

# Open Enrollment 2018

**Re-cap of the Annual Effort to Enroll and Renew Vermonters into  
the State's Health Insurance Marketplace**

*Cory Gustafson, Commissioner*

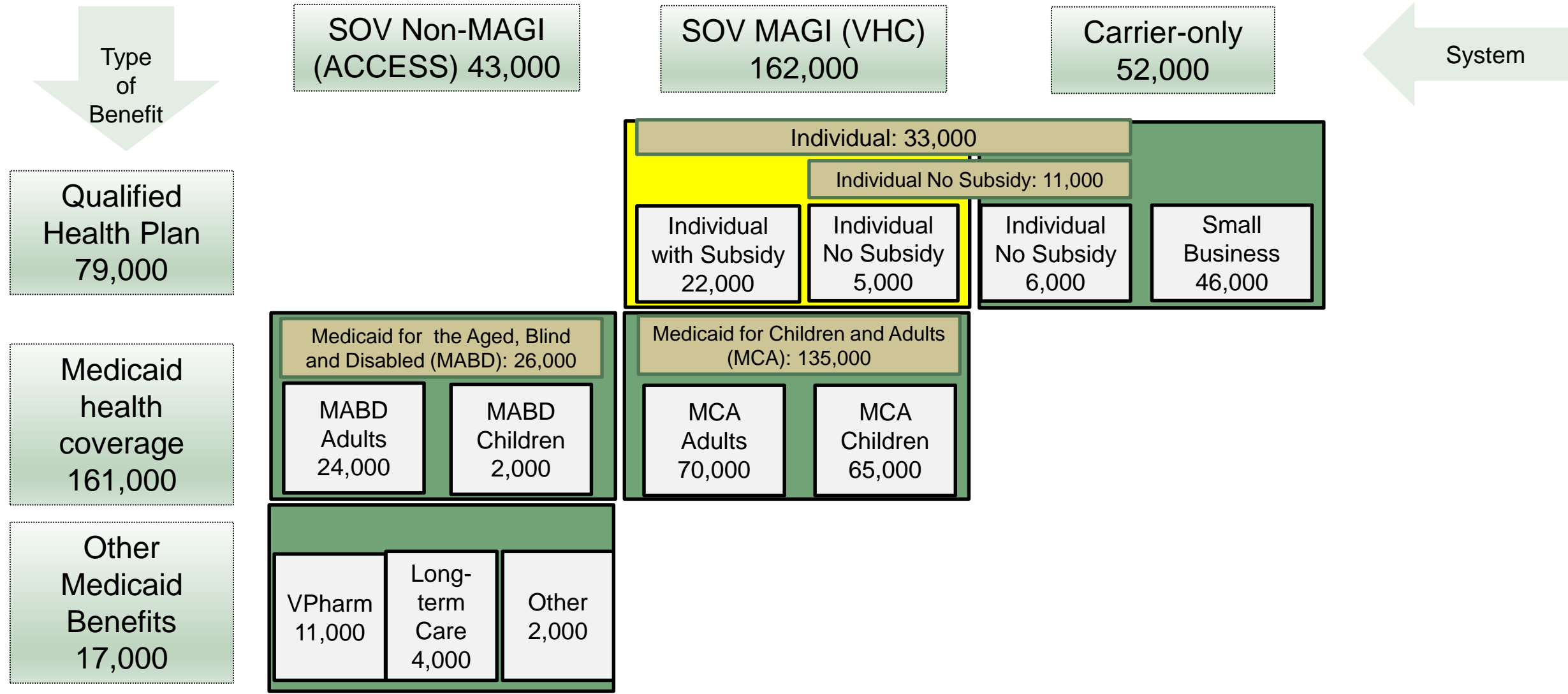
*Cassandra Madison, Director of Eligibility & Enrollment*

*Department of Vermont Health Access*

*January 10, 2018*

# Health Coverage Map – How QHPs & Modified Adjusted Gross Income (MAGI) Benefits Fit In

As of October 2017, 240,000 Vermonters received health coverage through Medicaid or a qualified health plan (QHP). An additional 17,000 received other Medicaid benefits.



