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Agency of Human Services

Vermont Health Connect Update on Project Development, Operations, and Enrollment Data

Submitted to the
House Committee on Health Care,
Senate Committees on Health and Welfare and on Finance,
Health Reform Oversight Committee,
and Joint Fiscal Committee

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deliver an update by January 1, 2016

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2016 Open Enrollment and Renewal

2016 Open Enrollment began November 1 and runs until January 31. This is the once-a-year opportunity for Vermonters with Vermont Health Connect qualified health plans to change plans if they wish. It is also an opportunity for Vermonters without health coverage and Vermonters who want an alternative to COBRA coverage or an unaffordable employer-sponsored health plan to come to Vermont Health Connect.

Current customers received a letter in late October to let them know that, as long as they keep paying their monthly bill, they will automatically be mapped to the 2016 version of their qualified health plan. If they want to change health plans or add household members to their plan for 2016, they are able to do so by calling the Customer Support Center or logging into their online account.

Four out of five current customers were automatically renewed through a file that was generated at the end of October. Any cases that could not be completed in this manner – if, for example, a customer did not answer an application question that was previously optional and is now required – are being worked by Vermont Health Connect’s Eligibility and Enrollment unit.

Vermont Health Connect’s insurance carrier partners – Blue Cross Blue Shield of Vermont, MVP Health Care, and Northeast Delta Dental – have worked closely with the health insurance marketplace to update their systems and help Vermonters prepare for Open Enrollment. After customers received Vermont Health Connect’s renewal notice, the carriers followed up with mailings that provide information on each customer’s 2016 plans and rates.

More than three out five customers receive financial help to lower the cost of health insurance. Many of these customers have found that their monthly bill is not increasing. This is because the cost of each health plan increases by a different amount, and financial help also increases each year. In fact, because the federally specified benchmark for financial help – the second lowest-cost Silver plan – saw a larger increase than some of the most popular health plans, many customers who qualify for Advanced Premium Tax Credits are actually seeing a premium decrease. For example, an individual earning \$30,000 per year will pay \$187 for a Standard Silver 73 plan with cost-sharing reductions. In 2015, they would have paid about \$10 more per month.

Customers with Medicaid and Dr. Dynasaur coverage are on a different schedule that is not necessarily tied to Open Enrollment. They will receive a letter in the mail when it’s time for them to renew.

Open Enrollment is also a great time for Vermonters who need health insurance to join the more than 96% of Vermonters who already have coverage. According to calculations from data in last year’s Household Health Insurance Survey, most uninsured Vermonters can get basic coverage for less than \$90 per month. In addition, most could buy a Silver plan with cost-sharing reductions for less than \$180 per month – this would have low out-of-pocket costs, more like a Gold or Platinum plan, but with a much lower premium.

New customers can fill out an application for health insurance online 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. If they’d prefer to first explore health plans and see how much financial help they might qualify for, they can find a Subsidy Estimator and plan comparison materials at VermontHealthConnect.gov.

By signing up for health coverage, Vermonters can avoid having to pay the individual shared responsibility fee – which increases significantly in 2016 – when they file their federal taxes. The federal fee for not having health insurance increases in 2016 – the typical uninsured individual will pay \$695 when they file their 2016 taxes (in spring 2017).

Some uninsured individuals and families will even find that it's cheaper to buy a basic health plan than to pay the fee. Take a couple earning \$40,000 for example. They could find a basic couple plan on Vermont Health Connect for less than \$50 per month – that's \$600 for the year. Or, if they don't get insurance, they can pay a federal fee of nearly \$1,400.

Those with higher incomes will pay more – 2.5% of their household income above the filing threshold – and could have to pay for all of their own health care costs on top of that.

Project Development (updates as of December 16, 2015)

Status of Deliverables Related to System Upgrades

Prior to closing its doors, Exeter delivered code to support such additional upgrades as Medicaid redetermination integration, Department of Labor verifications, billing and payment functionality, and notices. In order to avoid major changes to workflows during the open enrollment season, the project plan was adjusted to split these upgrades into two major releases. The first release, targeted for deployment upon successful completion of User Acceptance Testing, will focus on Medicaid renewals, verifications, and notices. This will be followed by a second release in 2016 which will focus on case management and non-functional requirements.

The State and its contractors are in the process of testing the code and will take steps to manage scope and deliver the best service for Vermonters.

