

VERMONT HEALTH CONNECT

*AN UPDATE ON VERMONT'S INTEGRATED SYSTEM FOR
MEDICAID AND QHP ENROLLMENT*

SEPTEMBER 15, 2016

Contents

For Testimony:

- Overview
- Customer Support Center
- Self-Service
- Open Enrollment 2017
- Health Insurance Literacy

For Reference:

- Additional Metrics and Updates

Last testimony during the legislative session was in early May. Last report was in late July. Here are where key metrics stood then and now:

Customer Requests Completed within 10 Days

Early May Rate: 66%

COC Inventory

Early May: 3,480 households

Integration – 2016

Transaction Inventory

Early May Error Rate: 3.5%

Open Escalated Cases

Early May Count: 234

Calls Answered <24 sec

1st Week May: 76%

Customer Requests Completed within 10 Days

Late July Rate: 84%

COC Inventory

Late July: 1,498

Integration – 2016

Transaction Inventory

Late July Error Rate: 1.6%

Open Escalated Cases

Late July Count: 30

Calls Answered <24 sec

2nd Week July: 23%

Customer Requests Completed within 10 Days

Most Recent (week of 8/22): 85% 


COC Inventory

Mid-Sept.: 1,222  65% from May

Integration – 2016 Transaction Inventory

Mid-Sept. Error Rate: 2.0%  43%

Open Escalated Cases

Mid-Sept. Count: 29  88%

Calls Answered <24 sec

1st Week Sept.: 55% 

CUSTOMER SUPPORT CENTER

Maximus has a strong history of partnership in Vermont for the last two decades.

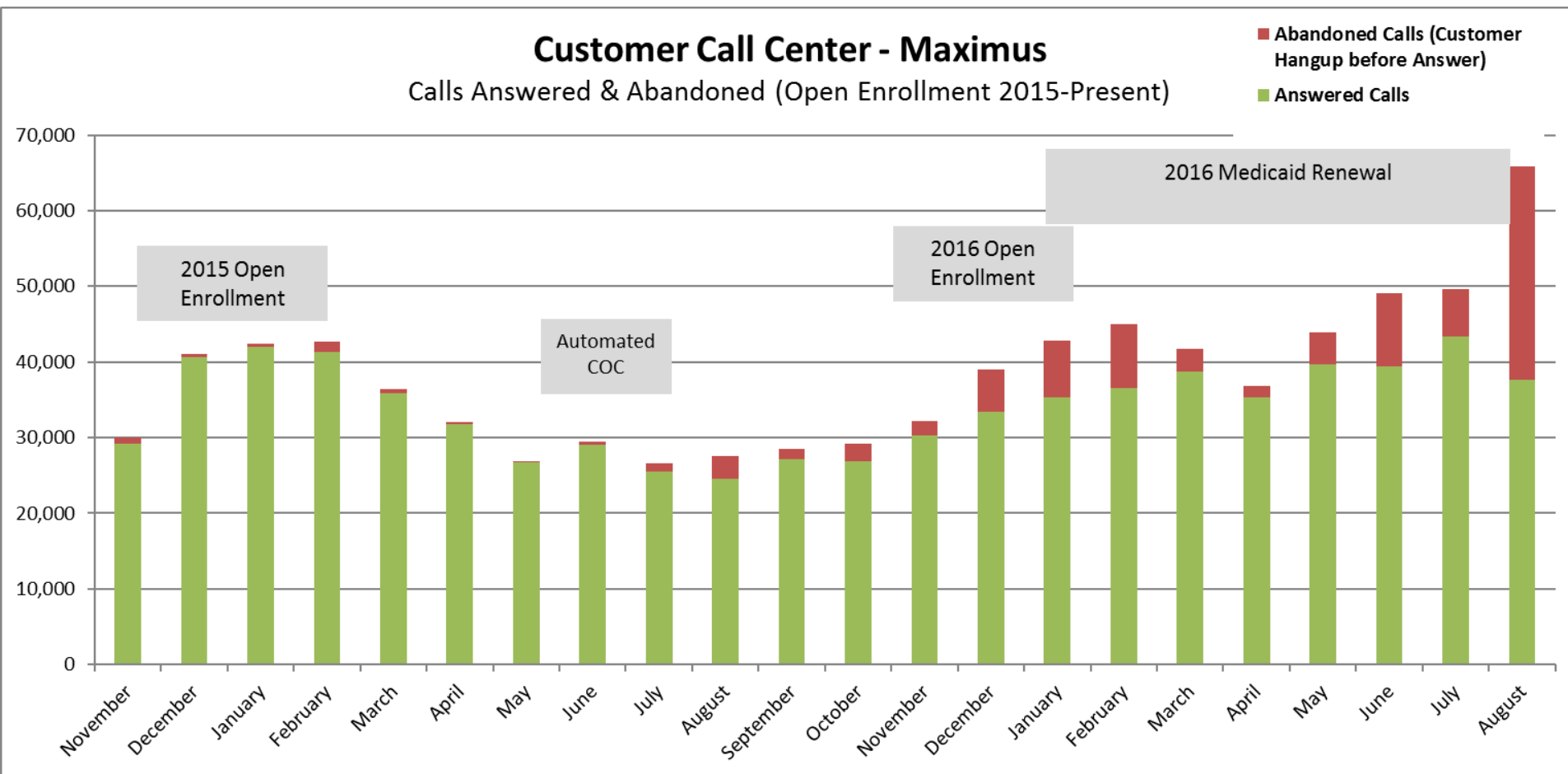
During Open Enrollment 2015, Maximus:

- Answered more than 120,000 calls and achieved an abandoned rate of just 1.7%.
- Maintained an average wait time of 40 seconds (by comparison, the average wait at the HealthCare.gov call center was more than 12 times as long).
- Answered four out of five calls (83%) in less than 30 seconds and nearly all calls (98%) in less than four minutes.

Wait times in 2016 has been unacceptable to Vermonters and to VHC.

This year, Maximus:

- Has earned the service level incentive just once (March) for answering 75% of calls within 25 seconds and maintain answer rate of 95%.
- Has incurred the service level penalty in six out of eight months for answering less than 60% of calls within 25 seconds.
- Had a particularly tough August with some wait times exceeding 90 minutes.



