

Department of Vermont Health Access - Health Access Eligibility and Enrollment Unit

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April 24, 2017*

- News and Updates
 - 2018 Open Enrollment Period
 - 1095 Tax Forms
 - 2017 Medicaid Thresholds
 - Notices
 - Special Enrollment Periods
- Operational Metrics

- The Centers for Medicare & Medicaid Services (CMS) announced that 2018 Open Enrollment will run from November 1, 2017 through December 15, 2017.
 - This will align with enrollment periods for Medicare and other health coverage.
 - Vermont will follow suit.
 - Vermonters will have just over six weeks to change plans or to newly enroll.
- HAEEU and its Assisters and community partners will promote this new deadline and underscore the importance of people comparing their plan options right at the beginning of Open Enrollment to ensure that they can deliberately choose a health plan that best meets their needs and budget.
 - With Vermont Health Connect's online Plan Comparison Tool continuing to see more than 3,000 sessions per month even after Open Enrollment, it is clear that some Vermonters are already evaluating their options.
- HAEEU is coordinating with the Business Application Support Unit (BASU) and Optum to identify all technical items that need to be monitored or adjusted prior to 2018 Open Enrollment.
 - Like last year, starting in early summer HAEEU will kick off a series of meetings with insurance carriers and other partners to prepare for Open Enrollment.

VHC generates two versions of IRS Form 1095.

1095A

- Proof of coverage and subsidy for QHP members to use when filing taxes;
- Roughly 25,000 initial forms were mailed to QHP members in January;
- Corrected forms are sent throughout the winter and spring due to continued reconciliation efforts or when members pay 2016 bills;
 - The majority of corrected forms have been due to either a change in address or a change in paid-through dates.
- The 1095 team has promptly handled incoming volume.
 - Year-over-year inventory was consistently down over 95 percent from the same time last year.
 - As of 4/12/2016, there were 231 open cases in the queue. As of 4/12/2017, the team was working on a queue of 14 cases.

1095B

- Second year of informational form that shows months of coverage;
- Over 125,000 have mailed to Medicaid members.

2017 Eligibility Thresholds

As of April 1st, Medicaid income thresholds will be updated to align with 2017 Federal Poverty Level (FPL).

- Small increase this year (~1%-1.5% increase depending on household size) due to low inflation.
- These new thresholds will be used to determine eligibility for all new applicants and renewals from April 1, 2017 through March 31, 2018.
- Per federal rules, QHP subsidies remain tied to 2016 FPL until 2018 plan year.

Eligibility for Benefits Determined in Relation to 2017 Federal Poverty Level (FPL)			
Upper FPL% and <i>monthly</i> income limits for:	Medicaid for Adults	Pregnant Women	Children under 19
Household Size*	133% of FPL + 5% disregard	208% of FPL + 5% disregard	312% of FPL + 5% disregard
1	\$1,387.50	N/A	\$3,186.25
2	\$1,867.70	\$2,882.70	\$4,290.70
3	\$2,349.10	\$3,625.10	\$5,395.10
4	\$2,829.50	\$4,366.50	\$6,498.50
5	\$3,309.95	\$5,108.95	\$7,602.95
6	\$3,791.35	\$5,851.35	\$8,707.35
7	\$4,271.75	\$6,592.75	\$9,811.75
8	\$4,752.20	\$7,335.20	\$10,916.20
*Effective 1/1/14, Medicaid for Children and Adults (MCA) has no resource test. The FPL% limits listed above include the program threshold plus a 5% income disregard.			
Eligibility requirements for the Aged, Blind and Disabled (MABD) can be found at http://www.greenmountaincare.org/mabd			

More Accessible – and Efficient – Envelopes

- This month DVHA-HAEEU began using envelopes with language translation printed on the backside of the envelope.
- In addition to making notices more customer-friendly to non-English speakers, it is allowing HAEEU to remove a ½ page of information from each notice, a move that will save the State paper and money.
- HAEEU will assess the impact on its paper consumption in the coming months ahead.

Direct Enrollment Option for Non-subsidized Members

- This month DVHA mailed a letter to all non-subsidized, Blue Cross Blue Shield of Vermont (BCBSVT) members to explain how direct enrollment works.
- DVHA is also working with MVP Health Care on a similar letter to its members.

Equitable Relief to Waive Medicare Part B Penalty

- Letters being mailed in early May to QHP members who may qualify for new equitable relief opportunity.
- CMS has announced new opportunity is available only until September 30, 2017.
- Medicare beneficiaries must file a request with the Social Security Administration, along with required documentation, to ask that their late enrollment penalty be reduced or eliminated.

Although Open Enrollment is over...

- Vermonters who qualify for Medicaid can enroll any time during the year;
- Vermonters who lose coverage or have other qualifying events may qualify for a Special Enrollment Period (and won't have to wait until 2018 to enroll in a QHP) if they act quickly.