Regarding security, the State continues to work the Plan of Action and Milestones within the guidelines set by its federal partners.

Updates on Open Risks

Risk	Update
Any defects found in OneGate testing could impact the timing and scope of near-term deployments while human resource talent is transitioned from Exeter to Optum and other staffing channels to maintain a consistency of product knowledge.	Optum has hired ten developers formerly employed by Exeter to work with their development team on OneGate defects. Their transition is still underway and the ability for these developers to provide OneGate support of OneGate remains to be proven.
While the Centers for Medicaid and Medicare Services (CMS) approved Vermont Health Connect's proposal to have small businesses direct enroll with insurance carriers for 2016, the lack of an approved plan or vendor contract for SHOP poses a risk for 2017.	Vermont's SHOP waiver request is being submitted in parallel to an RFP which is has already been submitted to four pre-screened vendors as part of a simplified bid process for completing this work.
A plan for Medicaid customer billing needs to be finalized and approved.	Contracting is underway with Benaissance to address Medicaid billing capability. Integration scope will be addressed through 2016 integration contract.

<p>Execution of system enhancements to support business processes for corrections of operational errors and system errors that are returned from the carriers (834 errors) need to be finalized. Additionally, there is no contract for additional testing in 2016, if required, and no contract to cover planned scope that is removed from initial releases.</p>	<p>The Agency of Human Services' Human Services Enterprise (AHS/HSE) is developing a sustainable model for testing in 2016 and beyond. An RFP for Maintenance & Operations (M&O) is also in progress. AHS/HSE is developing a sustainable model that will use HSE M&O and Design, Development, and Implementation (DDI) support to address planned scope removed from initial releases.</p>
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Operations Update (data through December 4, 2015)

Change Processing

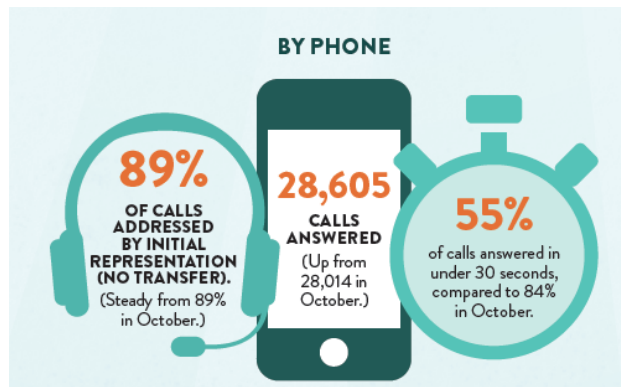
Change Requests		
Date of Change Request	# of Change Requests	% Completed by 4 th of Next Month (First Invoice)
8/16-9/15	3,447	86%
9/16-10/15	3,122	81%
10/16-11/15	3,339	57%

Vermont Health Connect continues to receive approximately 125 change requests per day. Some changes, known as “qualifying events,” allow customers to sign up for health insurance or change health plans outside of the annual Open Enrollment period. Examples of qualifying events include getting married or losing job-sponsored insurance. Other changes, such as income changes, can impact the amount of financial help a customer receives. Finally, some changes are simply adjustments to personal information, such as a name change, an address change, or even a preference to be called on their cell phone instead of their home phone.

New technology deployed at the end of May allowed changes to be made more easily in the Vermont Health Connect system, and for those changes to automatically be updated across the payment processor and insurance carriers’ systems. Instead of taking several months for a change to process, Vermont Health Connect’s goal is that customers who report a change by the 15th of a month should now expect to see that change reflected on their next bill. Changes submitted in the second half of a month should be reflected on one of the following two invoices. The Eligibility and Enrollment team is tracking progress toward this target.

This month’s metric was impacted by the need to put change-processing on hold for much of the second half of October to avoid creating discrepancies with the renewal files that were being prepared. In addition, customers whose 2016 renewals could not be completed in the passive renewal process cannot complete change requests on their account until their renewal is completed. With renewal processing continuing in December, Vermont Health Connect expects this metric to be impacted again next month before improving in the new year.

