Department of Vermont Health Access - Health Access Eligibility and Enrollment Unit

Cory Gustafson, DVHA Commissioner
Cassandra Gekas, DVHA-HAEEU Director
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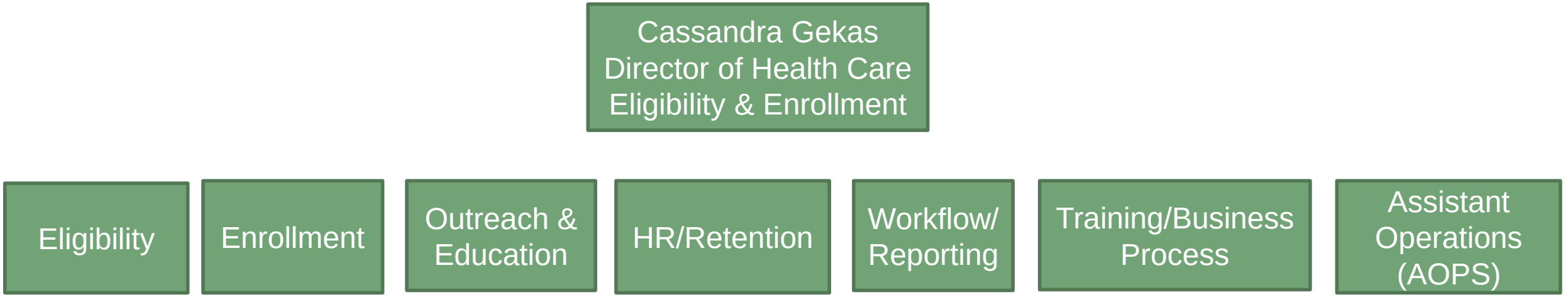
Overview

- Health Care Eligibility & Enrollment Unit (HAEEU) Structure and Scope
- Status of Health Access and Affordability in Vermont
- Vermont Health Connect
- Goals and Results
- Current Focus: 1095s and Open Enrollment Deadlines

Structure and Scope



HAEEU serves more than 200,000 Vermonters, including:

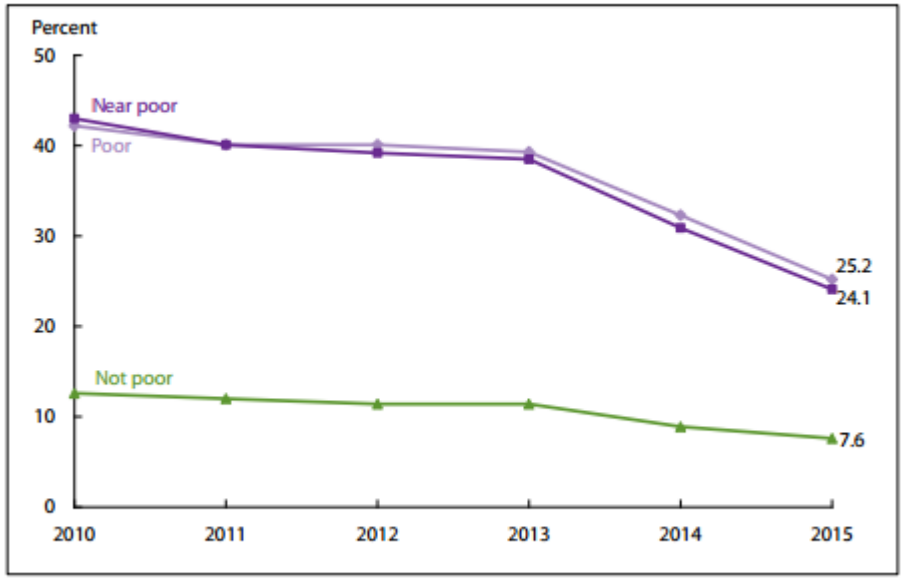
- Individual qualified health plans – subsidized (state and/or federal): 20,000
- Individual qualified health plans – unsubsidized: 7,000
- Medicaid for Children and Adults (MCA) – Adult: 70,000
- MCA – Child (Dr. D & CHIP): 65,000
- Medicaid for the Aged, Blind, and Disabled (MABD): 30,000
- Pharmacy Programs: 15,000

In 2016, multiple reports showed that efforts to expand health access have been effective throughout the country, and have been especially successful in Vermont.

May 2016 – National Center for Health Statistics

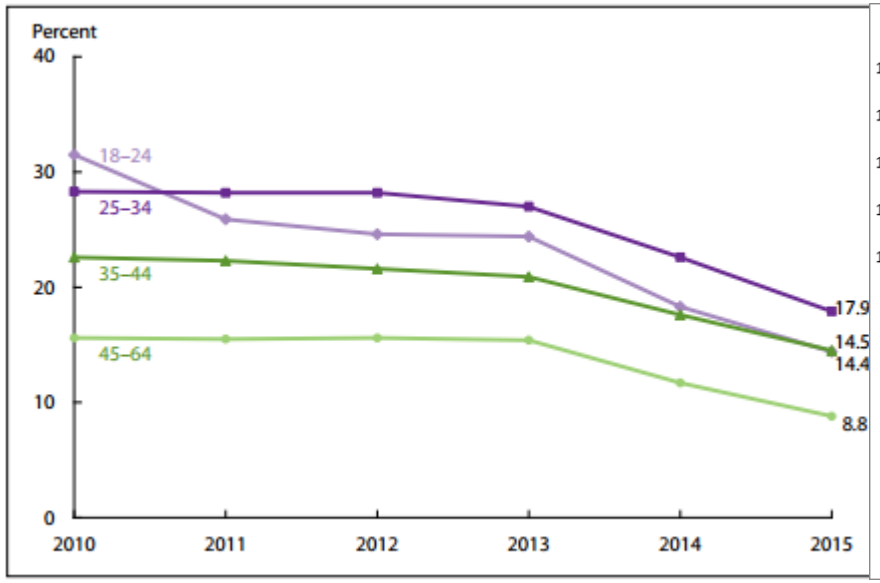
- Uninsured rate fell for Americans of all age groups and income levels.
- Vermont's overall uninsured rate is #2 in nation (after Massachusetts).
- Vermont's 18-64 year-old uninsured rate was cut by more than half from 2014 to 2015.

