VERMONT HEALTH CONNECT

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

HOUSE HEALTH CARE – MAY 3, 2016
Agenda

- Overview: Where We Are
- “M&O Surge”
- Additional Updates
- Operational Metrics
OVERVIEW: WHERE WE ARE
2015 vs. 2016

**QHP Renewals**

2015 – Processing completed in May
2016 – Processing completed in January

**Medicaid Renewals**

2015 – Legacy Medicaid renewals limited to pilot of 3,000 households
2016 – All 26,000+ legacy system households contacted by March, VHC-system households follow

**Change Requests**

May 2015 – Change request inventory trending up to May high of 10,200
May 2016 – Change request inventory trending down from 3,500 to sustainable levels

**Integration**

2015 – Heavily reliant on manual interactions with partners
2016 – Automated system improved with defect remediation work

**Tax Forms**

2015 – More than 34,000 1095 Forms mailed to QHP customers
2016 – More than 153,000 1095 Forms mailed to QHP and Medicaid customers

**Security**

Oct. 2015 – Well within federal parameters with three high priority items
Apr. 2016 – One high priority item (a document that has been delivered and is being reviewed for sign-off)

**Health Coverage**

2015 – New enrollments indicate Vermont continues to drive down its low uninsured rate
2016 – New enrollments show increased influx of hard-to-reach “young invincibles”
“M&O SURGE” UPDATE
Overview

• March deployment of upgrade to support VHC-system Medicaid renewals, last in year-long series of upgrades, allows focus to shift to immediate priorities related to business operations and customer experience

• Partnership between Optum and State of Vermont aligns work streams and resources to improve four top priorities
  • **Medicaid Renewal:** optimize new functionality for enrollees already in system
  • **Integration across all systems:** Carriers, Payment Processor (Evolution1), Legacy Medicaid system
  • **Reconciliation:** on-going monthly reconciliation
  • **Operations:** inventory reduction and process optimization

Goals

- For each stream, the definition of success includes:
  - Root cause analysis
  - Remediation of existing issues
  - Prevention of future incidents

Benefit for Vermonters

- Improve the customer experience
  - More efficient enrollment and renewal experience
  - Increase billing accuracy and reduced consumer inquires on billing
  - Correct coverage
Root Cause Analysis & Defect Remediation

• Development and release schedule is designed to accelerate defect remediation
  • Weekly: minor M&O releases
  • Every three weeks: Major M&O releases
  • Monthly: CPU patching releases

• Four major releases scheduled from April 20 to June 22
  • Major releases range from 20 – 50 defects per release
  • April 20 release successfully delivered
  • May 11 release on schedule to resolve 50 defects
  • Total of 134 defects currently scheduled for remediation from May 4 to June 22
Early Results of M&O Surge

**VHC Medicaid Renewals**
- Remediated critical issue by cleaning up data on ~1600 cases of renewing customers already in VHC system
- Supported completion of 635 VHC Medicaid Renewals

**Integration**
- Households with known transaction error down >60% since 3/1
- Root cause analysis last week identified and scheduled remediation for >20 integration defects

**Reconciliation**
- Analyzed top 5 business processes to decrease rate of future discrepancies
- Established Key Performance Indicators (KPIs) for 2016 reconciliation process
- Added enhanced logic to support more frequent reporting
- On track for June launch of monthly reconciliation process

**Operations**
- Deployed over 70 people to support data clean-up and inventory reduction
- Supported Maximus and state staff in honing business processes to increase same day completion rate (now ~60% of change requests)
ADDITIONAL UPDATES
Contracting

Competitive Bidding Process
• The State is committed to being responsible with state resources.
  • Accept and vet multiple bids for future work and evaluate which contractor or contractors can deliver the best future results at the best price.
• Process is in no way a reflection of current contractors.
  • Optum has been a very good partner.
    • Has delivered on deadline after deadline.
    • Has been responsive sending more staff when additional help is needed.

