

VHC Update

Vermont Health Connect Introduction and Update

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What Is Vermont Health Connect?

- MAGI-Medicaid Rules Eligibility and Enrollment
- The “Exchange” for Qualified Health Plans
- The first step in the Health and Human Services Enterprise Program

Year 1 Results

- According to the household survey of 4,052 households, 8,923 residents, the state uninsured rate dropped from 6.8% to 3.7%. 2nd in the nation.
- Just 1% of Vermont's children are uninsured, best in the nation.

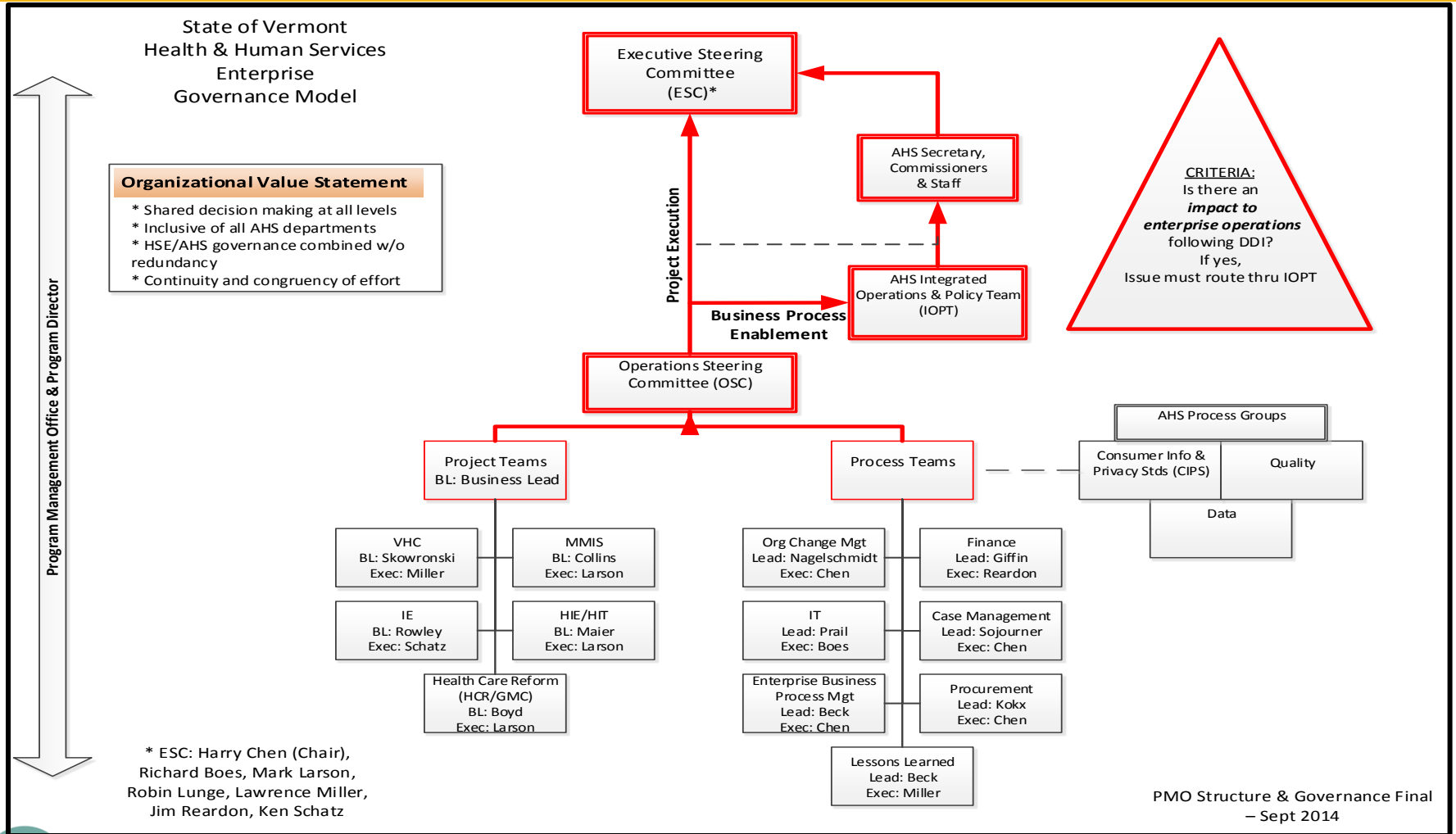
2014 Enrollment

Updated 12-3-14	Individual Plans Confirmed (Checked out)	Payment Received (Paid)	Enrollment Effectuated (Enrolled)
Individual/Family QHP	34,454	32,812	31,026
Jan. - March Start	13,888	13,438	13,038
April - June Start	14,675	13,973	13,404
July - Sept. Start	3,768	3,510	3,150
Oct. - Dec. Start	2,123	1,891	1,434
MAGI Medicaid - VHC	75,193		73,531
Jan. - March Start	29,203		28,345
April - June Start	29,411		29,075
July - Sept. Start	12,924		12,705
Oct. - Dec. Start	3,655		3,406
Small Business - QHP	36,488	36,488	36,488
As of Nov. 30, 2014	36,488	36,488	36,488
MAGI Medicaid - ACCESS	38,181		38,181
Jan. - March Start	19,764		19,764
April - June Start	4,141		4,141
July - Sept. Start	10,469		10,469
Oct. - Dec. Start	3,807		3,807
Non-MAGI Medicaid - ACCESS	22,271		22,271
Jan. - March Start	9,196		9,196
April - June Start	4,189		4,189
July - Sept. Start	4,954		4,954
Oct. - Dec. Start	3,932		3,932
Total QHP	70,942	69,300	67,514
Total MAGI Medicaid	113,374		111,712
Total Non-MAGI Medicaid	22,271		22,271

Health & Human Services Enterprise (HSE)

- The HSE vision is to connect information and promote collaboration in a service-oriented, customer-focused environment
- The HSE is an agency-wide technology and business process approach for integration
 - Coordinates strategic planning, change management and project execution
 - Managed by the Central Office Project Management Office (PMO) and a governance model lead by State leadership
 - Staffed by cross-functional teams from DCF, DVHA, CO and DII
 - Works towards the Agency's strategic vision to reduce the lasting impacts of poverty and promote community health, wellbeing and safety through greater program effectiveness/accountability and health system reform

