

Vermont Health Connect

*Update for Medicaid Exchange Advisory Board
April 27, 2015*

Prepared by:

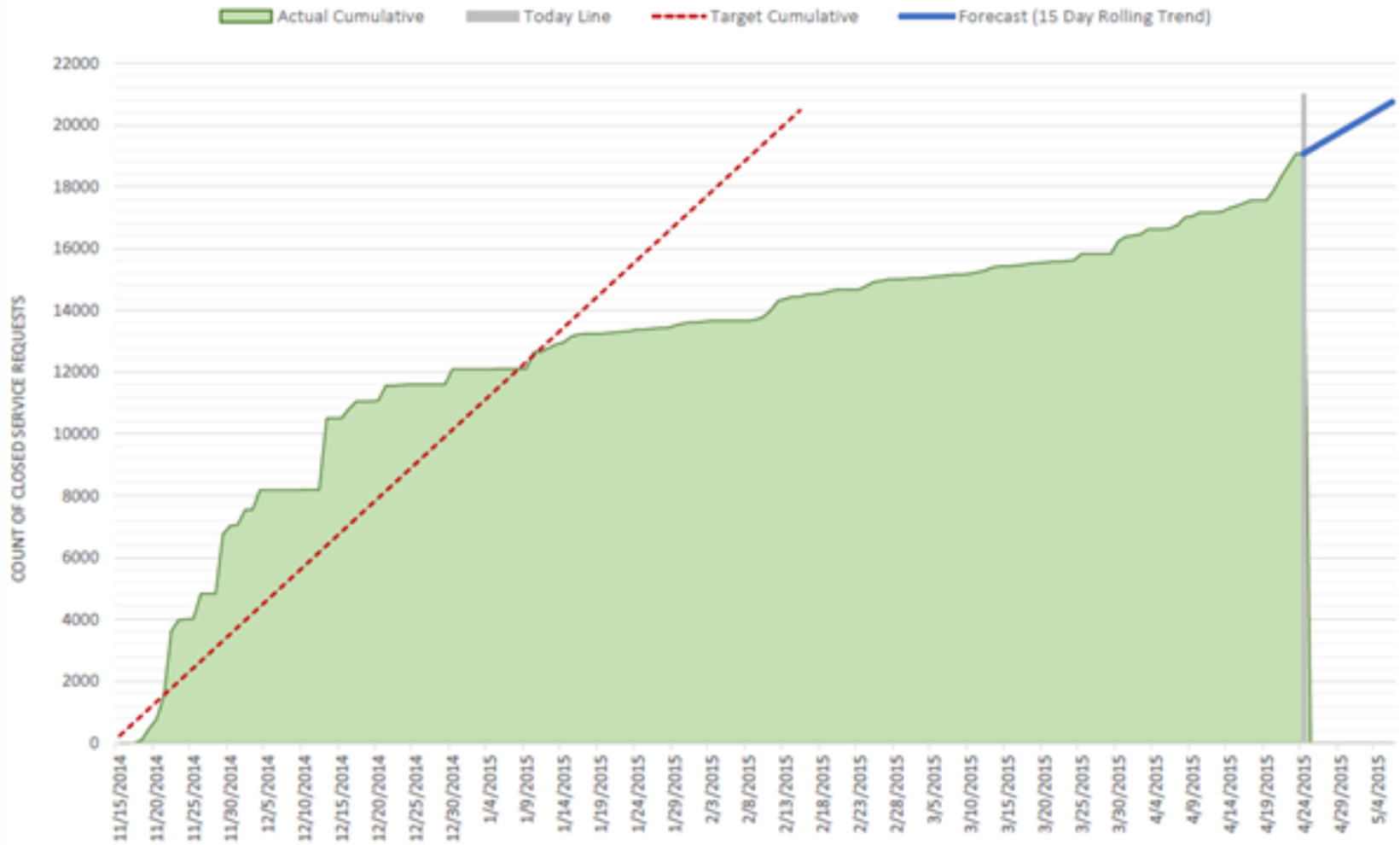
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Overview

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Renewals and Enrollments

Renewals



Renewals Update

OE Time % Complete	Renewals % Complete
100%	85.4%

Data as of
4/24 12:00 AM

	New to Exchange		Total	Renewals		Total
	QHP	Medicaid		QHP	Medicaid	
2015 Applications Complete	7,764	9,643	17,407	18,481	1,769	20,250
Applications Submitted	1,762	531	2,293	229	107	336
Plans Checked Out	1,176	200	1,376	1,522	48	1,570
Effectuated Enrollment	4,826	8,912	13,738	16,730	1,614	18,344
Total 2015 VHC Covered Lives	5,939	13,628	19,567	24,695	7,381	32,076