**When assessing performance during an open enrollment and renewal period, here are a few key areas to evaluate:**

- 1) 2018 Health Coverage** – Renew current qualified health plan (QHP) renewals and process new applications to ensure members can use 2018 health coverage starting January 1<sup>st</sup>
- 2) Change Processing** – Process change requests promptly
- 3) Customer Support** – Be available online, by phone, and in person
- 4) Troubleshooting** - Resolve problems promptly
- 5) Health Insurance Literacy and Plan Selection** – Ensure that Vermonters understand deadlines, financial help, and the tools they need to comparison shop for plans.



Open Enrollment is shorter this year. Don't miss out!

VERMONT HEALTH CONNECT

# OPEN ENROLLMENT

NOV. 1<sup>st</sup> to DEC. 15<sup>th</sup>, 2017

 NEED HEALTH INSURANCE?	 HAVE QUESTIONS ABOUT RENEWING YOUR HEALTH PLAN?	 NEED TO REPORT A LIFE CHANGE?
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## Not sure where to start?

Help is available online, by phone, or in-person.

CALL: TOLL-FREE 1-855-899-9600

CLICK: [WWW.VERMONTHEALTHCONNECT.GOV](http://WWW.VERMONTHEALTHCONNECT.GOV)

In the health insurance marketplace's early years, Qualified Health Plan (QHP) renewals presented significant problems due to challenges in each of the three major steps in the process. For 2018, like 2017, all three steps ran smoothly. Specifically:

## **Step 1: Process renewals (mid-October)**

Purpose: Ensure that members can view their accounts on the first day of Open Enrollment and see their 2018 health and dental plans as well as updated eligibility information for 2018 state and federal subsidies.

Result: 97.8% success rate in single automated run. Remaining cases processed by staff the next day.

## **Step 2: Send data to insurance issuers/payment processor and confirm receipt (mid-Nov)**

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

Result: Over 99% success rate. MVP and Delta Dental completed processing renewals by 11/22, BCBSVT finished on 11/27, and daily 2018 integration resumed on 11/28 for all carriers.

## **Step 3: Run year-end business process (January 1<sup>st</sup>)**

Purpose: Allows changes to be made to members' accounts, if and when requested, in 2018.

Result: Over 99.9% success rate on January 1<sup>st</sup>. Remainder addressed by staff.

Change requests are being processed promptly.



- Nearly 6,300 change requests received between October 16th and November 15th, up from about 5,000 in a typical month and 5,800 the same period last year.
- Even more (over 7,000) received between November 16th and December 15th
- The team handled the volume - 96% of requests were completed in advance of next invoice, up from 91% previous November-December
- The remaining 4% includes requests that aren't supposed to be processed yet, such as pregnant women whose change shouldn't be processed until the first of the month after their post-partum period ends

### 3) Customer Support – Online, By Phone, and In-Person



#### Online

- 53% of November-December applications were completed online
- This was the first time the exchange has ever had more applications completed online than by phone and paper (November-December 2016 was 44%)



#### By Phone

- Most calls answered in 24 seconds (73% for November, 65% for December)
- New triage process gave option for callbacks at times of call volume spikes (only needed for short period on some Mondays until last week of OEP, then used a lot)
- Only 6% of November-December calls had to be transferred to DVHA's Eligibility and Enrollment staff, down from 8% last November-December
- 92% of those November-December transfers to DVHA were answered in 5 minutes, up from 46% last November-December
- Complaints focused around length of time it takes to complete an application, but that is largely due to the number of questions that require answers from the federal government in order to qualify for federal help (ie beyond Vermont's control)