Maximus Explanation (Not Excuse)

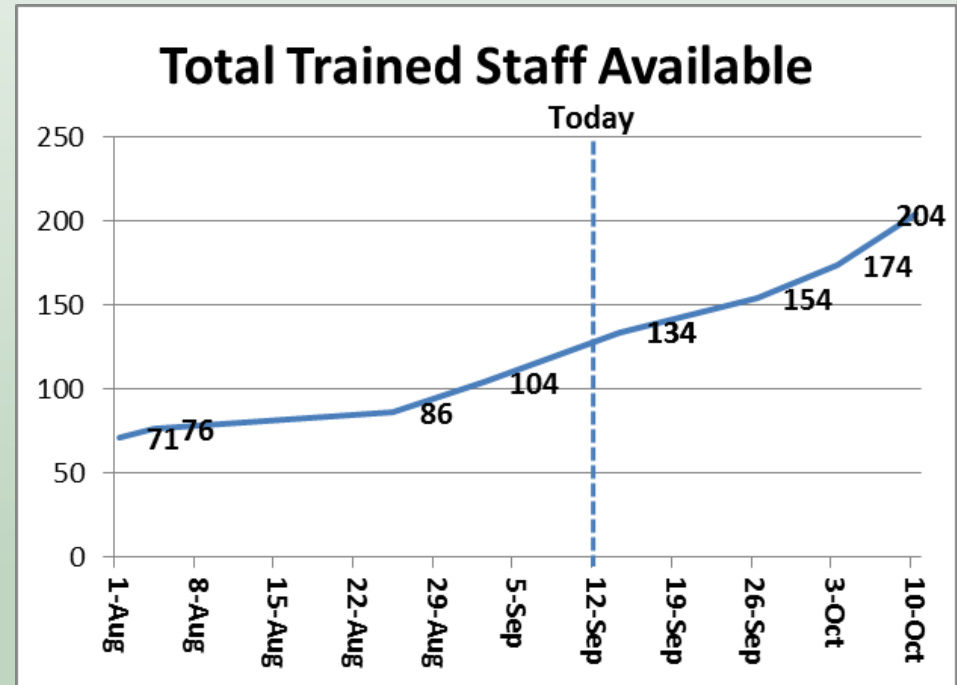
- Forecast volume and length of calls exceeded their expectation
- Chittenden County's very low (~3%) unemployment rate hindered their ability to staff even to the levels needed to meet their forecast.
- Attrition

Solution – Steps Taken

- On August 1, after conversations with DVHA staff, engaged Chicago call center to serve as overflow.
- Increased trained CSR staffing by 46% between 8/1 and 9/2.

Solution – Steps in Process

- In total, staffing will increase by 187% to ensure that there are no surprises that could derail performance.
- Overall CSR staffing will reach 200+ for open enrollment, higher than at any time in VHC's history, including a contingency of 50% over projected need.



SELF-SERVICE



Languages

Contact Us
Call 855-899-9600
TTY/TDD 888-834-7898

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Welcome to Vermont Health Connect

VERMONT'S HEALTH INSURANCE MARKETPLACE

NEW CUSTOMERS

Compare Plans
and Sign Up



[GET STARTED](#) ▶

CURRENT CUSTOMERS

Get the Most
Out of Your Coverage



[LEARN MORE](#) ▶

Report a
Life Change



[REPORT A CHANGE](#) ▶

WE'RE HERE TO HELP.



BY PHONE
855-899-9600
toll-free



IN-PERSON
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OPEN ENROLLMENT 2017

Starting November 1...

Current customers don't have to do anything to keep their coverage into 2017.

- They will receive a letter in October telling them everything they need to do to choose their 2017 health plan – either online, by phone, or with an Assister.
- And, again, that choice includes not doing anything at all – except paying their bill – if they're happy with their current plan.

New customers can:

- Fill out an online application at VermontHealthConnect.gov,
- Call the Customer Support Center to apply over the phone, or
- Set up an in-person appointment with an Assister in their community.



Online
VermontHealth
Connect.gov



By Phone
1-855-899-9600
(toll-free)



In-Person
Navigator, CAC,
or Broker

Behind the Scenes, VHC staff have...

- Held a series of Open Enrollment planning meetings with carrier partners (starting in June).
- Turned on self-service for Medicaid renewals and change requests (on August 1).
- Completed initial testing with BCBSVT (in early September).
- Prepared for additional testing with NEDD, MVP, and BCBSVT (in September).
- Convened internal working groups weekly to review progress on final business processes, data clean up, training, testing.
- Mailed all 602 first notices for individuals who did not give the State authorization to ping the Federal Hub (in early September).
- Prepared standard renewal notices (mailing in October).
- Lined up the Plan Comparison Tool and other health insurance literacy materials.
- Maintained a low inventory of QHP change requests (~100).
- Worked toward a goal of using the system to automatically renew 95% of eligible QHP customers and to complete all initial renewals by December 15th.

VHC is in a very different position in the run-up to open enrollment this year compared to last. Here are a few differences:

2015

Major Upcoming Deployments: Automated Renewal Functionality on 10/1

Passive File Initial Prep
As of Sept. 15, 2015, 1,597 (7%) of 21,500 household cases had no errors/warnings.

Experience with Renewal Functionality: None. Staff renewal form takes ~40 minutes for each of the 20% of applications that aren't auto.

Staff Management: Being the first time with a new system, staffing the non-auto renewals is a scramble.

2016

Major Upcoming Deployments: None

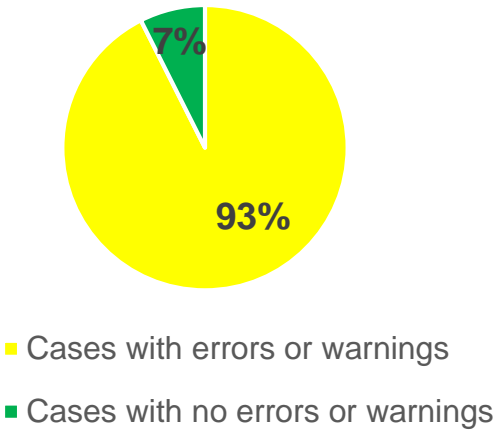
Passive File Initial Prep
As of Sept. 12, 2016, 18,039 (87%) of 20,647 household cases had no errors/warnings.

Experience with Renewal Functionality: Considerable. Due to enhancements and volume of use, staff renewal form takes 15-20 minutes.

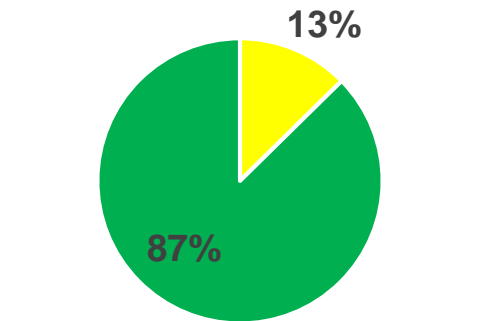
Staff Management: Being the second time, managers have a clear picture of which groups will need help.