Metric (Count of SR's)	Open	In QC	In Lion's Den	Apps Closed	% Complete
OE SRs Awaiting Trlage	191				
Total Renewals	1,124	160	1,994	19,118	85.4%
Auto-Renew	16	151	-	11,844	98.6%
Mixed HH	10	17	-	1,744	98.5%
QHP Only	6	134	-	10,100	98.6%
No Auth	-	9	-	3,838	99.8%
Plan Change	17	-	184	363	64.4%
2015 CoC Pre 12/15 (SRs)	1,063	-	1,491	2,229	46.6%
Exceptions - Program Change	22	-	225	561	69.4%
Exceptions - Age Off	6	-	94	283	73.9%

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Renewals and Enrollments

	Dec-14	Jan-15	Feb-15	Mar-15
QHP - Individual	33,027	34,038	34,693	35,158
QHP - Small Business	36,488	38,543	38,312	38,230
Medicaid - MAGI Child	61,013	61,193	61,142	61,596
Medicaid - MAGI Adult	70,980	72,749	74,071	76,187
Medicaid - Non-MAGI Child	5,083	5,064	5,026	4,978
Medicaid - Non-MAGI Adult	37,527	37,616	37,610	37,635
CHIP	3,216	3,240	3,223	3,222
ALL QHP	69,515	72,581	73,005	73,388
ALL MEDICAID & CHIP	177,819	179,862	181,072	183,618

Note: QHP numbers as reported by insurers; Medicaid numbers as reported by Vermont Health Connect and ACCESS. MVP's March numbers are yet to be reported; assume steady from February.

Renewals and Enrollments

- Vermonters on Qualified Health Plans (QHPs) increased by nearly 4,000 from December to March; the number on Medicaid increased by nearly 6,000.
- Vermont continues to reduce its second-lowest-in-the-nation uninsured rate, as tracked by reports from insurers, VHC, and the State's legacy ACCESS system.
- All Vermonters who had QHPs through the end of 2014 have been auto-mapped into 2015 plans by BCBSVT and MVP while Vermont Health Connect finishes processing renewals.
- VHC is on track to complete all renewals mid-May.