#### In-Person

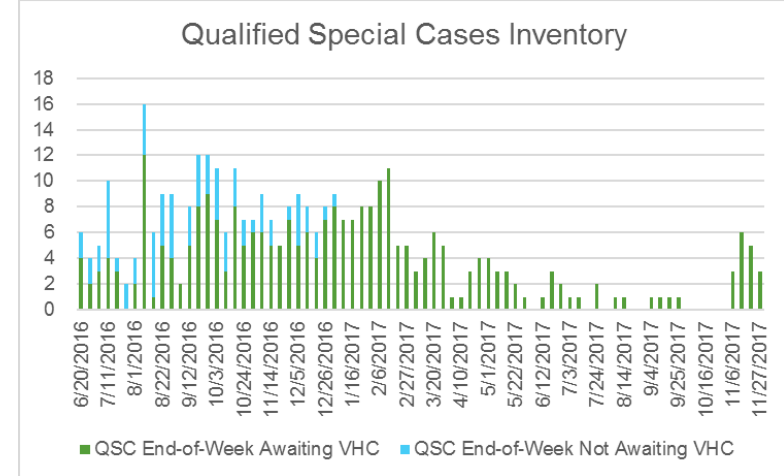
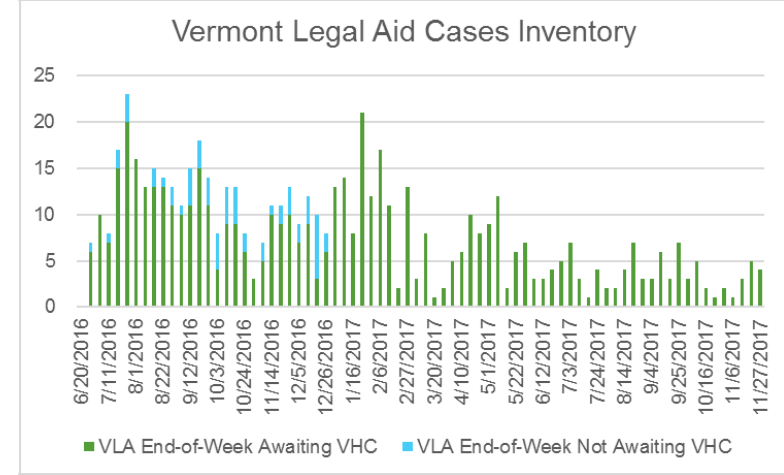
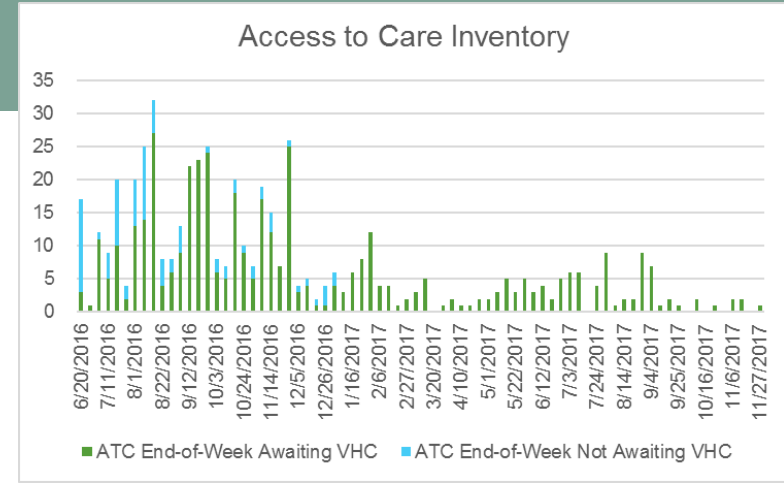
- More than 160 Certified Application Counselors (CACs) and Navigators providing free assistance throughout the state, in addition to nearly 80 registered brokers
- The most in-person Assisters Vermont has ever had - over 50% more Assisters providing free in-person help than two years ago
- Some regions need more Assisters. Assister Program Manager continues to expand the program and welcomes suggestions and connections.

# 4) Troubleshooting

The volume of problems is down and the speed with which they're resolved is up.