Figure 4. Percentage of adults aged 18–64 who were uninsured at the time of interview, by poverty status: United States, 2010–2015



NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.
SOURCE: NCHS, National Health Interview Survey, 2010–2015, Family Core component.

Figure 3. Percentage of adults aged 18–64 who were uninsured at the time of interview, by age group: United States, 2010–2015



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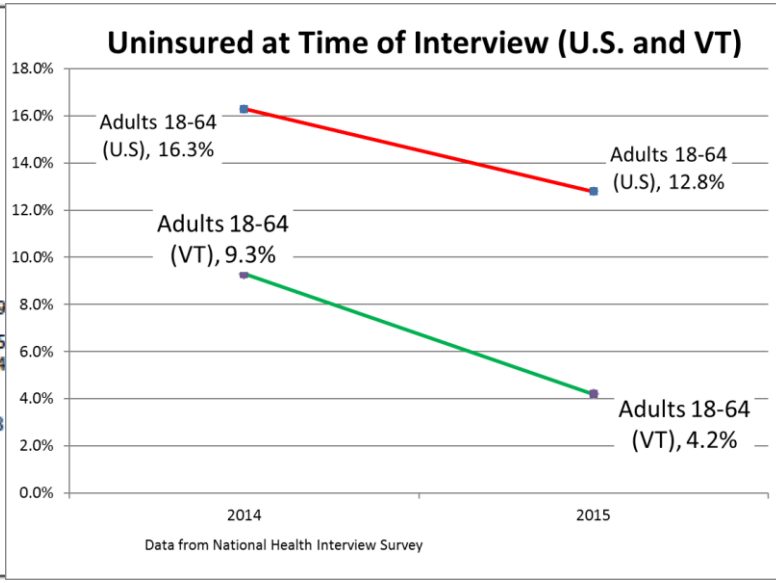
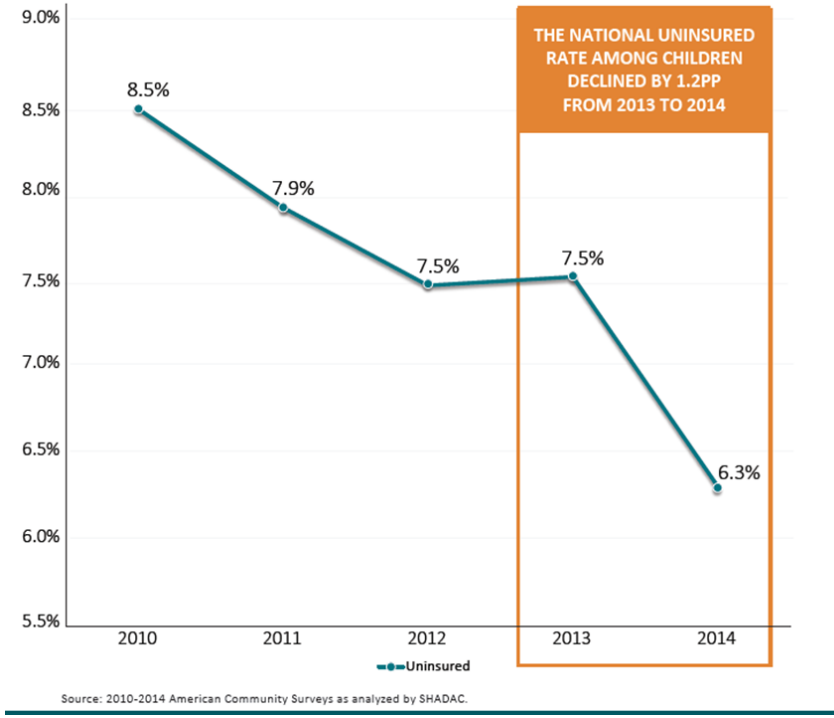


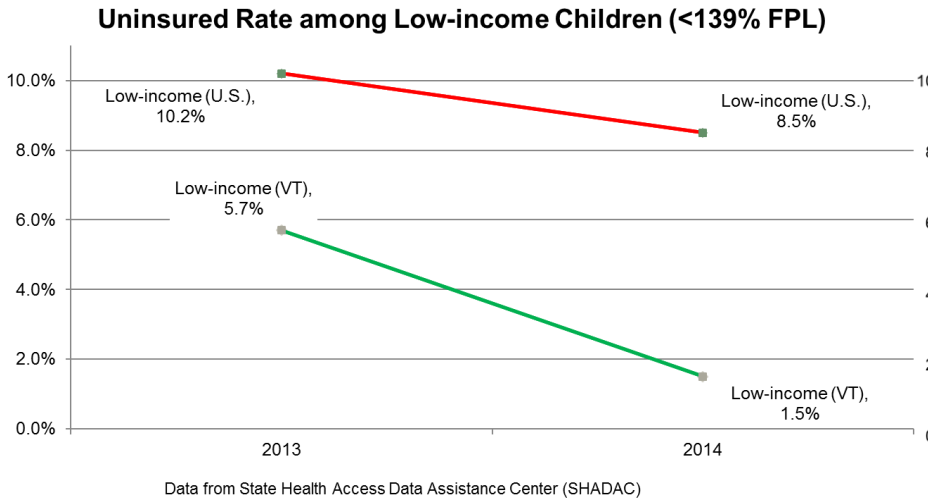
Source: National Health Interview Survey, https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201605.pdf

