Vermont Health Connect

House Health Care Testimony
January 2016

Agenda

- VHC System Overview
- The system is working when...
- System issues based on current data and trends
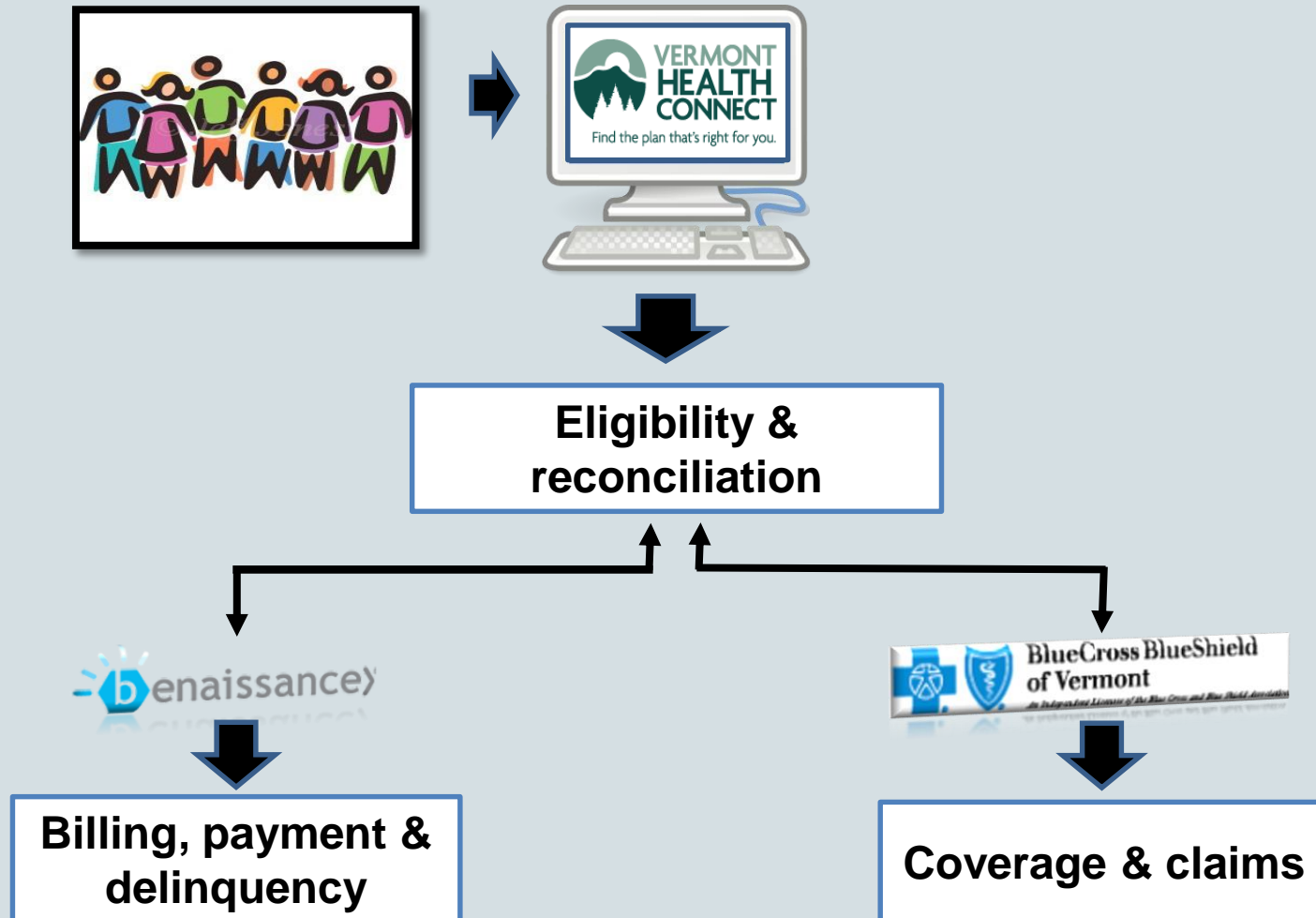- Customer Experiences
- Recommendations

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VHC – System Overview

VHC Individual Market

- The individual market can be considered fully functional when:

  - People can reliably enroll, make changes and renew using VHC website, and transactions are fully automated end-to-end.