Status of Passive File Prep

Last year: September 15, 2015*

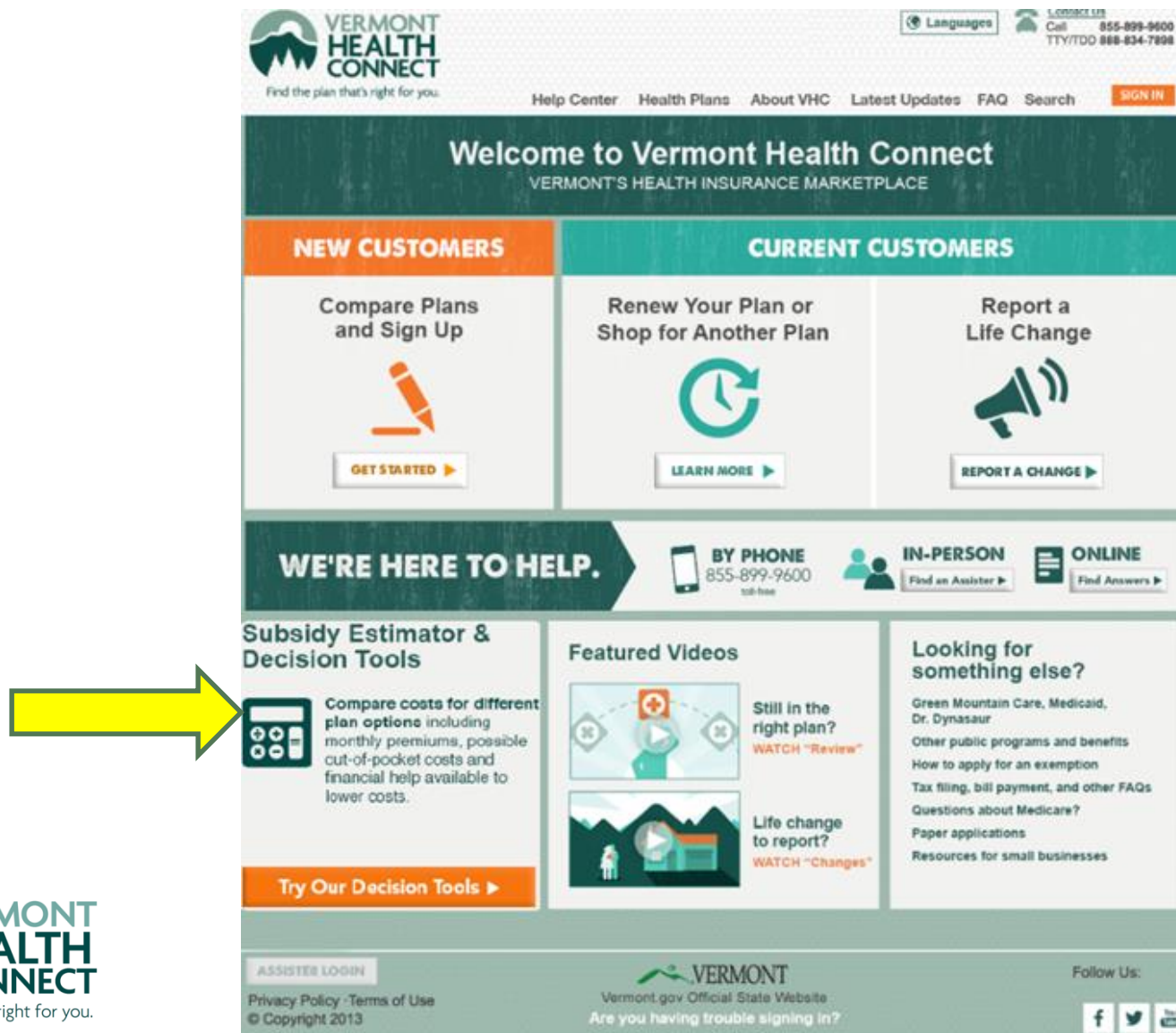


This year: September 12, 2016



EDUCATIONAL RESOURCES

- Online tool helps customers understand and compare the total costs – premium and out-of-pocket costs minus subsidies – of various plans.



The screenshot shows the Vermont Health Connect website. At the top, the logo reads "VERMONT HEALTH CONNECT" with the tagline "Find the plan that's right for you." Navigation links include "Help Center", "Health Plans", "About VHC", "Latest Updates", "FAQ", "Search", and a "SIGN IN" button. A "Languages" dropdown and "Contact Us" information (855-899-9600) are also present.

The main content area is divided into two sections: "NEW CUSTOMERS" and "CURRENT CUSTOMERS".

- NEW CUSTOMERS:** Includes a "Compare Plans and Sign Up" button with a pencil icon and a "GET STARTED" button.
- CURRENT CUSTOMERS:** Includes a "Renew Your Plan or Shop for Another Plan" button with a clock icon and a "LEARN MORE" button, and a "Report a Life Change" button with a megaphone icon and a "REPORT A CHANGE" button.

A banner below these sections reads "WE'RE HERE TO HELP." with options for assistance: "BY PHONE" (855-899-9600), "IN-PERSON" (Find an Assister), and "ONLINE" (Find Answers).

The "Subsidy Estimator & Decision Tools" section is highlighted with a yellow arrow. It features a calculator icon and text: "Compare costs for different plan options including monthly premiums, possible out-of-pocket costs and financial help available to lower costs." Below this is a "Try Our Decision Tools" button.

The "Featured Videos" section includes two video thumbnails: "Still in the right plan?" (WATCH "Review") and "Life change to report?" (WATCH "Changes").


The "Looking for something else?" section lists various resources: Green Mountain Care, Medicaid, Dr. Dynasaur, other public programs, exemption application, tax filing, Medicare questions, paper applications, and small business resources.

The footer contains the "ASSISTER LOGIN" button, "Privacy Policy" and "Terms of Use" links, the Vermont state logo, and social media links for Facebook, Twitter, and YouTube.

- Individual QHP enrollees and small business employees can all use the tool to help decide which health plan is best for their family's needs and budget.
- Tool has had more than 40,000 sessions since December.

Welcome to Vermont Plan Comparison Tool 2016

Home Start Tool Again Tour Advice and Explanations


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Available Health Plans: 20 plans found. Sort By: Yearly Cost Estimate

Plan	Yearly Cost Estimate	Cost in a Bad Year
Click plan name for DETAILS or to ENROLL Click checkboxes to compare	(Estimated average total for people like you including premium and out-of-pocket)	(Estimated total for people like you in a high health care year – 8% chance)
MVP Vitality Plus <input type="checkbox"/> MVP Health Care - HMO - Silver Monthly Premium: \$125.78 - after \$827 subsidy Deductible: Medical: \$120 / Drug: \$100 per person	\$2,669	\$5,379
BCBSVT Blue Rewards Silver Plan <input type="checkbox"/> Blue Cross and Blue Shield of Vermont - EPO - Silver Monthly Premium: \$103.32 - after \$827 subsidy Deductible: \$400	\$2,730	\$5,740
BCBSVT Silver CDHP Plan <input type="checkbox"/> Blue Cross and Blue Shield of Vermont - EPO - Silver Monthly Premium: \$110.80 - after \$827 subsidy Deductible: \$2,300	\$2,920	\$3,630
MVP Vitality HDHP <input type="checkbox"/> MVP Health Care - HMO - Silver Monthly Premium: \$109.10 - after \$827 subsidy Deductible: \$2,600	\$2,949	\$3,709
BCBSVT Silver Plan <input type="checkbox"/> Blue Cross and Blue Shield of Vermont - EPO - Silver Monthly Premium: \$141.98 - after \$827 subsidy Deductible: Medical: \$1,200 / Drug: \$200 per person	\$3,124	\$5,004
MVP Vitality <input type="checkbox"/> MVP Health Care - HMO - Silver Monthly Premium: \$159.76 - after \$827 subsidy Deductible: Medical: \$1,200 / Drug: \$200 per person	\$3,337	\$5,217
MVP Vitality Plus <input type="checkbox"/> MVP Health Care - HMO - Bronze Monthly Premium: \$0.00 - after \$827 subsidy Deductible: Medical: \$10,000 / Drug: \$600 per person	\$4,490	\$13,700
MVP Vitality <input type="checkbox"/> MVP Health Care - HMO - Bronze Monthly Premium: \$0.00 - after \$827 subsidy	\$4,520	\$13,700