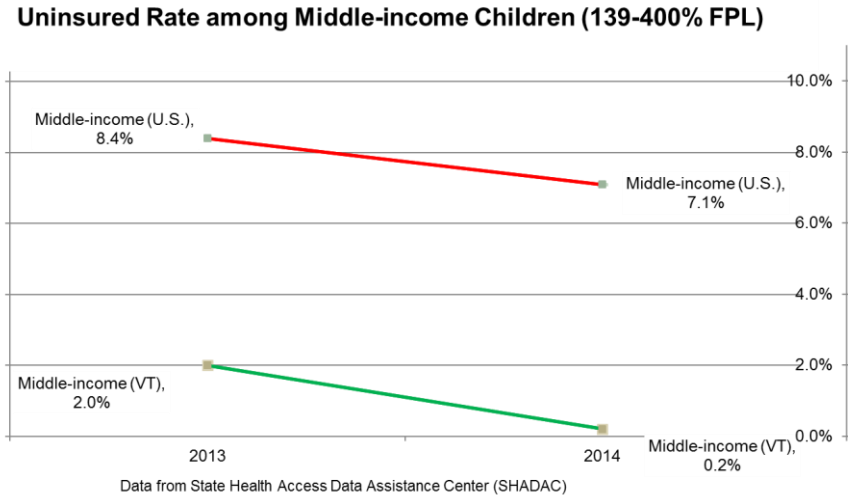
Status of Health Access and Affordability in Vermont

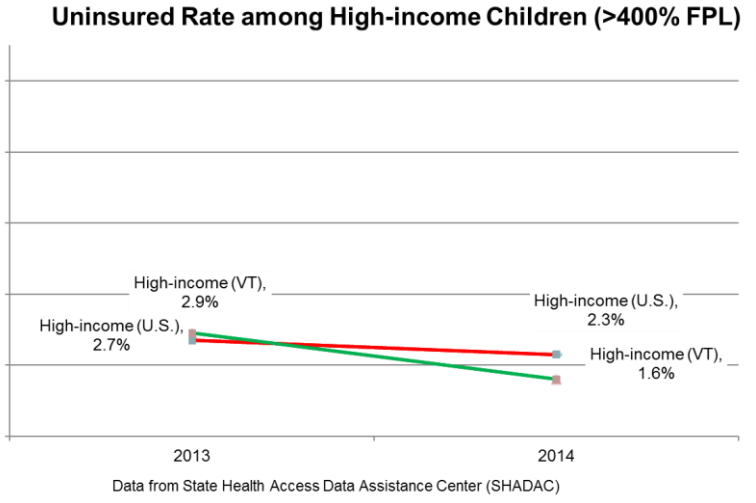
February 2016 – State Health Access Data Assistance Center

- Steep drop in uninsured children nationally, steeper in VT.
- VT is #1 in terms of insuring children.
- VT made major gains, especially in terms of insuring low-income and middle-income children.
- In Vermont, a family's income no longer determines whether a child is covered.
  - Low, middle, and high-income children all have less than 2% uninsured rate.