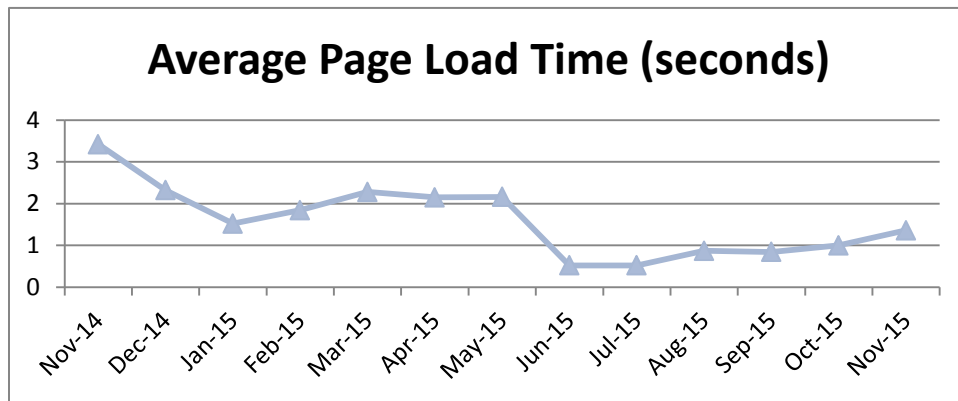
Customer Support Center (Maximus Call Center)



Month	Calls Offered	Answer Rate	Calls Answered	Calls Answered <30 Seconds	Resolved without Transfer
September 2015	28,536	95%	27,108	77%	89%
October 2015	29,230	96%	28,014	84%	89%
November 2015	32,235	89%	28,605	55%	89%

In November, the Customer Support Center received 32,235 calls. They answered 28,605 and had 3,630 customer hang ups for an answer rate of 89%. Just over half of calls (55%) were answered in less than 30 seconds, down from 84% in October. Common reasons for calling included questions about premium amounts after changes of circumstance (COC), renewal confirmations and inquiries, and requests for COC and change of information (COI). Nearly nine out of ten calls (89%) were able to be resolved without transferring, matching October's rate.