  - Vermonters are satisfied with website performance and call-center service delivery

  - Reconciliations between VHC, billing vendor and health plans are executed regularly, and differences quickly identified and corrected.

  - VHC operates without backlogs – i.e. all processing, including payment posting, is complete in 1-2 business days

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Vermont Health Connect-
Current Customers Impacts

Data Reconciliation – Thousands of customer data differences exist between VHC, Benaissance & BCBSVT, affecting customer enrollment, coverage, premium and claims.

Customer changes - COC reject rates (since automation) continue to be high, and since 1/1/16, VHC's systems have been unable to process any customer changes.

System Enhancements Creating New Issues – Since automation, the frequency of new issues has increased.

Pending Renewals – Despite automated renewal, as of 12/31, 1,400+ household renewals were not complete (and without BCBSVT contingency, customers would have had no access to coverage on 1/1).

Customer Calls – Despite automation, calls from customers who are experiencing difficulties are increasing in number and level of frustration.

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Data Reconciliation

- VHC has been intermittently reconciling its systems to health plans and Benaissance records. Unfortunately, identified differences are not regularly researched or corrected.

- Nearly 10,000 differences are outstanding, affecting customer coverage, billing and claim payment.

  - In a working system, fully automated processes result in a low frequency of differences, and all data differences should be resolved each month.

  - Large volume of differences raises concern that there are underlying system issues causing errors.

  - No target dates for VHC to complete research needed to correct customer accounts and determine root causes.

- These unresolved differences are undoubtedly contributing to customer call volumes, and the urgency of their concerns.

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VHC-BCBSVT-Benaissance
Unresolved Data Differences (cumulative)

Type of Difference	10/15	11/15	12/15
Start/End dates	1,855	2,712	3,638
Benefit and/or premium	660	702	771
Customer missing	1,108	912	816
Premium subsidy	1,352	1,666	2,077
Address	2,320	2,052	2,164
Total	**7,295**	**8,044**	**9,466**

Counts reflect # of discrepancies, so same customer may be reflected multiple times within each count.

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COC Reject Rates

- When a fully automated system is "working", there should be very few errors and rejects.
  - Reject rates (since automation) continue to be high.
- Rejects require manual effort to research and correct.
  - If not resolved timely, customer records become out of date.

COC Reject Rate – Since Automation

Month	Reject Rate
July	9.5%
August	11.0%
September	9.0%
October	10.5%
November	13.1%
December	10.8%

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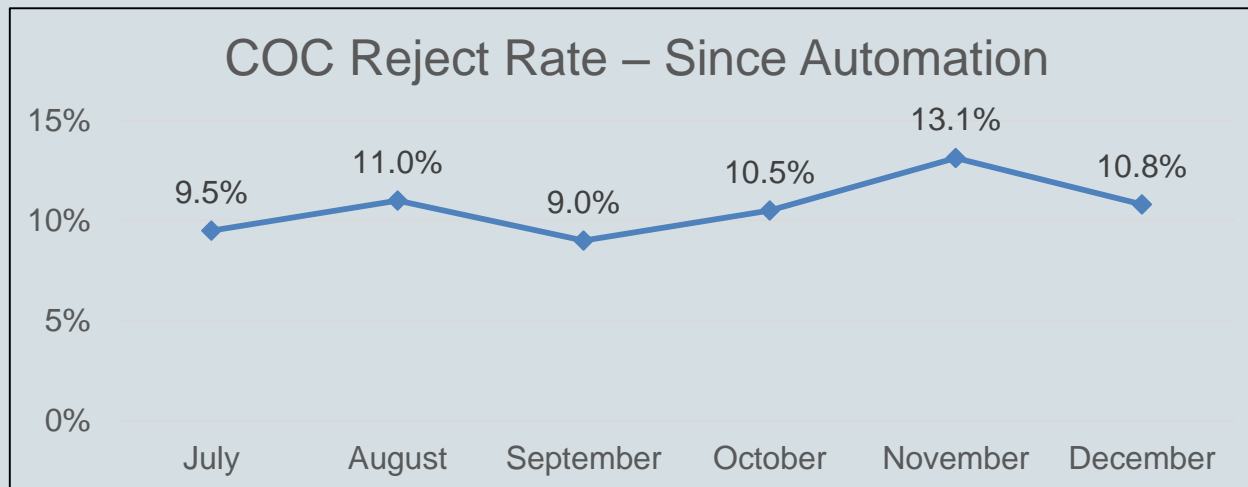
New VHC Issues as of 12/31