Governance Model



PBM – An HSE Project

- Pharmacy Benefit Management
- Go Live New Years Day, 2015
- 60,000 claims processed in the first 5 days
- You never heard about it.

Vermont Health Connect Functionality

The following slides provide an overview of the Vermont Health Connect process, the current functionality with manual workarounds, and the roadmap for completion.

Please note that delivery of planned functionality is contingent on:

- Funding, and
- Contracting with Optum

Actual Functionality (as of January 2015)

- Anonymous Browse
- Create Login/Password
- Automated Verification through Federal Data Services Hub
 - Identity Proofing (RIDP)
 - Citizenship, SSN, Incarceration, SSA Income
 - Income (IRS)
 - Verify Lawful Presence (VLP)
 - Non-ESI MEC (e.g. Tricare/Peace Corps)
- Notices (including for Verification)
- Common Application
 - One application for both QHP and MAGI Medicaid
 - Paper, phone and electronic

Key

Delivered = Green

Manual = Brown

Actual Functionality (as of January 2015)

- Auto-Determination
- Retroactive Medicaid Eligibility
- Medicaid Spend Downs
- QHP and MAGI Enrollment
 - Navigator/Broker Enrollment
 - Billing (Electronic and Mail)
- Change of Circumstance (COC)
- Change of Information (COI)
- Operations Reporting
- Renewals
- Federal Security Compliance

Key

Delivered = Green

Manual = Brown

Planned Functionality

Winter 2015

- IRS Reporting

Delivery is contingent on:

- Funding
- Contracting with Optum

Spring 2015

- Automated Change of Circumstance (COC) - 18 types
- Recurring Payments
- Automated Verification
 - VLP level II and III
 - ESI MEC

Planned Functionality

Summer 2015

- Automated Refund Processing
- Automated Spend Down

Fall 2015

- Small Business
 - Application
 - Eligibility
 - Enrollment
 - Billing

Delivery is contingent on:

- Funding
- Contracting with Optum

Throughout

- Enhanced Operations Reporting
- Noticing

Current Risks

- Timely completion of Renewals
- Completing COC functionality on time – Contract
- Year end reconciliation
 - 1095's
 - Carrier Reconciliation
 - Payment Processor Reconciliation