Filter Results
Metal Level
☐ Bronze
☐ Silver
☐ Gold
☐ Platinum
Plan Type
☐ EPO
☐ HMO
Insurance Company
☐ Blue Cross and Blue Shield of Vermont
☐ MVP Health Care
Monthly Premium (with subsidy)
\$0 - \$500
Total Yearly Cost Estimate
\$2600 - \$7100
Cost in a Bad Year
\$3500 - \$17500
Deductible
\$0 - \$13500



Summaries of Benefits and Coverage

Standard Plans	BCBSVT	MVP
Platinum	BCBSVT	MVP
Gold	BCBSVT	MVP
Silver (see below for CSR)	BCBSVT	MVP
Bronze	BCBSVT	MVP
Silver HDHP (see CSR, can pair with HSA)	BCBSVT	MVP



VERMONT HEALTH CONNECT
SILVER PLANS



		Standard Plans			
		BCBSVT & MVP			
		Platinum	Gold	Silver	Bronze
Deductible/Max. Out-of-Pocket		Individual / Family	Individual / Family	Individual / Family	Individual / Family
Deductible (Ded)	Integrated Ded?	N	N	N	N
	Medical Ded	\$150/\$300	\$750/\$1,500	\$1,900/\$3,800 ⁶	\$3,500/\$7,000
	Waived for: (see abbreviations below)	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb	Prev
	Prescription (Rx) Ded	\$0	\$50 ⁷	\$100 ^{6,7}	\$300 ⁷
	Waived for:	N/A (\$0 Ded)	Rx Generic	Rx Generic	Not waived
Max. Out-of-Pocket (MOOP)	Integrated?	N	N	N	Y-\$6,350/\$12,700
	Medical	\$1,250/\$2,500	\$4,250/\$8,500	\$5,100/\$10,200 ⁶	See above
	Prescription (Rx)	\$1,250/\$2,500	\$1,250/\$2,500	\$1,250/\$2,500 ⁶	\$1,250/\$2,500
Stacked or Aggregate? ⁵		Stacked ⁵	Stacked ⁵	Stacked ⁵	Stacked ⁵
Service Category (Examples)		Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)
Preventive (Prev)		\$0	\$0	\$0	\$0

VHC's 230+ Assistors help:

- ✓ Compare plans
- ✓ Apply
- ✓ Enroll
- ✓ Find a Provider
- ✓ Address Questions & Concerns

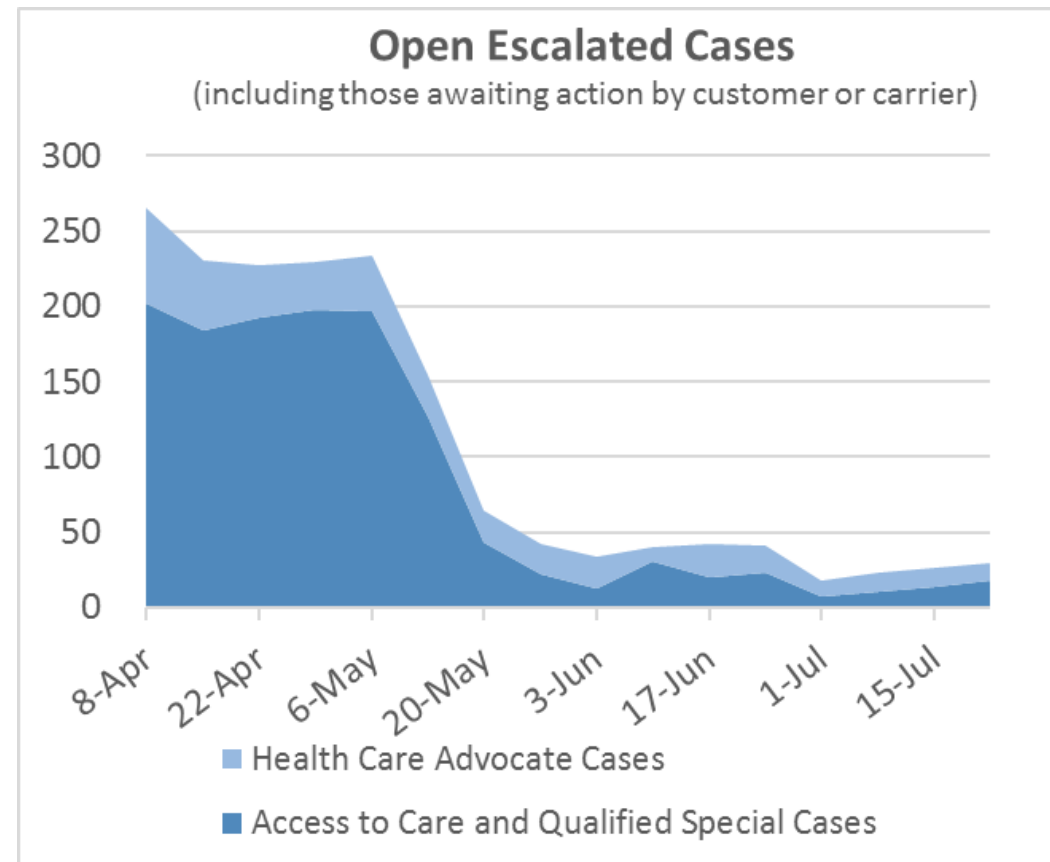


ADDITIONAL METRICS AND UPDATES

ESCALATED CASES

- As part of Maintenance & Operations Surge, integration teams performed root cause and remediation as part of the escalated case process.
- Number of open escalated cases **down 88%** since early May.
- As of 9/12, 29 open cases.
- Last week: 97 cases escalated, 95 cases completed.

Escalated Cases include cases from Vermont Legal Aid, Access to Care, and Qualified Special Cases (cases that are escalated due to their complexity, urgency, or inability to be resolved through normal channels.)



Target: Provide Access to Care within three business days.

SYSTEM AND OPERATIONAL METRICS

Goal:

- By October 2016, complete 75% of customer requests within 10 business days of first request.
- By June 2017, complete 85% of customer requests within 10 business days of first request.

Achieving benchmarks will benefit:

- *Customers* – confidence that request will be completed with one call; no need for multiple follow-ups.
- *Carrier partners* – minimize system discrepancies that can occur when work is delayed.
- *Staff* – ability to set realistic expectations and meet them; pride in knowing that they will have achieved a level of service delivery within three years of launch that is on par decades-old organizations.