System Performance and Traffic

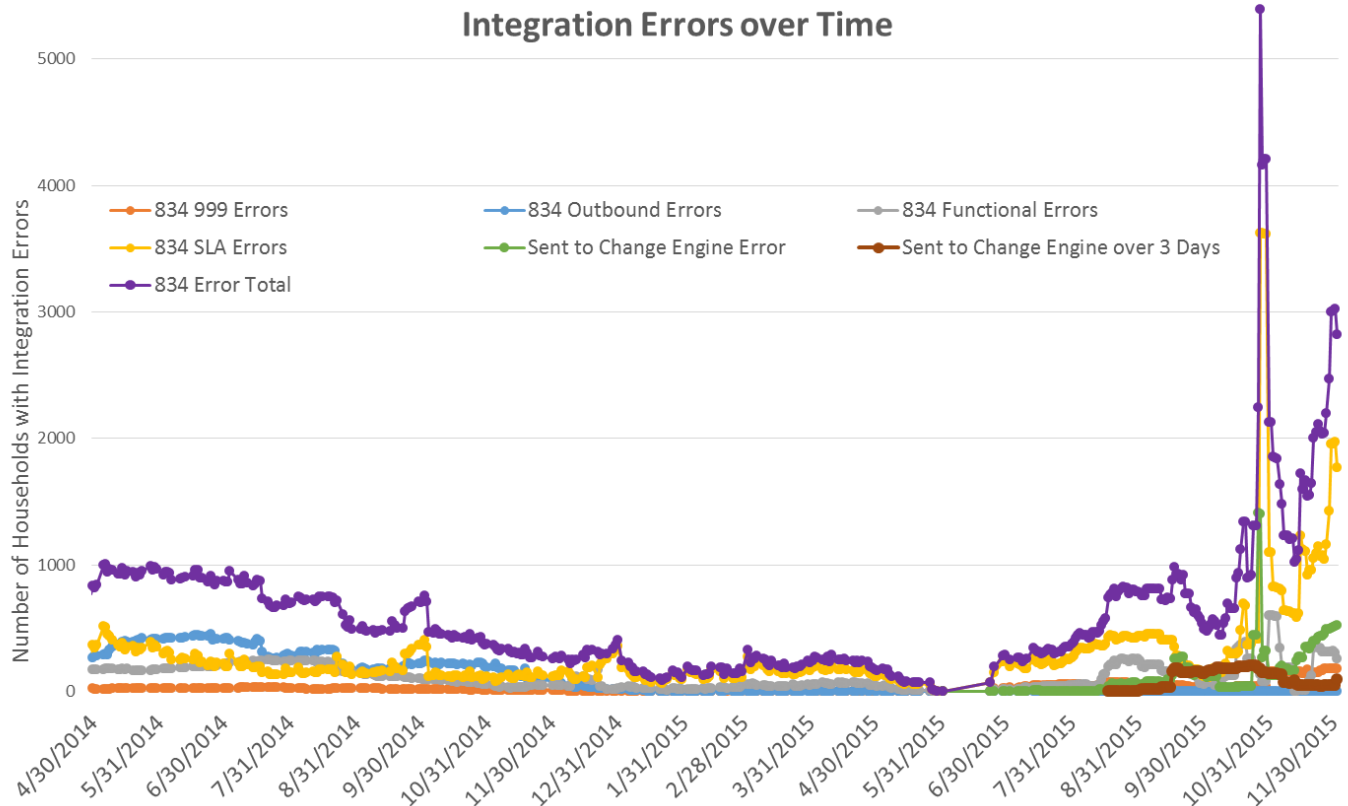


Month	Availability	Avg Page Load Time (seconds)	Max Peak User	Visits
September 2015	99.91%	0.84	101	50,799
October 2015	99.92%	1.00	105	49,316
November 2015	99.17%	1.36	85	35,701

Vermont Health Connect’s web traffic decreased to approximately 35,000 visits in October. Average page load time ticked above one second but remained well below the two second benchmark specified in Service Level Agreements with Optum, Vermont Health Connect’s Systems Integrator. They have surpassed this target every month since the spring system upgrades were deployed at the end of May.

Vermont Health Connect’s systems achieved 99.17% availability in November. The availability metric measures the amount of time systems are up and running relative to the amount of time they are expected to be. Scheduled maintenance periods, such as those that occur from 1am to 5am each morning, are not counted. This month’s metric included approximately four hours (244 minutes) of unscheduled downtime for the web portal, largely due to an incident on November 10 that resulted in a period of intermittent availability for users. Optum strives to keep Vermont Health Connect’s system online 99.9% of the time. With the exception of November, they have surpassed the target every month since the spring system upgrades were deployed.

Carrier Integration



An 834 is an electronic file sent from Vermont Health Connect to an insurance carrier with information about an individual or family's enrollment information. An 834 error indicates that this electronic file might not have been successfully processed.

Increases in transaction volume typically result in corresponding increases in 834 errors. Therefore, the inventory of 834 errors saw an increase as change-processing ramped up this summer, and a much larger increase last month as massive 2016 renewal files were generated and shared across systems.

Vermont Health Connect's 834 enrollment team continues to work collaboratively with the Optum Maintenance & Operations (M&O) team to identify, issues, patterns, defects and resolutions for all 834 errors. The two teams meet every Tuesday and Thursday to address errors, error resolution and work with the insurance carriers on errors that might be caused by carrier systems.

Over the last month, much of the collaborative work has involved comparing lists of cases with Vermont Health Connect's carrier partners. This work has shown that a significant number of 2016 cases that are showing as SLA (yellow line above) or Sent to Change Engine (brown line) have been received by the carrier and effectuated, but did not confirm effectuation in the Vermont Health Connect system. Through this process, Vermont Health Connect staff is then able to correctly update the renewal cases.

At the same time, Vermont Health Connect and its partners continue to perform root cause analysis in order to remediate issues and decrease the overall occurrence of errors.

Verifications

Federal guidelines require all state health insurance marketplaces – including Vermont Health Connect – to confirm that customers meet eligibility requirements. The Vermont Health Connect system utilizes the Federal Data Services Hub (federal hub) at the time of application to verify:

- Social Security Number, citizenship and/or immigration status for all customers wishing to purchase a qualified health plan (QHP) through the marketplace;
- MAGI-based Income for Medicaid for Children and Adults (MCA) enrollees;
- Annual Income for QHP enrollees who will be receiving a subsidy.

If attempts to verify customer information through the federal hub are unsuccessful, Vermont Health Connect must ask customers to provide documentation. In an attempt to reduce the burden on applicants, State staff conducted two efforts to use already-verified information in the State's legacy ACCESS system to verify the Social Security Numbers, citizenship, and immigration status of individuals in the Vermont Health Connect system. Following these efforts, State staff mailed notices in late August to the remaining 3,126 customers who needed to provide supporting documentation. Customers were asked to mail copies of verification items or, if they prefer, to bring the copies to their local Economic Services Division (ESD) district office.