Current Procurement
• **RFQ** - Contract (4/19) and IAPD (4/30) submitted to CMS.
• **Maintenance & Operations (M&O)** - Contract in negotiation, will be submitted when completed.
Medicaid Renewals

- >4,000 non-responding households had Medicaid coverage closed on April 30
  - Closure notice and reminder calls in mid-April urged them to apply soon to avoid coverage gap and federal fee
  - Provider communication will be key to guiding cancelled members to reapply as soon as possible
- Last two groups of legacy system Medicaid households have received initial mailings and will receive additional notices in advance of May 31 and June 30 closure dates
- Mid-April: Initial notices mailed to 9,000 households already in VHC
- This week: Initial notices mailing to 2\textsuperscript{nd} group of VHC system renewals
Outreach and Education

- Materials to stakeholders and partners
- Sample blurbs for newsletters and local Front Porch Forums posts
- Focus on risks of coverage gap and federal fee for not having insurance
  - Plan Comparison Tool and Assisters promoted as resources for members transitioning to QHP
OPERATIONAL METRICS
## Customer Support Center

<table>
<thead>
<tr>
<th>Month</th>
<th>Calls Offered</th>
<th>Answer Rate</th>
<th>Calls Answered</th>
<th>Calls Answered &lt;24 Sec</th>
<th>Transfer Rate</th>
</tr>
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<tbody>
<tr>
<td>January 2016</td>
<td>42,769</td>
<td>83%</td>
<td>35,352</td>
<td>32%</td>
<td>10%</td>
</tr>
<tr>
<td>February 2016</td>
<td>45,043</td>
<td>81%</td>
<td>36,514</td>
<td>46%</td>
<td>9%</td>
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<tr>
<td>March 2016</td>
<td>41,661</td>
<td>93%</td>
<td>38,678</td>
<td>75%</td>
<td>11%</td>
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<tr>
<td>April 2016</td>
<td>36,774</td>
<td>96%</td>
<td>35,354</td>
<td>79%</td>
<td>11%</td>
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</tbody>
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For context:
- SLA calls for answer rate of 60% of calls answered within 25 seconds.
  - Met SLA in March and April after missing first two months of the year.
  - Met SLA nine out of 12 months in 2015.
- Average wait time over the three months of 2016 Open Enrollment (Nov-Jan):
  - Vermont: 5min 3sec
  - Federal: 10min 30sec
Change Requests

- VHC receives 125-150 change requests per day.
- Approximately 60% are now completed the same day.
- Work queue was 3,480 on 5/2. Goal to get down to 2,000 - 3,000 range, sustainable level for meeting prescribed customer service targets.
Change Requests

Monthly Change Request Volume and Timely Processing Ratio (month ending on 15th of month)

- December: 3000, 54%
- January: 3500, 55%
- February: 4000, 56%
- March: 4500, 67%
- April: 5000, 73%

Legend:
- Blue: Volume
- Orange: % complete by next bill
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.
Automated 834 Files Successfully Transmitted and Confirmed within One Week

<table>
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<tr>
<th>Total Volume:</th>
<th>0-3 Days</th>
<th>3-7 Days</th>
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<tbody>
<tr>
<td>Nov 2015</td>
<td>7,093</td>
<td></td>
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<tr>
<td>Dec 2015</td>
<td>7,661</td>
<td></td>
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<tr>
<td>Jan 2016</td>
<td>5,251</td>
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<td>Feb 2016</td>
<td>4,305</td>
<td></td>
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<tr>
<td>Mar 2016</td>
<td>5,331</td>
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<td>Apr 2016</td>
<td>3,391</td>
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Automated 834 Files Successfully Transmitted and Confirmed within One Week
(by Week of First Initiation)
Since Open Enrollment, Navigators’ work has focused largely on Medicaid renewal support, especially for New Vermonters and other vulnerable populations with accessibility challenges.