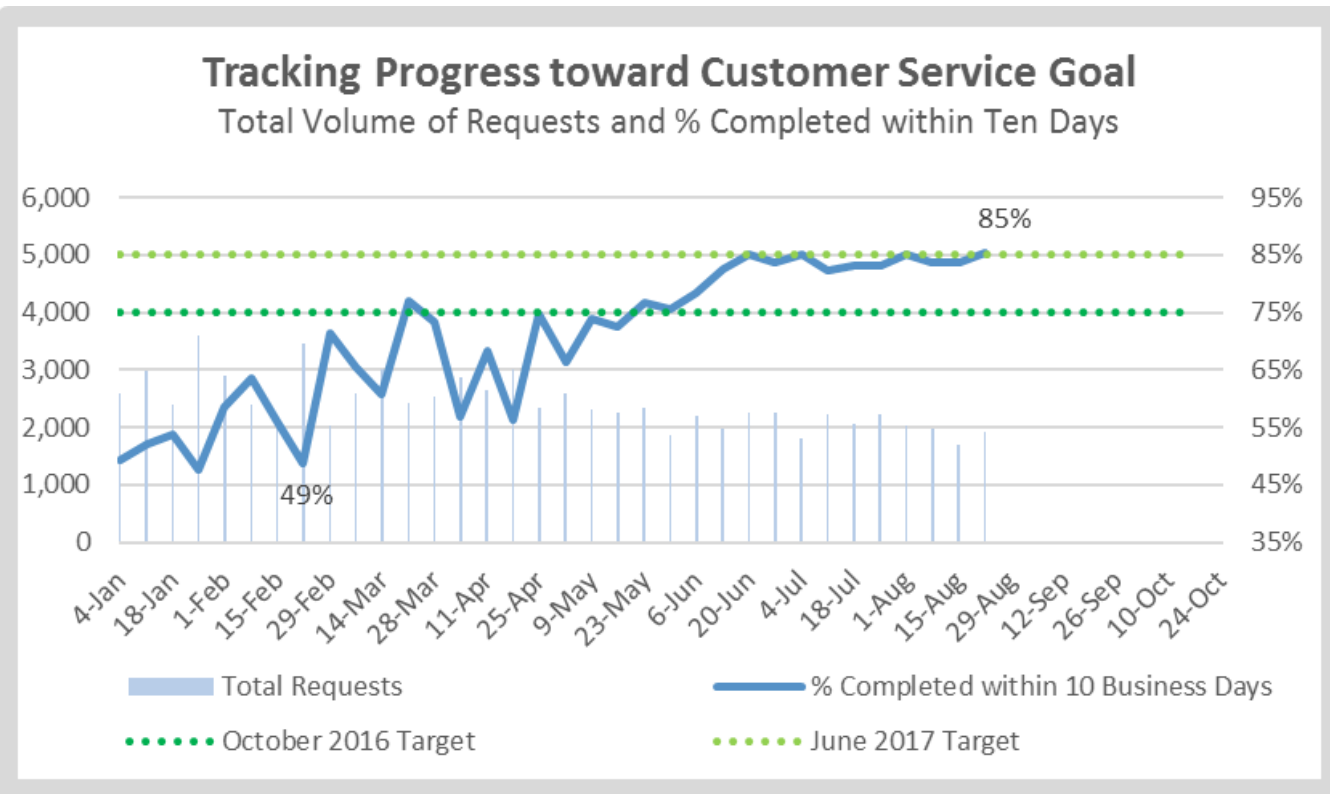
Steps:

- Identify the types of customer requests that VHC receives: 1095-A Reviews, 1095-B Reviews, Access to Care – Medicaid, Access to Care – QHP, Change of Circumstance, General Inquiries, Money Moves, Reinstatements, Termination.
- Track these nine types of requests by date of request and date of completion.
- Use data to celebrate success with staff and to identify opportunity for improvement.

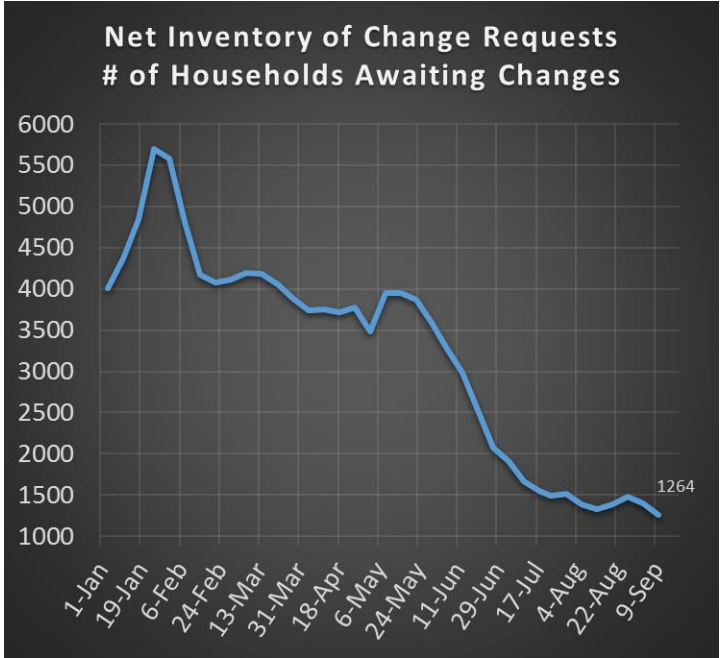
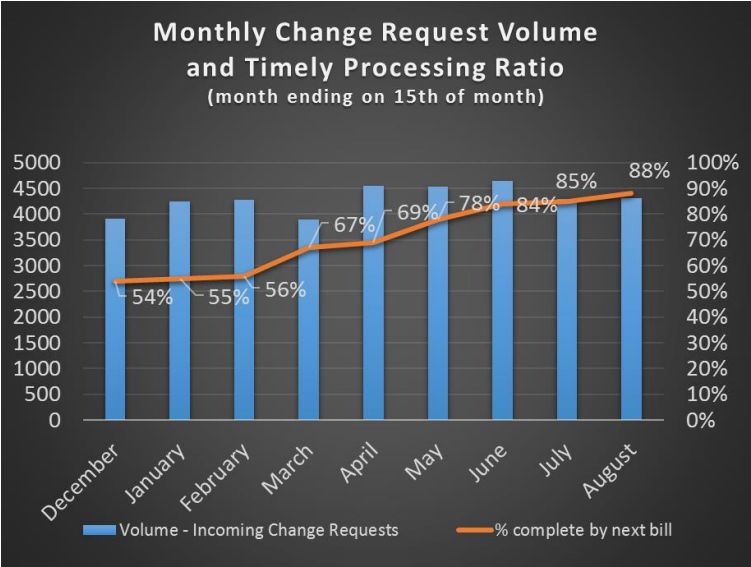


How are we doing?

- Average completed within 10 days for requests made during:
 - First 10 weeks of the year: 56%
 - Last 10 weeks (through week of 8/22): 84%
 - Most recent week (8/22): 85%
- Great accomplishment; fast progress.
- Challenge will be sustaining service level when request volumes increase.
- Team is confident that improved system performance and operational structure will help it rise to the challenge.



- Inventory of open requests: 1,222 as of 9/14.
- Receive over 1,000 new requests per week.
- 88% of requests made 7/16-8/15 were completed by 9/2, ahead of the next bill.
- In each of the last seven months, VHC has processed more changes than it received.



Target: Changes requested by 15th day of month should be completed by the next bill (mailed on or around 5th day of next month).