Federal rules require that an exchange gives customers 90 days to provide appropriate documentation. Vermont Health Connect mailed the first reminder notice on October 5. A final reminder notice was mailed to 1,145 households on November 4.

If any items remain unresolved after 90 days, Vermont Health Connect will proceed with disenrollment of QHP coverage for 2016. As of the end of November, there were 400 individuals (250 households) subject to termination for not responding to the notice within the 90-day period. Terminations will be processed effective the end of December. Termination notices will include information about full-cost individual direct enrollment as well as the availability of special enrollment periods should documentation subsequently become available to customers outside of Open Enrollment.

In-Person Assistance

Vermont Health Connect's Assisters -- Navigators, Certified Application Counselors, and Brokers -- are helping Vermonters in every corner of the state this Open Enrollment. Together, these Assisters ensure that Vermonters have access to in-person assistance if they need help understanding health insurance or signing up for a plan.

In November Navigators collectively conducted 756 consultations with Vermonters -- defined as unique interactions of ten minutes or more. More than 200 of these consultations resulted in a completed application and plan selection.

Vermont Health Connect continued its series of "Health Insurance 101" workshops in partnership with Vermont's community libraries. October events were held in Newport, Rutland, Burlington, Essex, Lyndon, Barton, Barre, Brattleboro, and Bennington. The sessions were free to the public and designed to help customers and potential customers better understand health insurance terms, financial help, and the Vermont Health Connect system.

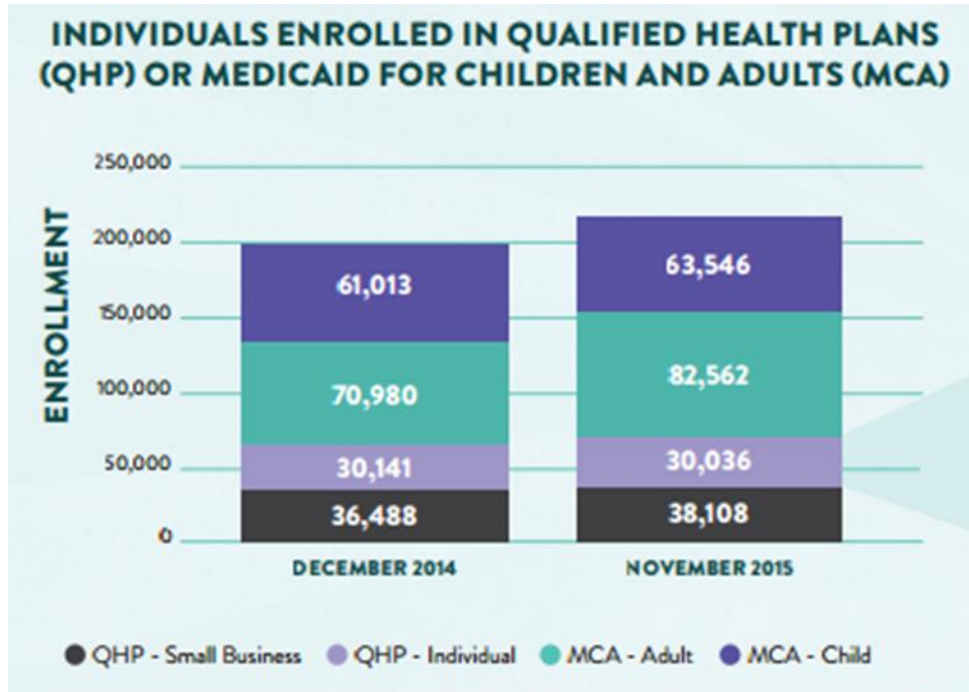
In addition, public-facing partners such as libraries, Agency of Human Services District Offices, federally qualified health centers, pharmacies, the Tax Department, Vermont Lottery Commission, and others are distributing promotional and educational materials to their customers.

Additional outreach is planned for December and January, including mailings to restaurants and radio, print, and online ads to ensure that Vermonters know the implications of not signing up for insurance by January 31, 2016. January communications will focus on both the benefits of health coverage as well as the fact that the federal Shared Responsibility Provision fee for not having coverage increases in 2016 (\$695 per adult or 2.5% of household income, whichever is greater).

Vermonters can get more details on events by clicking "News and Events" at VermontHealthConnect.gov or by calling the Customer Support Center at 1-855-899-9600 (toll-free). To find an Assister near them, they can click "Find an Assister in your Community" or call the Customer Support Center.