Customer Change Requests

- VHC's systems can no longer process customer changes.

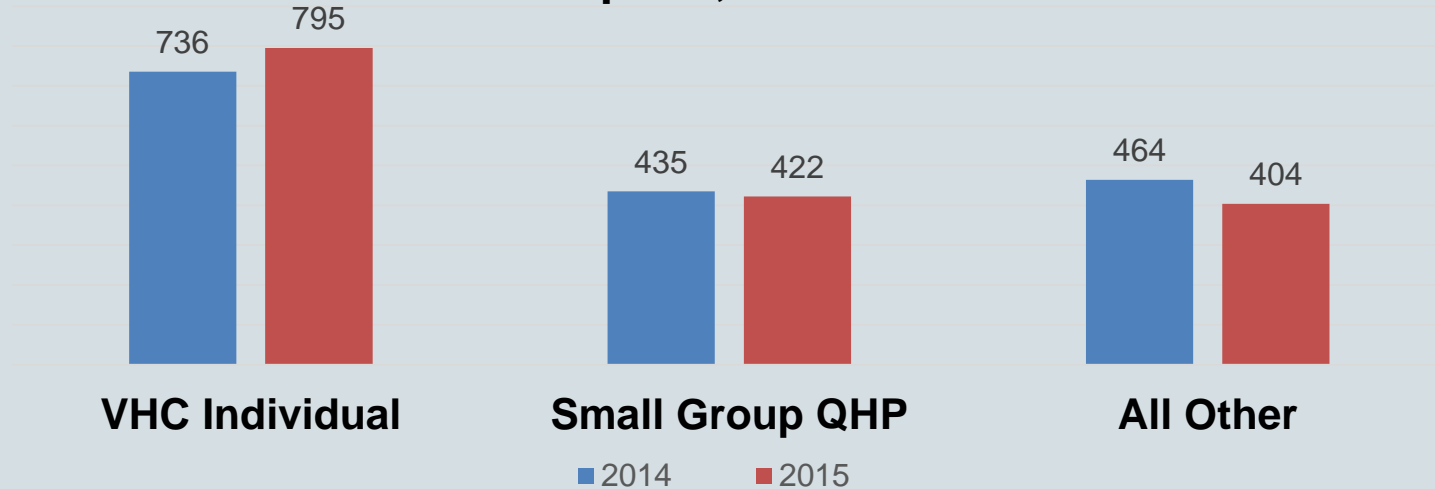- Per VHC, backlog as of 1/15 = 4,500 (60% Medicaid)

2016 Renewals

- Approximately 700 customer renewals have not been completed, and sent to BCBSVT.

- Many of the above backlogged QHP changes relate to renewal changes requested by customers prior to 12/31.

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Customers Enrolled through VHC Call More

 # Calls per 1,000 Customers

Bar chart — # Calls per 1,000 Customers by segment:
- VHC Individual: 2014 = 736, 2015 = 795
- Small Group QHP: 2014 = 435, 2015 = 422
- All Other: 2014 = 464, 2015 = 404

Legend: ■ 2014 ■ 2015

- VHC customers call much more frequently, with more urgent concerns, than customers in any of our other lines of business
  - …despite fact that VHC call center is the customer's primary point of contact for many issues we would handle for all other customers.