Applicants can learn about qualifying events, deadlines, and sign up in one of three ways:



Online
VermontHealth
Connect.gov



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



In-Person
Navigator, CAC,
or Broker

Special Enrollment Periods

Welcome to Vermont Plan Comparison Tool 2016

Home Start Tool Again Tour Advice and Explanations



Languages

Contact Us
Call 855-899-9400
TTY/TDD 888-834-7998

Help Center Health Plans About VHC Latest Updates FAQ Search **SIGN IN**

Available Health Plans: 20 plans found.

Sort By Yearly Cost Estimate



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 - 1500

Total Yearly Cost Estimate

0 - 17100

Cost in a Bad Year

0 - 17500

Deductible

0 - 13500

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 1827 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 1827 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: \$110.00 - after 1827 subsidy Deductible: \$2,300	\$2,920	\$3,630
MVP Vitality HDHP <input type="checkbox"/> MVP Health Care - HMO - Silver Monthly Premium: \$109.10 - after 1827 subsidy Deductible: \$2,400	\$2,949	\$3,709
BCBSVT Silver Plan <input type="checkbox"/> Blue Cross and Blue Shield of Vermont - EPO - Silver Monthly Premium: \$141.98 - after 1827 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 1827 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 1827 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 1827 subsidy	\$4,520	\$13,700

2017 Plan Comparison Tool

Multiple sorting options allow user to account for risk.

Over 37,000 sessions from October through March.

Useful for both individuals and small business employees.

Helps Vermonters weigh likely total costs of health plans (premium – subsidies + out-of-pocket costs).

Can encourage users to look beyond Standard plans and weigh the pros/cons of all plans.

Can help users understand how subsidies work, especially cost-sharing reduction Silver plans.

Here are where several key operational metrics stood last spring, fall, and now:

Customer Requests Completed within 10 Days

Early May 2016 Rate: 66%

COC Inventory

Early May: 3,480 households

Integration – 2016 Error Inventory

Early May: 397

Open Escalated Cases

Early May Count: 234

Calls Answered <24 sec

Early May: 76%

Customer Requests Completed within 10 Days

Early October 2016: 85%

COC Inventory

Early October: 946

Integration – 2016 Error Inventory

Early October: 185

Open Escalated Cases

Early October: 26

Calls Answered <24 sec

Early October: 86%

Customer Requests Completed within 10 Days

Most Recent (week of 3/27): 94% 

COC Inventory

Mid-April: 102 ( 97% from May'16)

Integration – 2016 Error Inventory

Mid-April: 42 ( 89%)

Open Escalated Cases

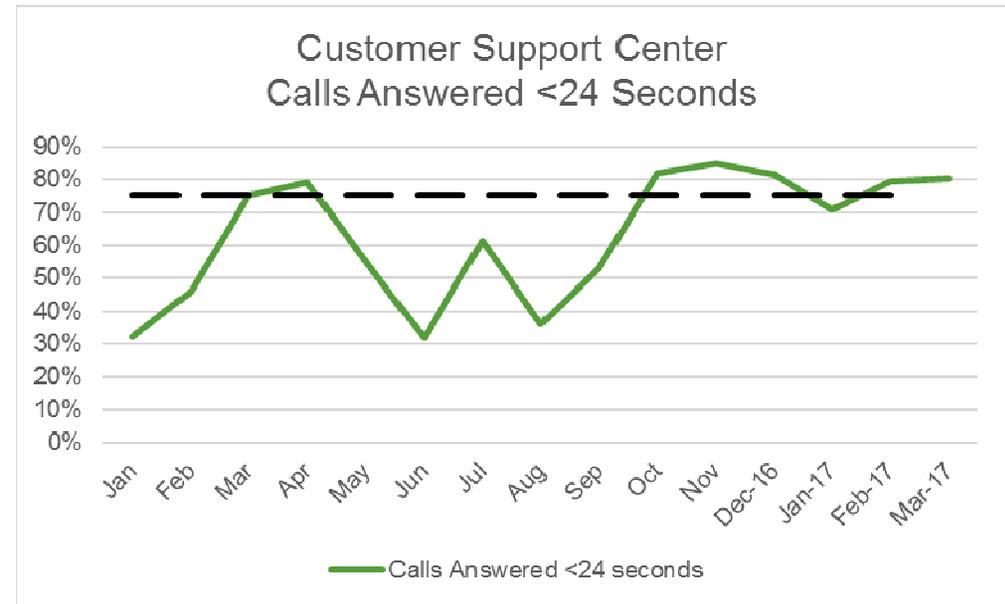
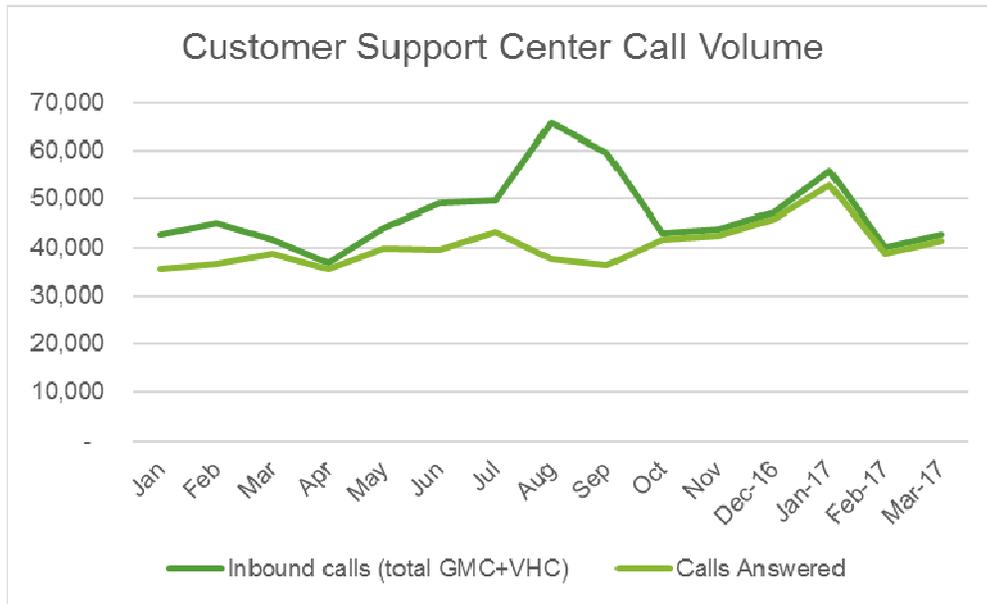
Mid-April: 26 ( 89%)