Customer Statistics

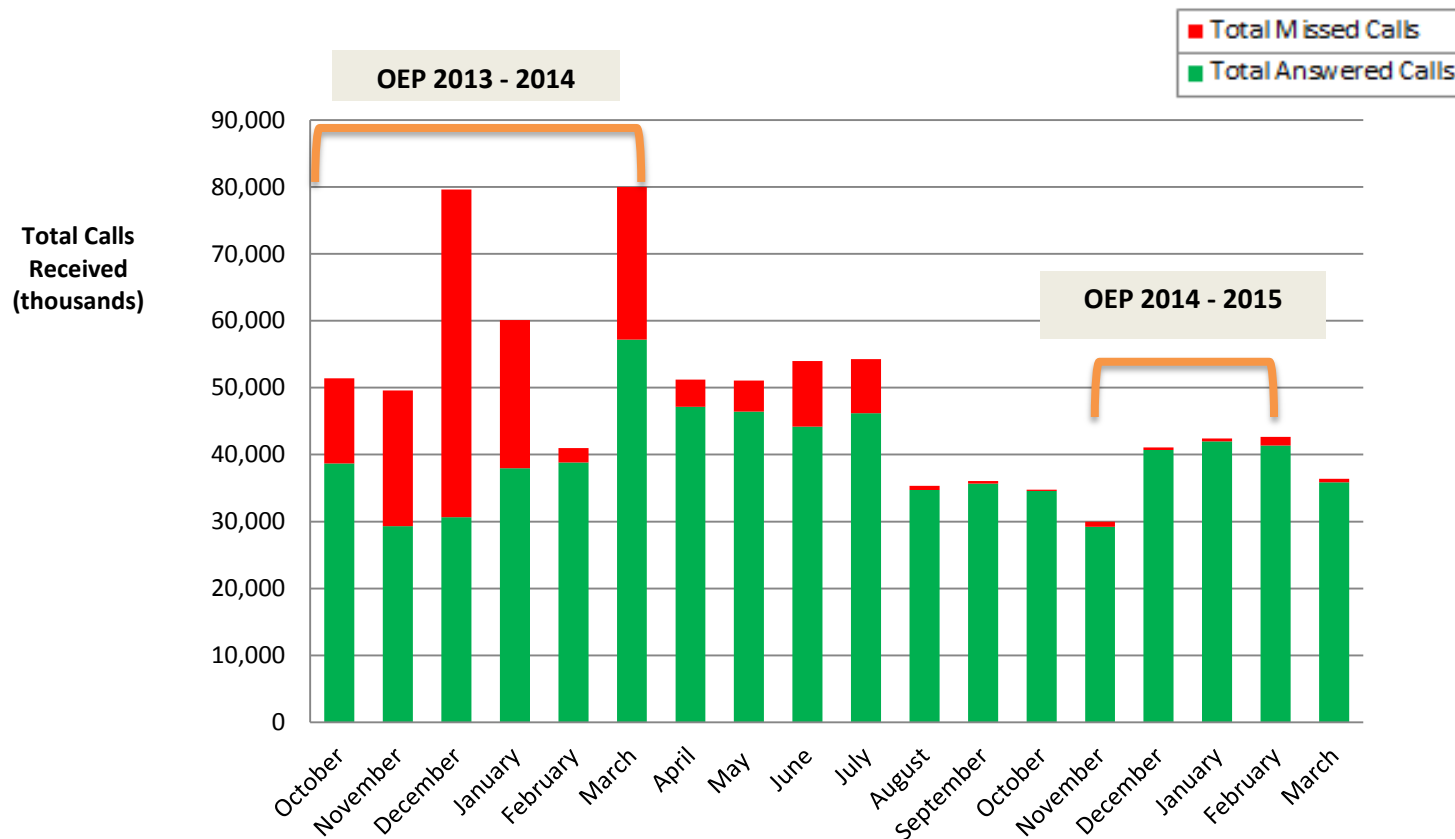
2015 Customer Statistics

- Between Medicaid/Dr. Dynasaur and premium assistance, nearly 9 of 10 Vermont Health Connect customers get financial help for affordable coverage.
- Of customers in private health plans in 2015:
 - 3 out of 5 (62%) qualify for Advanced Premium Tax Credits (APTC).
 - More than half (52%) qualified for Vermont Premium Assistance (VPA) and cost-sharing reductions (CSR).
 - These numbers are very close to 2014 statistics.