Enrollment Update (data through November 30, 2015)

Current Coverage



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A combination of reports from insurers, Vermont Health Connect, and the State's legacy ACCESS system suggest that Vermont is continuing to reduce its uninsured rate. The number of Vermonters covered by Vermont Health Connect qualified health plans (QHPs) increased by more than 1,000 from December 2014 to November 2015, while the number covered by Medicaid/Dr. Dynasaur increased by more than 14,000.

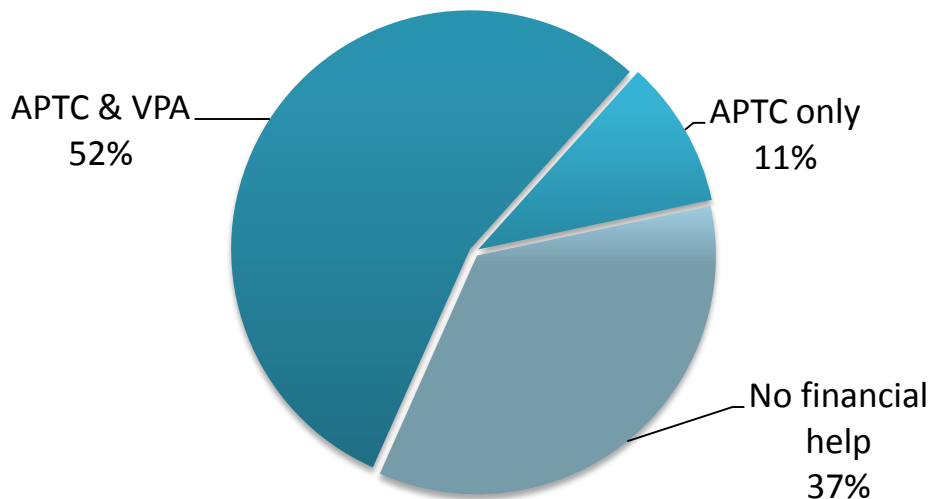
Of customers in QHPs:

- Over half (52%) are female,
- Three in five (59%) are between the ages of 45 and 64,
- Over half (56%) are in Silver plans (see Financial Help section for additional selection breakdowns).

¹ Effectuated enrollments for Small Business QHP (direct enrolled) as reported by insurers to VHC. December 2014 Individual QHP as reported by insurers to the Centers for Medicaid and Medicare Services (CMS). November 2015 Individual QHP as reported by insurers to VHC. Medicaid for Children and Adults (MCA) as reported by Vermont Health Connect and Vermont's legacy ACCESS system. MCA includes Dr. Dynasaur and CHIP but does not include Medicaid for the Aged, Blind, and Disabled (MABD).

Financial Help – Premium Assistance

Customers in Qualified Health Plans (QHP) Receiving Financial Help to Make Health Coverage More Affordable



Between Medicaid/Dr. Dynasaur and premium assistance, nearly nine out of 10 individual customers receive financial help to make health coverage more affordable.

Of individuals in private health plans (QHPs) in 2015:

- Nearly two out of three (63%) qualified for federal Advanced Premium Tax Credits (APTC).
- More than half (52%) qualified for cost-sharing reductions (CSR) and Vermont Premium Assistance (VPA).

The amount of financial help varies depending on household size and income. In 2015, an individual making less than \$46,680 or a family of four making less than \$95,400 a year may qualify for financial help. For example, an individual who has an income of about \$24,000 per year receives approximately \$340 in APTC and VPA per month. This means she could pay \$120 for a Silver health plan that costs \$460 per month.

In 2016, an individual making less than \$47,080 or a family of four making up to \$97,000 a year may qualify for financial help.

Financial Help – Cost-Sharing Reductions

Two out of three (67%) Vermonters who qualify for cost-sharing reductions (CSR) are taking advantage of it, by selecting a Silver plan. One in six (18%) of these CSR-eligible customers selected a Bronze plan. The Bronze plan could save them hundreds of dollars if they don't need any medical services. If they have high medical needs, however, the Silver plan could save them thousands in out-of-pocket costs.