Calls Answered <24 sec

Mid-April: 86% 

Customer Support Center:

- Has kept up with incoming call volume.
 - March abandoned rate: 3.4% (Monthly Goal: 5.0%)
- Has met contracted service level targets five out of last six months.
 - March calls answered within 24 seconds: 80% (Monthly Goal: 75%)
- Is on track to meet April targets.

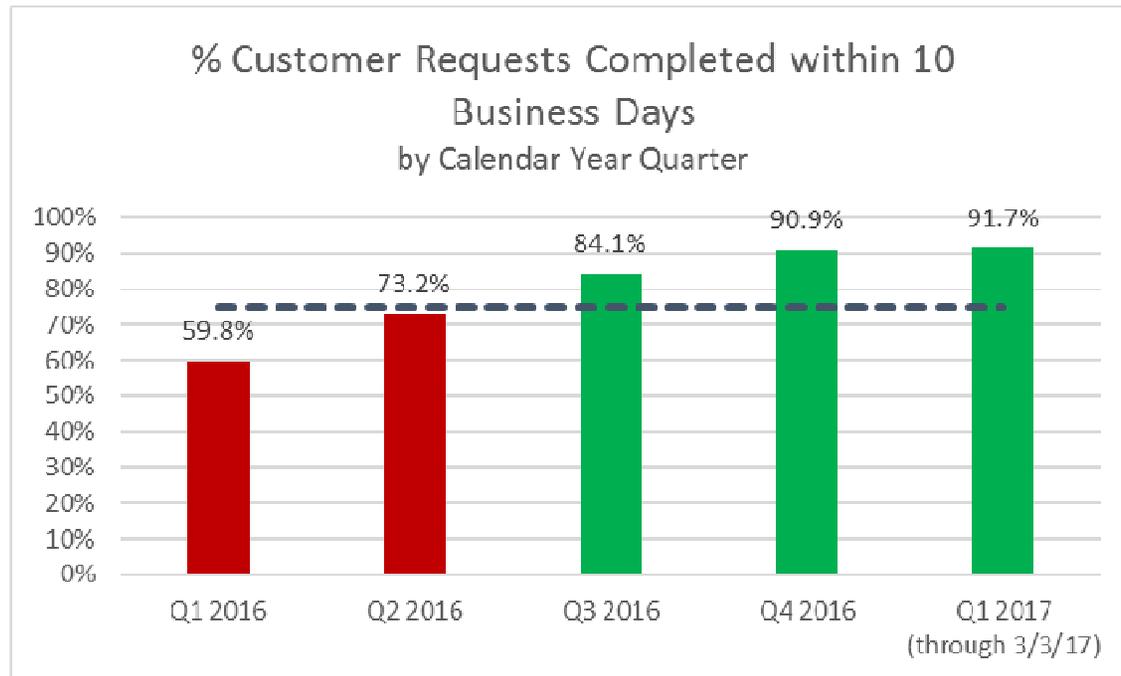


Goal set in spring 2016:

- By October 2016, complete 75% of customer requests within ten days.
- By June 2017, complete 85% of customer requests within ten days.

Having exceeded goals, HAEEU is now working to:

- Continue to improve performance.
- Address problem cases more quickly – targeting at least 99% completion within 60 days
 - Hit this target for the first time (99% of requests made in January 2017 were completed within 60 days)



Customers who request a change by the 15th day of a month should expect that change to be completed by the time their next invoice mails on the 5th of the next month.

- In March 2016, two-thirds (67 percent) of requests met the goal, but one-third did not.
- This year, **99 percent** of changes requested between February 16th and March 15th met the goal of being processed before the April 5th invoice.