Call Center and Customer Service

Call Center

Maximus Customer Support Center Calls Answered and Missed 2013-2015

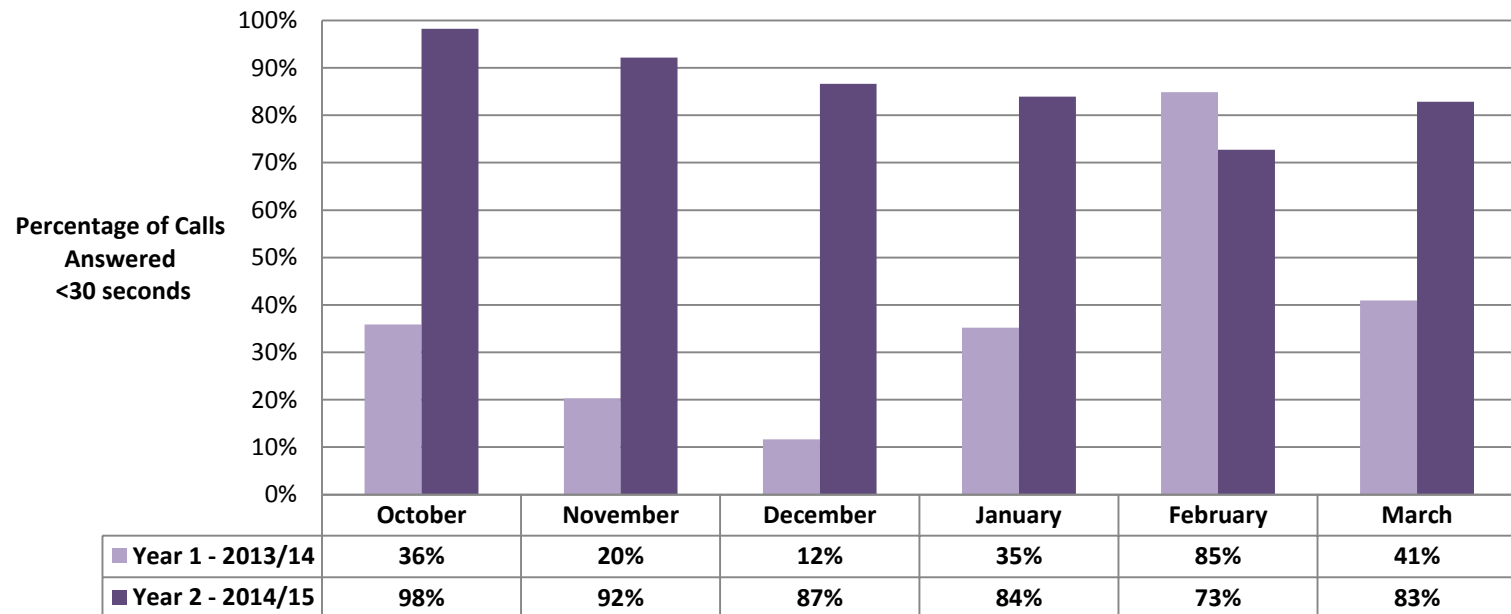


Call Center

- During Open Enrollment (November 15 -February 15) Customer Support answered >120,000 calls.
 - More than in the same three month period last year.
- Last year's Open Enrollment abandon rate of 35.7% (over the six-month period) was cut to 1.7% this year.

Call Center

Maximus Customer Support Center Calls Answered <30 Seconds During Open Enrollment Periods (2013/14 vs. 2014/15)



Call Center: Open Enrollment

- Average wait time: 40 seconds.
 - To compare, average wait at HealthCare.gov's call center was > 12 times as long: 8 minutes, 16 seconds.
 - Long waits and missed calls did not appear to be an issue.
- 98% of calls were answered in < 4 minutes
 - Compare to 53% during the first Open Enrollment
- 4 out of 5 calls (83%) were answered in < 30 seconds.

Call Center: Recent Snapshot

- In March, the Customer Support Center answered 35,874 calls and missed 487 for an abandon rate of 1.3%.
- Average wait time: 28 seconds.
- 4 out of 5 calls (83%) were answered in < 30 seconds.
- This was an improvement over both the prior month and the prior March.

Assister Program

Assister Program Update

To Date:

- Assisters completed **1,090,298** unique outreach interactions with customers (i.e.: social media, state fairs, career fairs, and community forums) .
- > **29,000** Assister Outreach events across the state.
- >**17,000** individual consultations (defined as a unique encounters of 10 minutes or more).
- >**7,400** applications and enrollments.

Assister Program Update

- 180 active Navigators and Certified Application Counselors.
- ~180 active Brokers.
- Current grant period runs through June 30, 2015.
- Program is currently undergoing a review and evaluation to help define it's future.
 - The program evaluation included surveys and interviews with grant managers, Brokers, Navigators and other stakeholders.

Data & Financial Reconciliation

Data & Financial Reconciliation: 2014

- Data collected from Benaissance, BCBSVT, MVP & VHC
- Analysis & solutioning underway
- Developing business rules to systematically correct; for example, for mismatched end dates
- Determining what corrections/adjustments should be made to ensure all sources (VHC, Benaissance and the carriers) reflect the correct information
- Will make the necessary changes

Data & Financial Reconciliation: 2015

- Data collected from Benaissance & VHC
- Data expected from MVP now and at month's end from BCBSVT; being requested from Northeast Delta Dental
- Analysis of VHC & Benaissance data has begun
 - Many discrepancies seem to be systematic, for example:
 - CSR amounts which were off due to rounding
 - Policies cancelled at VHC, but not in Benaissance
 - Start date, end date mismatches (75% of these are already being worked)
 - Address mismatches
 - P. O. Box vs. PO Box
 - Residential address vs. mailing address

Data & Financial Reconciliation: 2015

- Next Steps:
 - Fix mismatches
 - Reconcile VHC & Benaissance
 - Analyze carriers vs. VHC
 - Size mismatches, investigate causes, fix problems
 - Reconcile VHC & carriers

1095-As and Tax Filing

1095-A Updates

- **25,600** 1095-As were sent initially
- **~6,000** corrected 1095-As mailed.
 - Only 13 Service Requests open as of April 21.
- **66** eligibility concerns resolved
- **94** notices sent to verify 1095-As were correct
- **271** “returned mail” issues resolved/closed

1095-A Updates

- The IRS opened “Tax Relief” to those who receive corrections after tax filing, offering the option of not amending with the corrected form.
- A batch of 150 corrected 1095-A forms were sent to customers who received the wrong SLCSP (Second Lowest Cost Silver Plan) on their initial form—they will be eligible for the above tax relief.
- 1095-A generation is winding down—only 13 open Service Requests as of April 21, 2015.

1095-A Updates

- 32 Referrals to 2-1-1 from Vermont Health Connect
- 2-1-1 call specialists referred those callers to:
 - (13) VT Dept of Taxes
 - (9) VT Legal Aid
 - (5) VITA sites
 - (3) IRS and
 - (8) were given scripted information regarding the form
- Well over 1,300 calls were received regarding tax preparation services (Tax information, Tax Payer Advocates, Tax scheduler transfers)

COC Updates

Change of Circumstance Updates: What to Expect

- Vermont Health Connect is preparing for full Change of Circumstance (COC) functionality by May 31.
 - Customer service will be able to more efficiently make changes to accounts.
 - Initially, customers and Assisters will report changes the same way they do today – by either calling the Customer Support Center or filling out a Change Report Form on the website.