There are four levels of CSR, which Vermonters qualify for based on household income relative to the federal poverty level. Vermonters with lower incomes qualify for CSR levels that offer steeper reductions in out-of-pocket costs. Consider:

- The typical (median) individual receiving CSR is enrolled in a Standard Silver 87 plan with a \$600 medical deductible and \$1,250 maximum out-of-pocket (compared to a \$1,900 medical deductible and \$5,100 maximum out-of-pocket in an unsubsidized Standard Silver plan).
- This individual, whose benefits translate to an income of just over \$21,000 per year for a single person, also receives \$362 in premium assistance. If she purchased a Standard Silver plan with a full-cost of \$466, it would cost her \$104 per month.

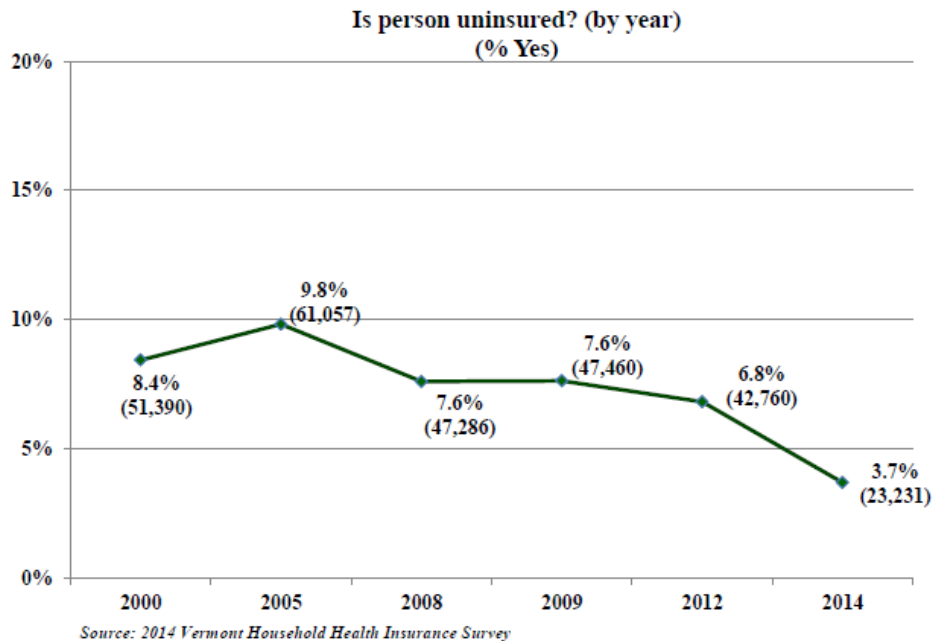
Vermonters who qualify for the two less generous levels of CSR could conceivably have a lower total cost in a Gold or Platinum plan, depending on their medical needs. Notably, Vermonters who qualify for the two most generous levels of CSR can expect a lower total cost in a Silver plan even if they have high medical needs.

Vermont Health Connect has continued to engage CSR-eligible customers, especially those who qualify for the most generous CSR levels (Silver 87 and Silver 94), to make sure they understand how cost-sharing reductions work and what they mean for their total health care costs. These outreach efforts include:

- More customized CSR explanations included in the 2016 version of Vermont Health Connect's Subsidy Estimator and Vermont Health Connect's new Plan Comparison Tool,
- CSR information in notices,
- Increased emphasis on CSR in call center staff training,
- Health Insurance 101 materials and events to help Vermonters understand out-of-pocket costs and key insurance terms,
- Additional engagement to make sure Silver 87 and 94-eligible customers understand CSR.

Vermont Health Connect and the State's Uninsured Rate

The percentage of uninsured Vermont residents in 2014 has decreased compared to 2009 and 2012.



The Vermont Household Health Insurance Survey (VHHIS) provides the most comprehensive look into the state of health coverage in Vermont. Last winter VHHIS revealed that Vermont's uninsured rate was cut nearly in half over the past two years. The survey also reported that Vermont had done particularly well in terms of covering children in the state. The number of uninsured children in Vermont fell from nearly 2,800 in 2012 to fewer than 1,300 in 2014.

In September, the U.S. Census Bureau announced similar results. The Census reported that Vermont had leapfrogged Hawaii and Washington, D.C. to attain one of the two lowest uninsured rates in the nation (behind only Massachusetts).

Nonetheless, until every Vermonter has quality health coverage, there will be room for improvement. With healthy numbers of new applicants coming to Vermont Health Connect in 2015 and strong momentum heading into 2016 Open Enrollment, Vermont is continuing to move closer to the goal of ensuring that all Vermonters have access to quality health coverage.