- VHC customers call 87% more frequently than small business members enrolled in QHPs.

- VHC customers call rate increased in 2015, over 2014.

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Customer Experiences

- Call rates have actually increased since automation was implemented:

Calls from VHC customers

Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015
5,543	6,119	4,846	5,408	6,975
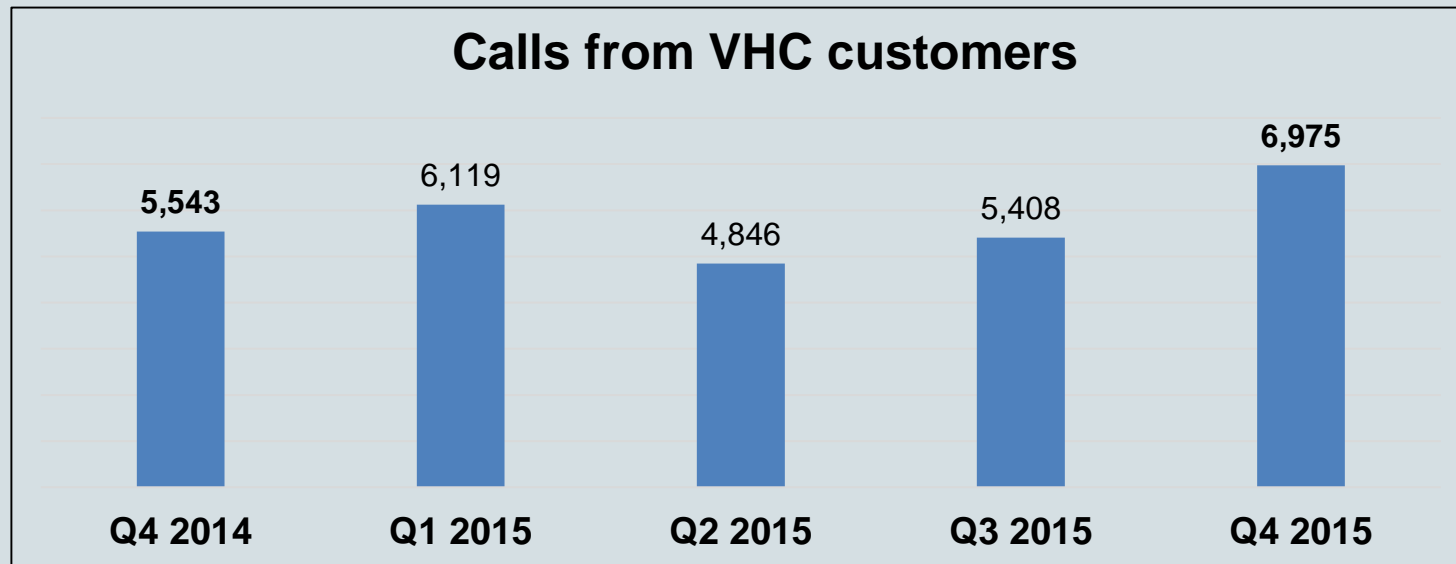
- Recent posts on the Vermont Health Connect Facebook page demonstrate the difficulties and frustrations customers continue to experience with access to care, renewal change processing and coverage cancelation.

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VHC Individual Market – Current Status

X People can reliably enroll, make changes and renew using VHC website, and transactions are fully automated end-to-end.

X Vermonters are satisfied with website performance and call-center service delivery

X Reconciliations between VHC, billing vendor and health plans are executed regularly, and differences quickly identified and corrected.

X VHC operates without backlogs – i.e. all processing, including payment posting, is complete in 1-2 business days

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Recommendations

Due to the impact VHC functionality continues to have on customers, BCBSVT recommends:

- A long term sustainability assessment of VHC; important for future planning

- Near-term functionality assessment by an independent entity

- Automation needs continued development to address quality issues

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