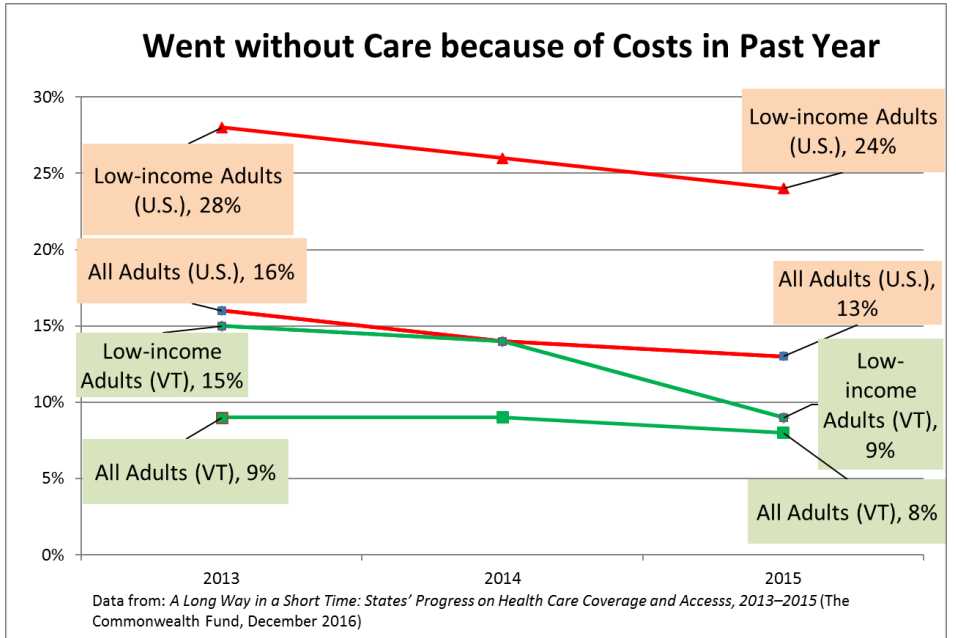




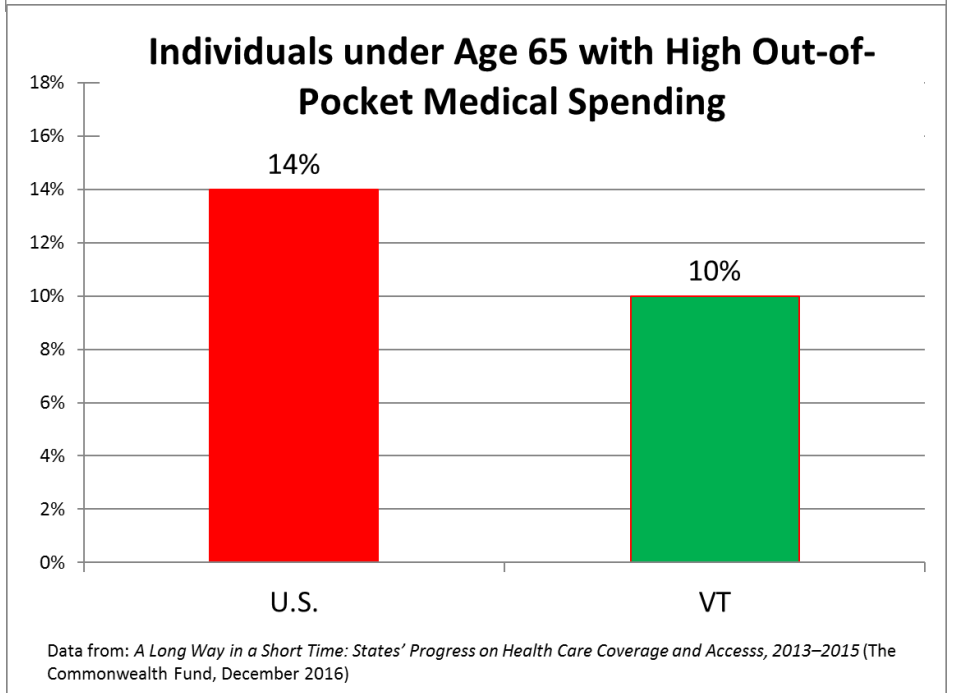
Status of Health Access and Affordability in Vermont

December 2016 – Commonwealth Fund

- The uninsured rate for working-age adults has fallen in every state since the Affordable Care Act's coverage provisions took effect.
- Significantly fewer people are going without care because of costs.
- Vermont is #1 for health access and affordability.
  - Steady improvement: Vermont was #12 in 2009, #4 in 2014, and #2 in 2015.
- Vermont showed the smallest access gap between rich and poor individuals of any state.
  - Vermonters age 18+ who ever went without care because of costs in the past year: 9%.
  - For low-income Vermonters age 18+: 9%.
  - Vermont is the only state in which fewer than 13% of low-income adults went without care because of costs (National average: 24%).



Data from: *A Long Way in a Short Time: States' Progress on Health Care Coverage and Accesss, 2013–2015* (The Commonwealth Fund, December 2016)



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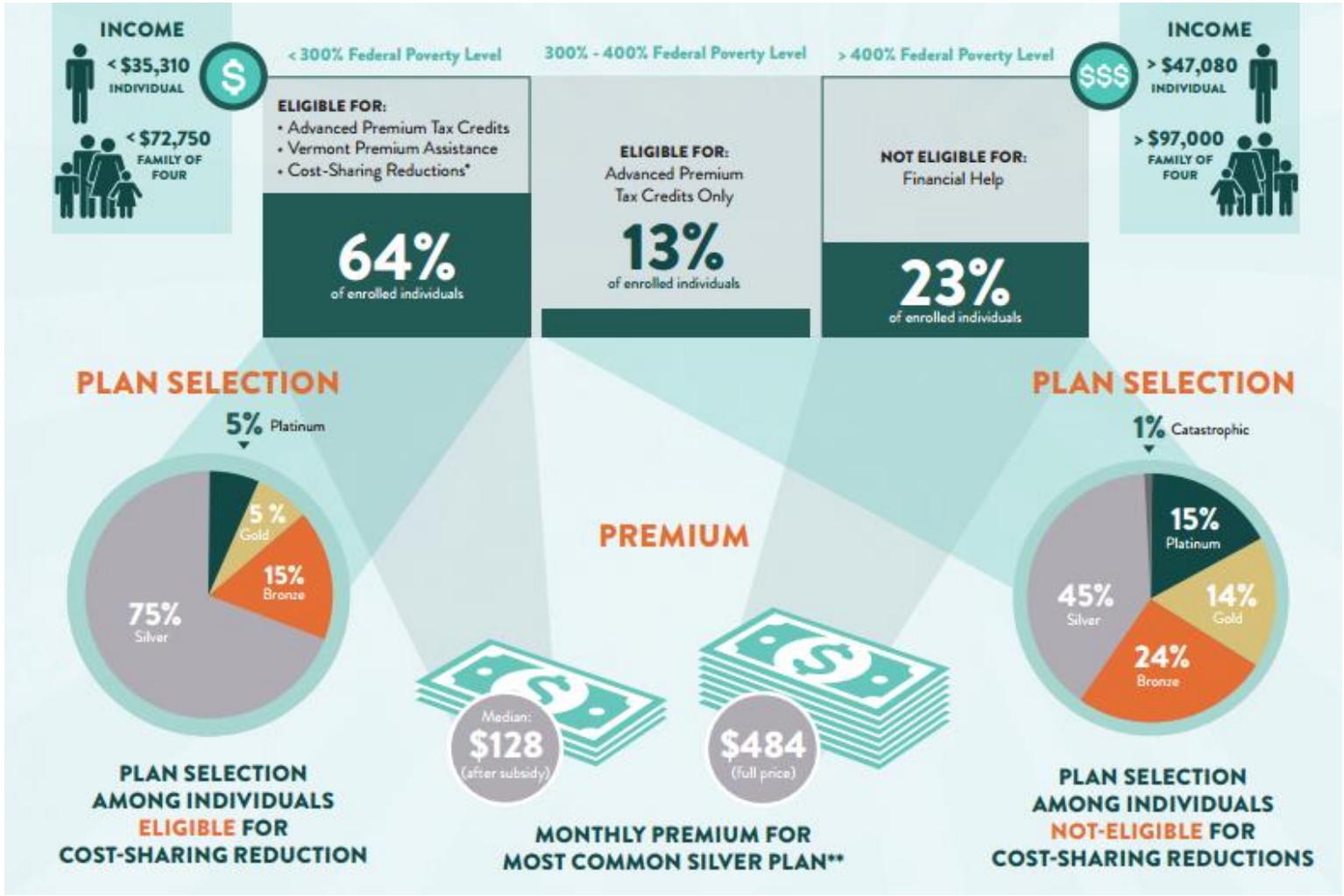
As Vermont's Health Insurance Marketplace, Vermont Health Connect helps Vermonters:

1. **Compare** health insurance options
2. **Secure** financial help to pay for health coverage
3. **Enroll** in a health and/or dental plan
4. **Pay** bills and update information

Vermont Health Connect – Individual Qualified Health Plans

- More than three-quarters (77%) of VHC-managed QHP enrollees received financial help to make premiums and/or out-of-pocket costs more affordable in 2016.
- Up from approximately two-thirds in 2015.
- Proportion is even higher (88%) among members who newly enrolled in 2016.