- System continues to operate as expected.
- Average page load times faster than two second target for six months in a row.
- 99.97% availability across all systems in July.



Month	Total Availability	Average Page Load (sec)	Max Peak User	Visits
January 2016	99.86%	2.02	136	67,911
February 2016	99.91%	1.72	168	52,952
March 2016	99.90%	1.45	106	62,509
April 2016	99.91%	1.36	113	59,458
May 2016	99.95%	1.09	107	58,174
June 2016	99.95%	1.67	109	58,715
July 2016	99.97%	1.06	88	53,839

Service Level Agreement (SLA): Optum-Liable Availability not <99.9%; Load Time not > 2 seconds.

- Have met Load Time SLA in 13 of 14 months since May 2015 system upgrades.
- Have met Availability SLA every month since May 2015 system upgrades.
- Total Availability met same goal in 12 of 14 months.

- Medicaid renewals driving high call volume.
- June brought more calls than any month in the last two years, then July surpassed June and August surpassed July by an additional 33%.
- Transfer rate is down to 7% as Level 1 Customer Support Representatives (CSRs) can process most applications and customer requests on initial call.

Month	Calls Offered	Answer Rate	Calls Answered	Calls Answered <24 Sec	Transfer Rate
January 2016	42,769	83%	35,352	32%	10%
February 2016	45,043	81%	36,514	46%	9%
March 2016	41,661	93%	38,678	75%	11%
April 2016	36,774	96%	35,354	79%	11%
May 2016	43,940	90%	39,683	55%	9%
June 2016	49,132	80%	39,450	32%	9%
July 2016	49,574	87%*	43,365	61%*	8%
August 2016	65,879	61%	37,573	36%	7%

Service Level Target for Incentive Payment: answer 75% of calls within 25 seconds and maintain answer rate of 95%.

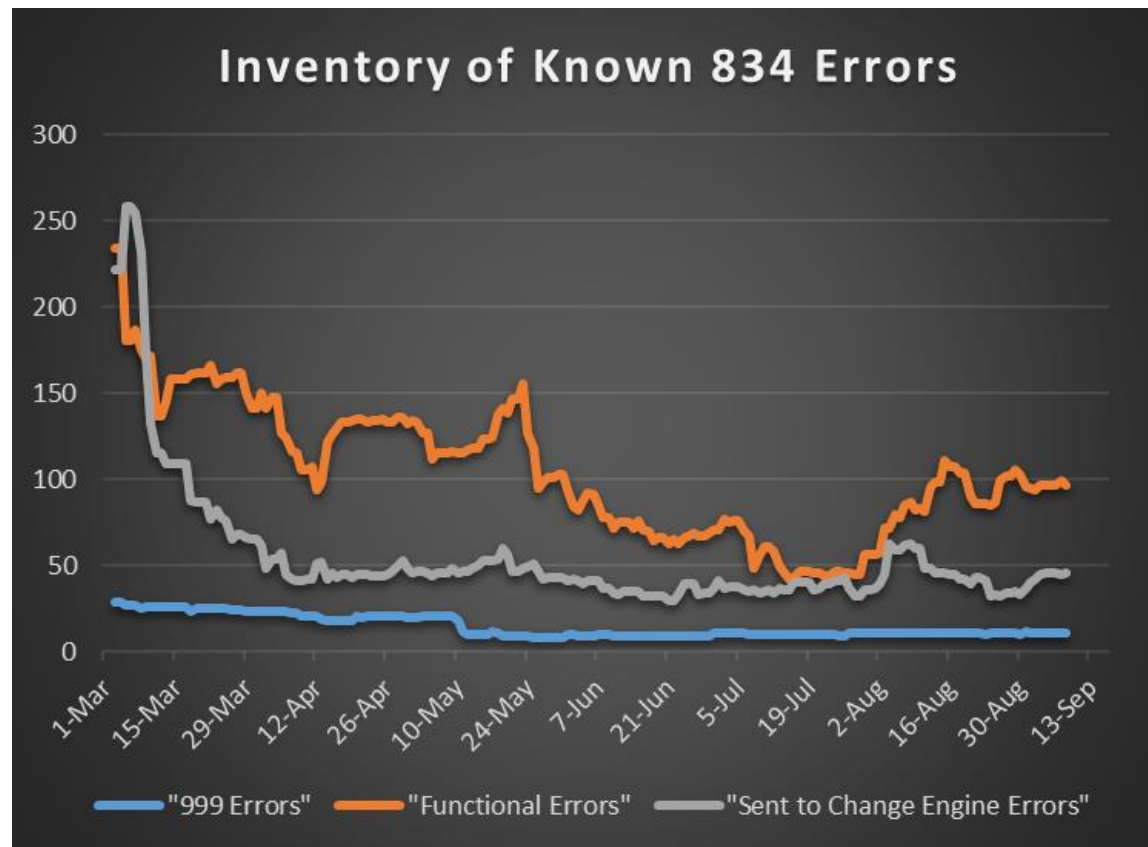
Service Level to Incur Penalty: answer less than 60% of calls within 25 seconds.

- Have achieved incentive payment only once this year (April).
- Have incurred penalty six out of eight months in 2016.

*Incurred penalty in July despite >60% because of use of internal transfers to keep up with calls.

Since March:

- The “Maintenance and Operations Surge” fixed 34 problem tickets and defects related to integration.
- Inventory of 834 errors down 71%.