Change of Circumstance Updates: What to Expect

- Automated COC process will enable VHC staff to process 3 or 4 cases in the time it currently takes them to process 1.
- This will allow VHC to reduce COC backlog over the summer and hit service targets by fall.
- The governor set 3 milestones:
 - COC functionality in May
 - renewal functionality in October
 - COC processing time by October.
- Administration and legislature will review how VHC did in meeting milestones and decide on the future of marketplace in December.

Change of Circumstance Updates

- Initial deployment of the automated COC system is known as R1 (Release 1).
- Vermont Health Connect aims to have minimal partially completed COCs by R1 at the end of May.
- Completion of new enrollees, completion of renewals, and those who meet a short list of urgent criteria are prioritized.

Change of Circumstance Updates

- Customers who call with non –urgent changes will be told they will be processed in the weeks following deployment. Changes will be reflected on a bill later in the summer.
 - Changes will be made retroactive to their start date, based on the date of reported change. (If reported by the 15th day of a month, reflected on the next bill). This is the federal rule.
 - COCs in-progress will be temporarily paused until functionality is complete.

Data Systems Update

Current Scope of Release 1

- **Change of Circumstance and Change of Information** (COC and COI) for SOV staff (Customer calls to make changes)
- **834 Integration** with Carriers (QHP, ACCESS (Medicaid), and Benaissance for COC and COI)
- **Notice** of Eligibility Determination
- **Reconciliation Reporting** for Enrollment and Billing with Carriers, ACCESS, and Benaissance

Status Update

- Development for COC completed 4/21; testing has commenced with carriers
- Testing for other, non-carrier related scope is 58% complete (as of 4/22)

Key Risks

- Very tight timeline, little room allocated for defect remediation
- Dependent upon collaborative insurer development & testing
- Reliant on VHC operational readiness
 - Minimizing backlogs
 - Reconciling enrollment and premium data between VHC, Benaissance and insurers before implementation (to extent possible)

Current Scope Proposed for Release 2

Joint Application Requirements (JAR) sessions are in progress. Contract is at CMS for Review and approval. Scope for Release 2A & 2B is being reviewed with SoV for agreement.

Release 2 (A, B, C) – High Level Draft Plan

Release 2A	Release 2B	Release 2C
<p>1.COC Customer Self-Service for Citizens</p> <p>Timing pending usability confirmation based on May release</p>	<p>1.Renewals Application (Portal) 2.Renewals Integration with Carriers 3.Billing / Payment Enhancements 4.CMS Enrollment Reporting Integration 5.Data Integrity Remediation</p> <p>Timing will be scheduled to coincide with needed functionality for Nov Open Enrollment</p>	<p>1. Remaining Notices 2. Case Management Enhancements 3. Enterprise Content Management (ECM) Enhancements 4. Identity Management (IDM) Enhancements 5. SOA remediation and governance 6. Finalized System Documentation</p> <p>Timing will be scheduled to NOT disrupt Fall Open Enrollment</p>
<p><u>R2 Requirements (JAR sessions in progress)</u></p>		

- Renewals Package – 6 of 10 Initial Joint Application Requirements (JAR) sessions completed

Verification Proposal

Verification Proposal

- Working with CMS on verifications plan
- Verification elements: Income (APTC, Medicaid), SSN, Citizenship, Immigration Status
- Process Steps:
 1. Check electronic data sources (Federal data services hub)
 2. Manually check legacy system (ACCESS)
 3. Paper based outreach
- This spring: Steps 2 & 3 for new applications. Backlog of cases with inconsistencies resulting from federal data services hub.
- After Release 1 (auto-COC), process verification documents provided by customer through paper based outreach.

Federal Poverty Limits

FPL and Eligibility Updates

- 2015 FPLs were published January 22, 2015.
- State based marketplaces (SBM) are expected to implement 2015 FPLs for Medicaid prospectively, as soon as possible after publication .
 - This applies to Medicaid only. APTC/CSR eligibility for the entire year is based on FPLs in effect at the beginning of Open Enrollment for that plan year.
- Due to functionality limitations, VHC cannot implement the 2015 FPLs for Medicaid until mid- to late June 2015.
- We are currently sizing the impact of this issue (number of customers affected) in order to determine next steps.

Contact Us

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