Goals and Results

When HAEEU last testified, four major goals were:

- Complete the first annual cycle of Medicaid redeterminations and improve efficiency of future cycles
- Ensure a smooth Qualified Health Plan (QHP) renewal process for 2017
- Be available when members need us
- Process member requests timely and efficiently

Goals and Results: Medicaid Renewals

- Medicaid for the Aged, Blind, and Disabled (MABD) renewals re-started in October 2015.
  - Monthly batches of 600-2,000 households;
  - First annual cycle completed in October 2016;
  - Now proceeding with normal, ongoing renewal schedule.
- Medicaid for Children and Adults (MCA) renewals re-started in January 2016.
  - Monthly batches of 3,000-9,000 households;
  - First annual cycle completes at end of this month (February renewal or 1/31 closure);
  - Fewer than half of renewing members respond before receiving closure notice;
    - Opportunity for 90 days retroactive coverage means those responding within three months can avoid gap in coverage;
    - Responses continue (~3-4% of outstanding per month) throughout the year;
    - New applicants tend to be more medically needy than non-responding members.
    - Nearly 90% of responding households still eligible for Medicaid; nearly 80% of rest eligible for QHP with subsidies.
  - Now proceeding with normal, ongoing renewal schedule;
  - Ex-parte renewal for March 2017 resulted in confirmation, through automated sources, that nearly two-thirds (65%) of members still meet eligibility criteria;
    - Renewal application only needs to be sent to 1,284 households for March;
    - Results in greater efficiency and more manageable workload;
    - Less need for members to take action; improved customer service for Vermonters.

Goals and Results: QHP Renewals

QHP renewals presented major challenges in past years, including last year which was the first year with automated renewal functionality. This year, we successfully completed all three major steps on, or ahead of, schedule to ensure a successful 2017 renewal effort.

Step 1: Process renewals (October)

Purpose: Determine eligibility for 2017 state and federal subsidies and enroll members in 2017 versions of their health and/or dental plans.

Result: 91.5% success rate in single automated run. Remaining cases processed the same week using staff renewal form.

Last year: ~80% success rate after multiple automated runs. Processing of remaining cases ran into January.

Why was this year different? Extensive use of staff renewal form last year and throughout Medicaid renewals allowed for defects to be identified and fixed, experience to be gained, processes to be refined, and efficiency greatly improved.

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Step 2: Send data to insurance issuers and payment processor and confirm receipt (November)

Purpose: Ensure that coverage is active when member visits provider or pharmacy in new year.

Result: >99% success rate with insurance issuers and >99.9% success rate with payment processor. Remaining cases reviewed and re-sent.

Last year: Data not sent all at once, but rather after batches of renewals were processed. Large number of errors.

Why was this year different? Testing with insurance issuers in late summer and early fall, as well as successful and timely completion of step 1.

Goals and Results: QHP Renewals

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Step 3: Run year-end business process (January 1st)

Purpose: Allows changes to be made on cases, if necessary, in 2017.

Result: 100% success rate (27,380 for 27,380).

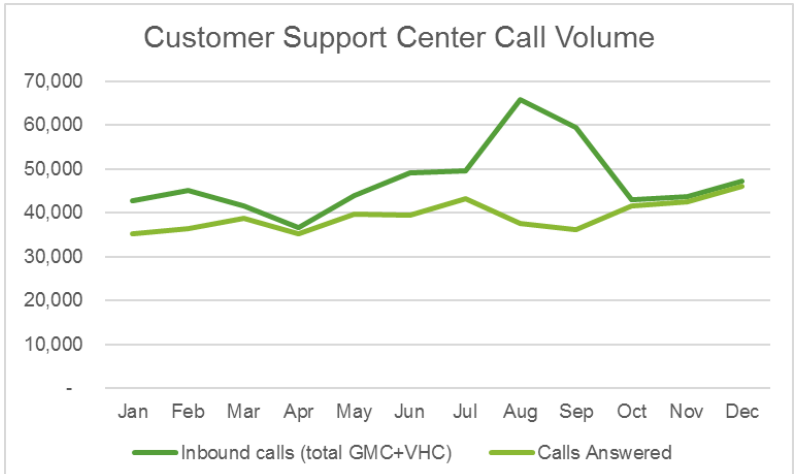
Last year: Automated renewal technology (including this process) was new, sub-contractor Exeter had just gone out of business, and we were just learning about this business process. The result was a delay in change-processing last winter.