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

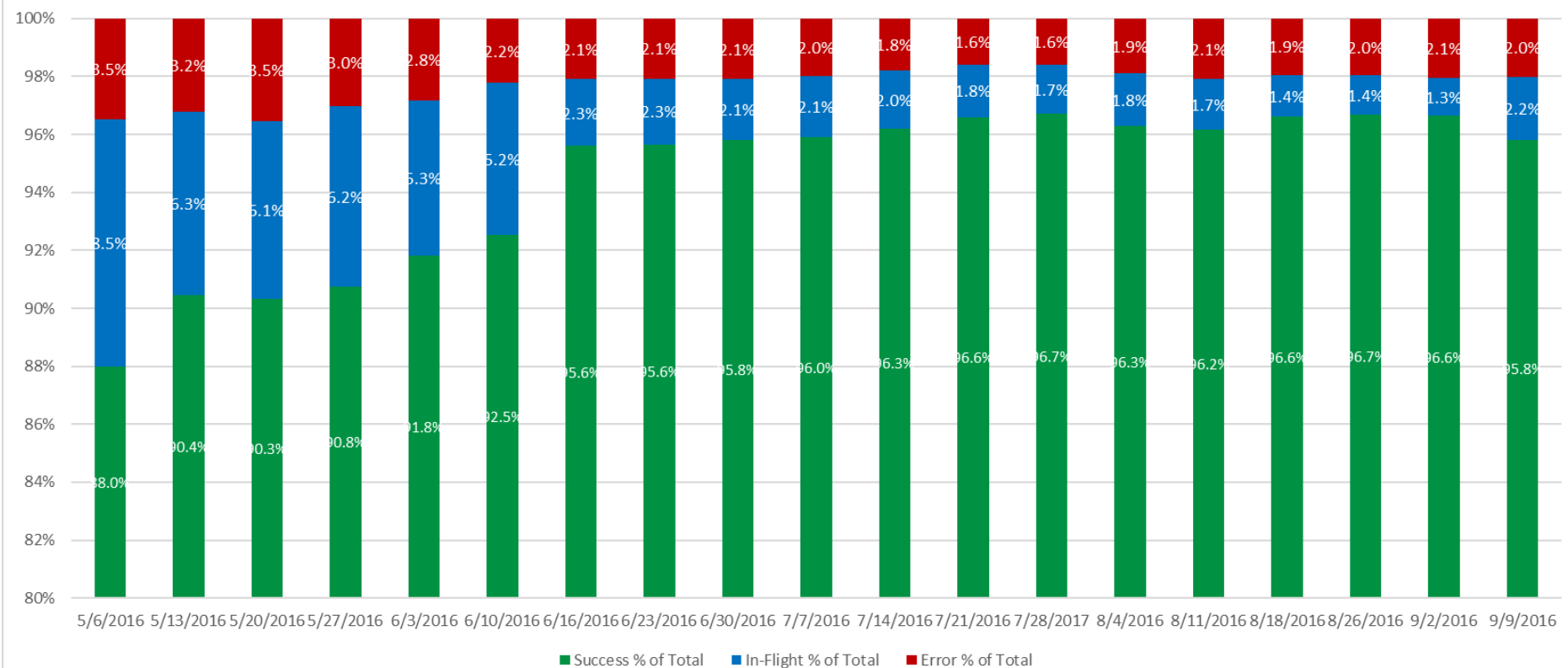
Progress: Integration

- “In-Flight” refers to transactions that have been sent from one system, but have yet to receive either a confirmation or an error from the other system.
- In addition to reducing the error rate, Optum and VHC have focused on reducing the number of transactions – and the time – that are in-flight.

Since May:

- Inventory of in-flight transactions cut by three-quarters (74%).
- Error rate cut nearly in half (43%).
- Majority of new errors relate to data discrepancies, not defects.

2016 Transaction Inventory Count



DATA CLEAN-UP

With system developed and stable, defects remediated through the Maintenance & Operations Surge, and performance metrics improved, data alignment across systems is key to improving the customer experience for those Vermonters with lingering issues.

Key steps:

- VHC now receives monthly reconciliation reports and actively works priority discrepancies with WEX and carrier partners.
- Reconciliation team can now fix 95% of discrepancies by using the system and not resorting to workarounds such as spreadsheets.
- VHC's integration team and reconciliation team have been combined to ensure maximum collaboration and efficient resolution of errors.
- Continue to work with insurance issuer and payment processor partners to communicate payment and grace period rules to customers.

MEDICAID RENEWALS

Medicaid for the Aged, Blind and Disabled (MABD) –

- Redeterminations began in November 2015, with initial notices mailed in October 2015, and remain on schedule.
- Review dates are based on when enrollees first received coverage and are conducted on an annual basis.
- Reviews average roughly 1,000 households per month, but there is considerable variance – ranging from just over 600 to more than 1,900 in any given month.
- MABD enrollees typically respond promptly, often after the first notice.

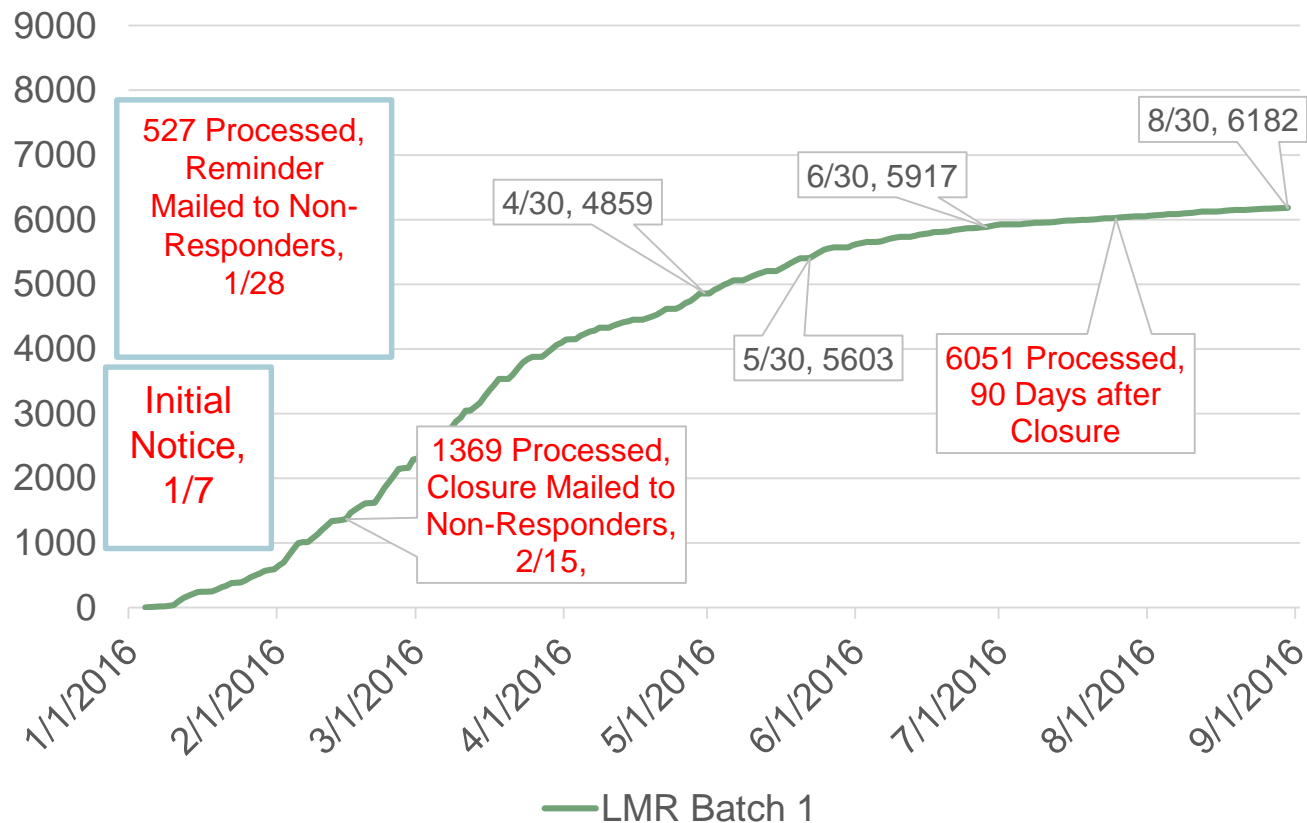
Medicaid for Children and Adults (MCA) –

- VHC has initiated the renewal process for more than 70,000 MAGI households (9,000 per month since January); more than 100,000 individuals.
 - Final group of 9,000 mailed in August.
 - Groups of ~3,000 mail in September and October.
 - Mixed households (those with both Medicaid & QHP members) will enroll during Open Enrollment.
- For each group, initial notice is followed by reminder notice and closure notice.
 - After closure, QHP-eligible customers have a 60-day special enrollment period, then have to wait until 2017.
 - Medicaid-eligible customers may re-enroll at any time and may qualify for 90-day retroactive coverage.
- At initial application and redetermination, all Medicaid households are verified for income, SSN, citizenship, & immigration status before process is complete.

