escalations

Recommendations Summary: Training & Knowledge Management	
Process Documentation	<ul style="list-style-type: none">• Develop core VHC training curriculum, leveraging updated process documentation recommended in other Assessment sections• Optimize current Knowledge Management and Learning Management Systems to quickly disseminate updated information to staff
Performance Metrics	Identify business metrics that will measure learner success in training
Communications	Establish ongoing practices for addressing and communicating training updates

i. Detailed Assessment Recommendations

Below are the detailed findings on training and knowledge management from the operations assessment.

- Identify business metrics that will measure learner success
- Establish ongoing practices for addressing and communicating training updates (e.g., process changes, new business, etc.)
- Implement a structure that supports the following processes front-end intake, design, train the trainer, delivery communication as well as ongoing maintenance
- Optimize current Knowledge Management and Learning Management Systems, by establishing an information documentation and dissemination process as well as a dissemination process for within VHC and to external entities (e.g., HAEU, Maximus, Navigators and Assistants)
- Develop core curriculum that includes skills used by call center representatives employed by VT and external entities unique learner needs will be addressed through job aids and supporting documents
- Support the other work stream efforts, roll up of training needs and process implementation

ii. Opportunities for State of Vermont Team

- Below are key process improvements that VHC training staff have the skills to implement, if they are able to dedicate time to these activities:
 - Implement a training request intake process where a designated VHC team member “signs off” on whether staff will be trained per that request. If there is sign off, then training materials should be developed.
 - Communication about system updates should be owned by the training department, providing a mechanism for consistent message delivery to staff. The training team should own updating training material in alignment with the system or process updates.
 - VHC needs clear channels of decision-making to respond to questions / training needs. Currently there is a group of BA’s who receive messages from a group in-box where the training team sends questions. A member of the BA team should be designated to respond to inquiries within a specified timeframe so that the training team can implement changes to training processes timely based on that feedback.
- VHC should consider making permanent hires for training – currently, 2 out of 3 trainers are temporary staff, causing risks if these staff leave VHC.

iii. Proposed Optum Support

- One Training Project Lead
- One Knowledge and Learning Management System Consultant
- One Instructional Designer