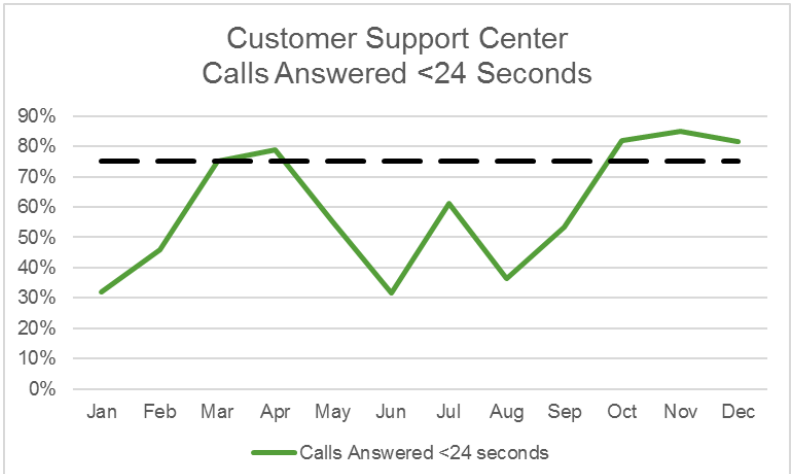
Why was this year different? State and contractors determined how cases needed to be prepared and utilized program data quality tools to test readiness. As of 12/20, 99.96% of cases had passed quality checks and were deemed ready to go through the business process. Remaining cases were cleaned in the following days.

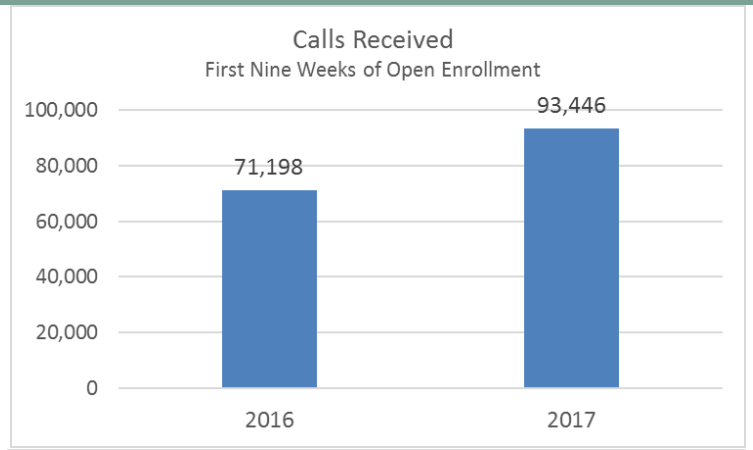
Goals and Results: Customer Support Center (Maximus)

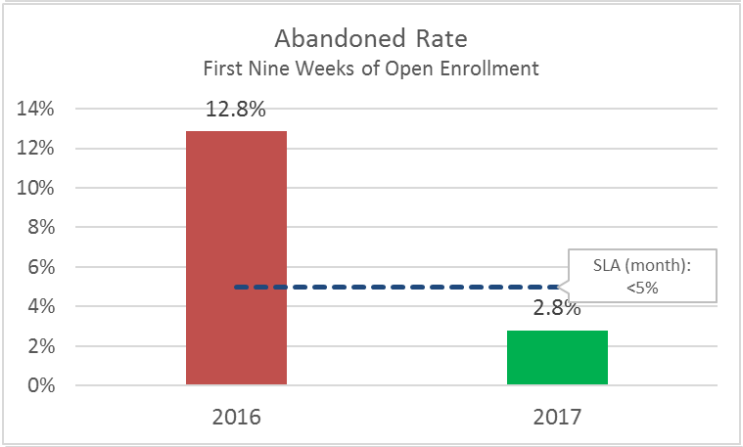
Major turn-around after summer led to a strong fall and strong start to QHP open enrollment. Over the first nine weeks of open enrollment:

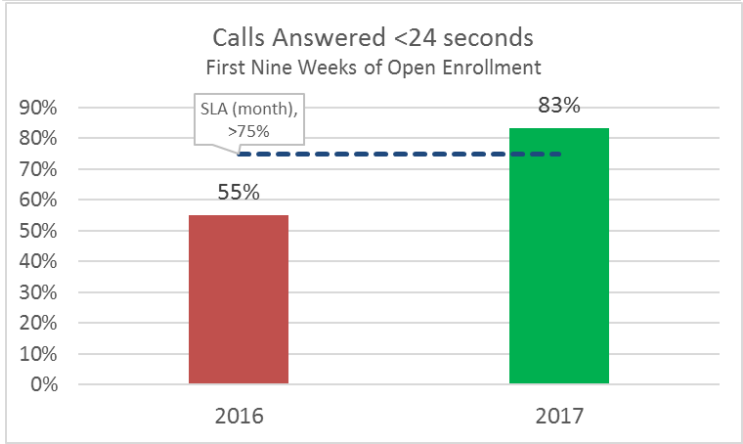
- Call volume more than 30% higher than last year.
  - Increase attributable to Medicaid renewals.
- Performance better than last year and better than goal.
  - Abandoned rate <3%.
  - Over eight in ten (83%) calls answered within 24 seconds.
- Average speed of answer:
  - 2016 Open Enrollment (VT): 5 minutes 3 seconds
  - 2016 Open Enrollment (Federal): 10 minutes 30 seconds
  - 2017 Open Enrollment (VT – through 12/31/16): 54 seconds