- Unlike MABD enrollees, MCA enrollees tend to wait longer to respond.
 - Fewer than half respond by closure notice.
 - Many don't apply until they need medical services.
 - DVHA mailed promotional posters and handouts to Medicaid providers and asked them to communicate the importance of prompt renewal to patients.

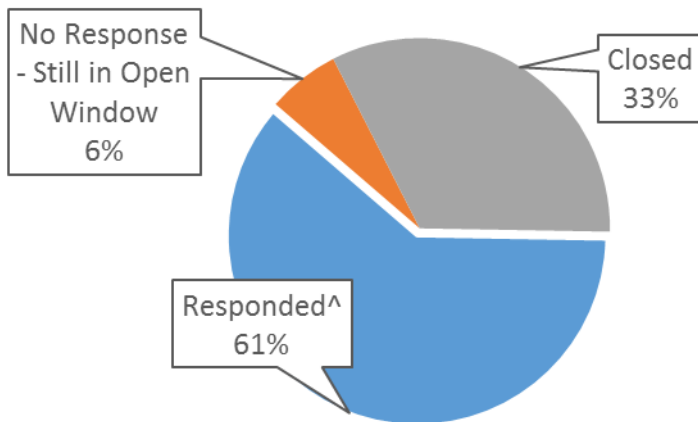
Responses from Medicaid Renewals Group 2

of Applications from 9,000 Households Processed Relative to Key Dates



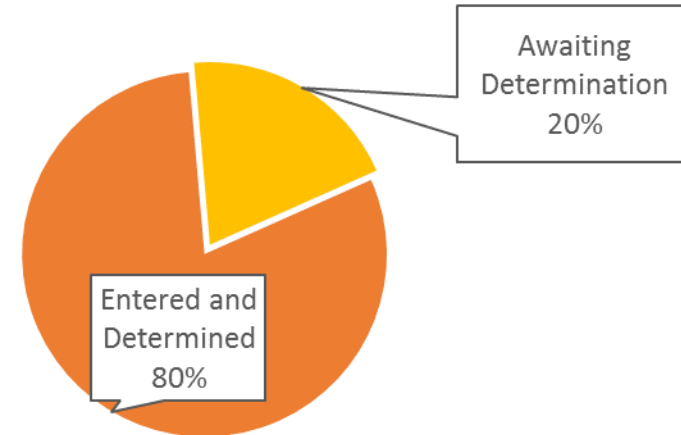
Of the households engaged in the renewal process, roughly half received a reminder and then had their coverage closed. After the closure, the response rate climbs.

Of the first 70,000+ MAGI Medicaid Households:

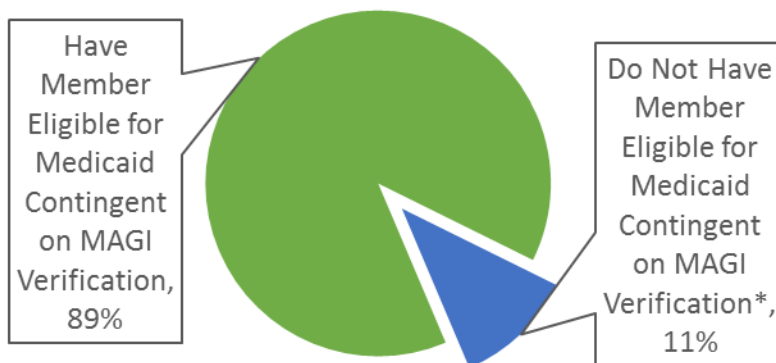


^ Includes passive renewals

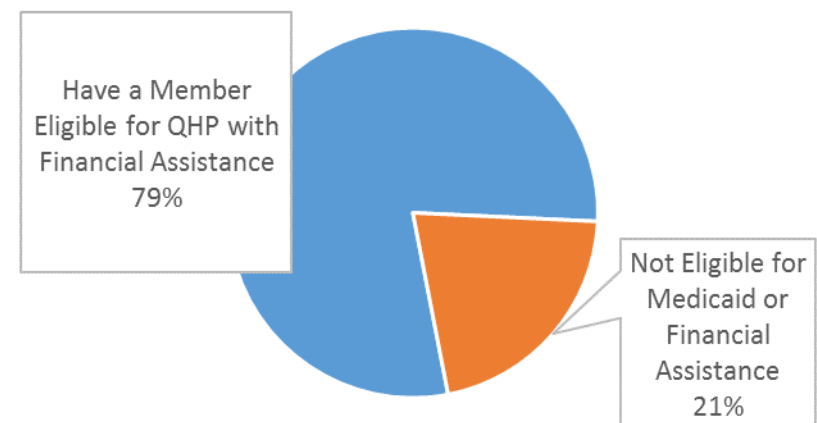
Of 44,000+ Households that Responded:



Of 35,000+ Entered and Determined:



Of All Households Applying for Assistance but Not Eligible for Medicaid:



*Includes those who responded but did not apply for coverage

EXPANDING COVERAGE

- More than **one in three Vermonters is now covered** by a Vermont Health Connect health plan, either a qualified health plan (QHP) or Medicaid for Children and Adults (MCA).
- As of July 2016, approximately 220,000 Vermonters possessed such coverage.
 - QHP enrollment consisted of more than 78,000 Vermonters covered either as individuals through the exchange or direct-enrolled through a small business employer.
 - MCA enrollment included more than 77,000 adults and 63,000 children (including CHIP).
- DVHA's Health Access Eligibility and Enrollment Unit (HAEEU), which provides operational support to VHC customers, also manages enrollment for more than 30,000 Vermonters who receive Medicaid for the Aged, Blind, and Disabled (MABD).

- National Center for Health Statistics estimates that Vermont's uninsured rate fell to 2.7% in 2015.
- Continuation of positive enrollment reports, such as those from Census Bureau showing that Vermont passed Hawaii and Washington, D.C. to attain one of the two lowest uninsured rates in the nation.
- 2016 VHC enrollment data shows that Vermont is:
 - continuing to chip away at the last 2.7% uninsured, and
 - reaching the challenging “young invincible” demographic.
- At time of 2014 Vermont Household Health Insurance Survey, 25-34 year olds were more than twice as likely as any other age group to be uninsured.
- They are now enrolling through VHC at a much higher rate.
- More than one in five (21%) new VHC QHP enrollees are in the 26-34 age group, compared to just 12% of the renewing population.

QHP INDIVIDUALS WHO ARE YOUNG ADULTS (26-34)



21% of new enrollments

12% of re-enrollments

- More than three-quarters (76%) of VHC-managed QHP enrollees receive financial help to make premiums and/or out-of-pocket costs more affordable.
- Up from approximately two-thirds last year.
- Proportion is even higher (87%) among newly enrolled QHP customers.



QHP INDIVIDUALS RECEIVING FINANCIAL HELP



87% of new enrollments

73% of re-enrollments