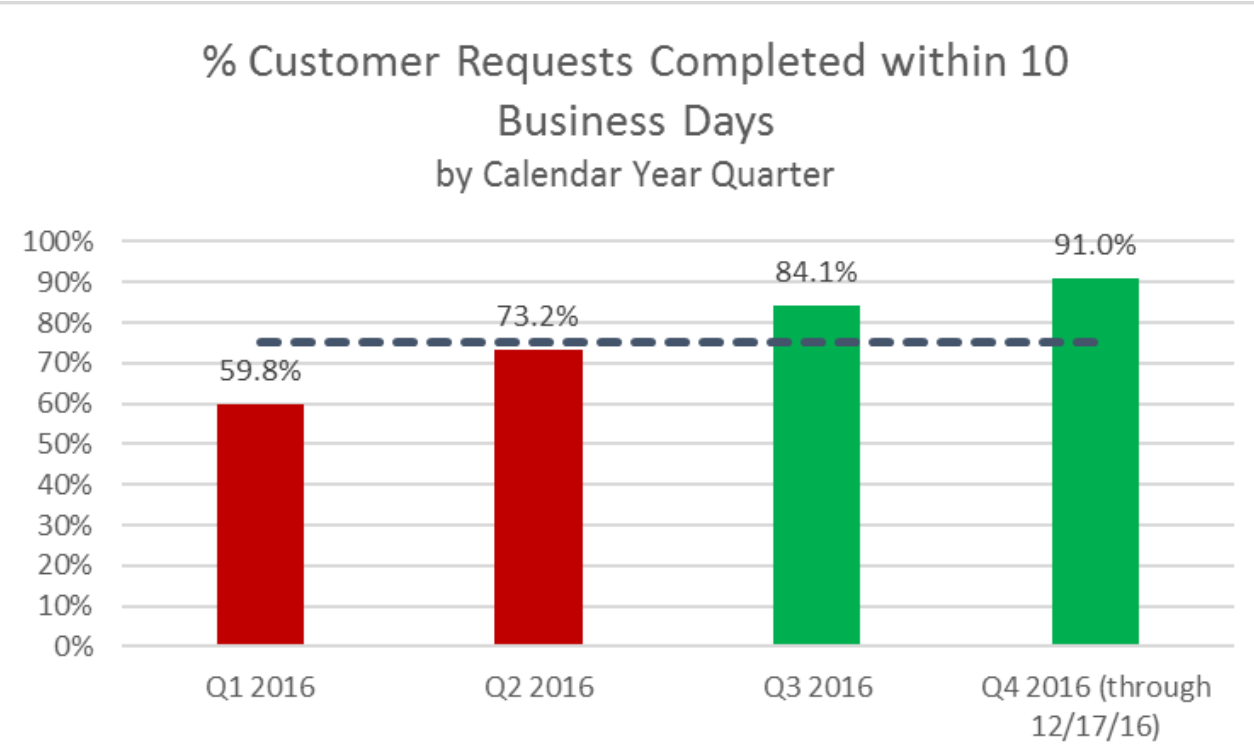


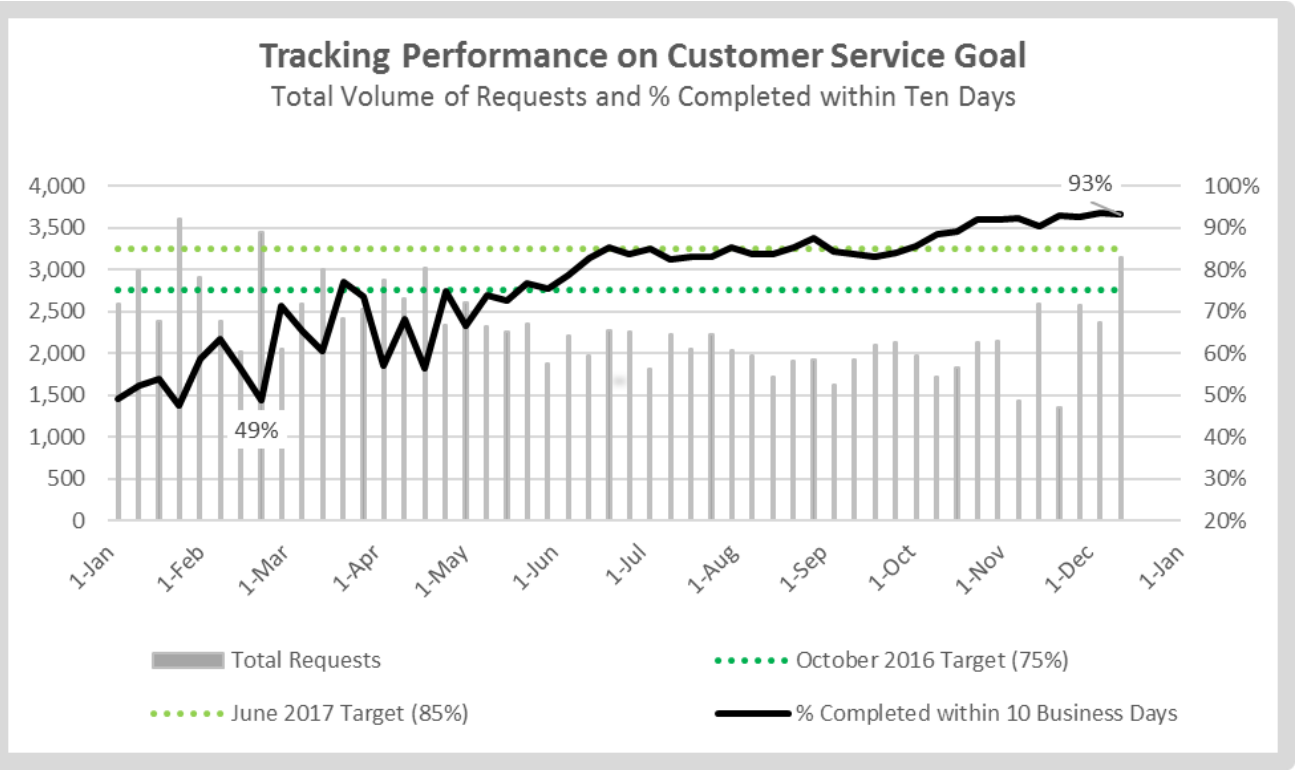


Goals and Results: Timely Processing of Customer Requests

Last spring, we set goal of completing 75% of customer requests within ten days by October.

- Average completed within ten days in first quarter of year: 59.8%
- Average completed within ten days in last quarter (through 12/17): 91.0%
- Most recent week (through 12/17): 93% complete within ten days
  - 3rd busiest week of the year, still maintained best performance
  - Consecutive weeks at or above 75% goal: 29
  - Consecutive weeks at or above 90% goal: 8





Current Focus: 1095 Tax Forms

Similar to last year, VHC is generating two versions of IRS Form 1095.

1095-A

- Proof of coverage and subsidy for QHP member to use when filing taxes;
- Nearly 25,000 will be mailed to QHP members;
- Batches begin mailing by Friday, January 13 and virtually all will be mailed by January 25;
- Tier 1 Customer Support Center staff have been trained on fielding questions and concerns;
- Corrected forms will be sent throughout the winter and spring due to continued reconciliation efforts or when members pay 2016 bills;
- In past years, the delay in change-processing was a major driver of need for corrected forms;
- This year, timely processing means we expect fewer corrected forms.

1095-B

- Second year of form that shows months of coverage;
- Over 125,000 will be mailed to Medicaid members;
- On target to mail in February, ahead of the March 2 federal deadline.

Until January 31…

- Open Enrollment is a time for new applicants to sign up for health and dental plans for the coming year;
- It is also a time for current members to compare their existing health plan to other options;
- Members will find at least 20 options for qualified health plans from Blue Cross Blue Shield of Vermont and MVP Health Care;
- Members will have a start date of:
  - February 1 (if they sign up by January 15), or
  - March 1 (if they sign up between January 16 and January 31);
- Unless they qualify for Medicaid or for a Special Enrollment Period, Vermonters who miss the deadline could have to wait until next January to sign up for health coverage;
- Applicants can sign up in one of three ways:

Online
VermontHealth
Connect.gov

By Phone
1-855-899-9600
(toll-free)

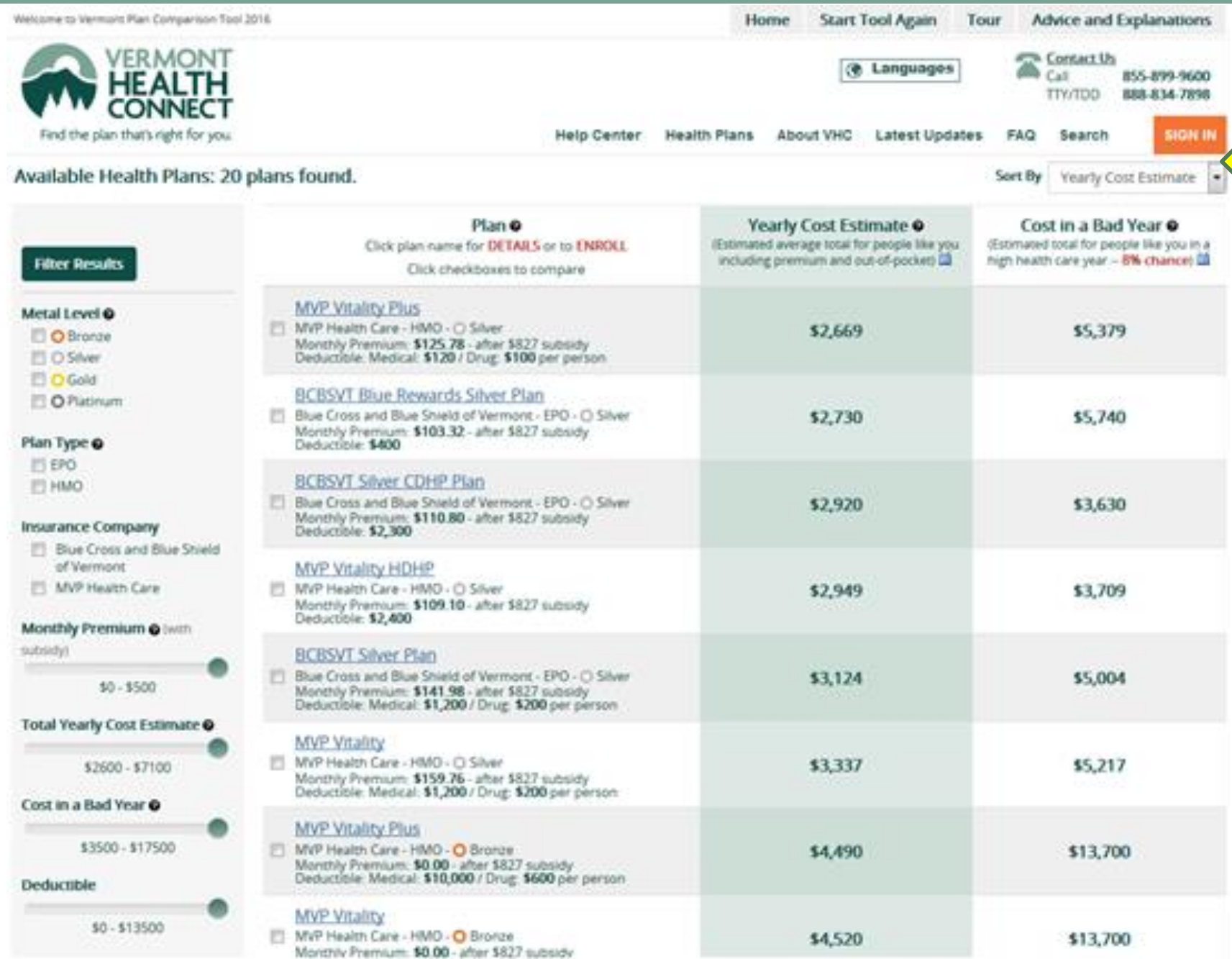
In-Person
Navigator, CAC,
or Broker

Current Focus: Open Enrollment Deadlines

Plan Comparison Tool

- Has received national award for best decision tool.
- Helps Vermonters weigh likely total costs of health plans (premium – subsidies + out-of-pocket costs).
- Can encourage users to look beyond Standard plans and weigh the pros/cons of all plans.
- Can help Vermonters understand how subsidies work, especially cost-sharing reduction Silver plans.

Current Focus: Open Enrollment Deadlines



2017 Plan Comparison Tool

Multiple sorting options allow user to account for risk.

Over 20,000 sessions since late October launch.

Useful for both individuals and small business employees.