- Combining the three major categories of escalations, DVHA-HAEEU ended the last week of December with 16 open cases.
  - Compares to 20 open cases the last week of December 2016, and more than 200 throughout the spring of 2016.
- From the Health Care Advocate's last (pre-open enrollment) quarterly report:

*“VHC calls have decreased steadily this year over the past three quarters (394 to 300 to 231). The decrease in VHC cases reflects that VHC is functioning more consistently and resolving problems more quickly.”*



# 5) Health Insurance Literacy and Plan Selection

- In-person literacy efforts included participation in health fairs, county field days, and “rapid response” appearances at businesses with layoffs in collaboration with Dept. of Labor
- November webinars with co-presenters from all three insurance carriers – one webinar tailored to individuals who get financial help and another to those who don’t
- November and December Open Enrollment Q+A events on Facebook Live – together have had 1,700 views



- Online Plan Comparison Tool estimates financial help, premiums after financial help, and expected total costs (premium plus out-of-pocket) of all plan options based on age, income, and health status
- Tool was used in more than 23,000 sessions by December 15th, up 48% from same date last year
- 1,069 sessions on 12/15 was a new one-day record
- Two other days (11/1 & 12/14) also exceeded last year’s record, set on last day of open enrollment (729 on 1/31)

Welcome to Vermont Plan Comparison Tool 2016

Home Start Tool Again Tour Advice and Explanations

VERMONT HEALTH CONNECT  
Find the plan that's right for you

Contact Us  
Call 855-899-9600  
TTY/TDD 888-834-7898

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Available Health Plans: 20 plans found. Sort By: Yearly Cost Estimate

Plan	Yearly Cost Estimate	Cost in a Bad Year
<small>Click plan name for DETAILS or to ENROLL Click checkboxes to compare</small>	<small>(Estimated average total for people like you including premium and out-of-pocket)</small>	<small>(Estimated total for people like you in a high health care year - 8% chance)</small>
<b>MVP Vitality Plus</b> <input type="checkbox"/> MVP Health Care - HMO - <input type="radio"/> Silver Monthly Premium: \$125.78 - after \$827 subsidy Deductible: Medical: \$120 / Drug: \$100 per person	\$2,669	\$5,379
<b>BCBSVT Blue Rewards Silver Plan</b> <input type="checkbox"/> Blue Cross and Blue Shield of Vermont - EPO - <input type="radio"/> Silver Monthly Premium: \$103.32 - after \$827 subsidy Deductible: \$400	\$2,730	\$5,740
<b>BCBSVT Silver CDHP Plan</b> <input type="checkbox"/> Blue Cross and Blue Shield of Vermont - EPO - <input type="radio"/> Silver Monthly Premium: \$110.80 - after \$827 subsidy Deductible: \$2,300	\$2,920	\$3,630
<b>MVP Vitality HDHP</b> <input type="checkbox"/> MVP Health Care - HMO - <input type="radio"/> Silver Monthly Premium: \$109.10 - after \$827 subsidy Deductible: \$2,400	\$2,949	\$3,709
<b>BCBSVT Silver Plan</b> <input type="checkbox"/> Blue Cross and Blue Shield of Vermont - EPO - <input type="radio"/> Silver Monthly Premium: \$141.98 - after \$827 subsidy Deductible: Medical: \$1,200 / Drug: \$200 per person	\$3,124	\$5,004
<b>MVP Vitality</b> <input type="checkbox"/> MVP Health Care - HMO - <input type="radio"/> Silver Monthly Premium: \$159.26 - after \$827 subsidy Deductible: Medical: \$1,200 / Drug: \$200 per person	\$3,337	\$5,217
<b>MVP Vitality Plus</b> <input type="checkbox"/> MVP Health Care - HMO - <input type="radio"/> Bronze Monthly Premium: \$0.00 - after \$827 subsidy Deductible: Medical: \$10,000 / Drug: \$600 per person	\$4,490	\$13,700
<b>MVP Vitality</b> <input type="checkbox"/> MVP Health Care - HMO - <input type="radio"/> Bronze Monthly Premium: \$0.00 - after \$827 subsidy	\$4,520	\$13,700



# Enrollment Overview – QHP Sign-ups and Plan Changes

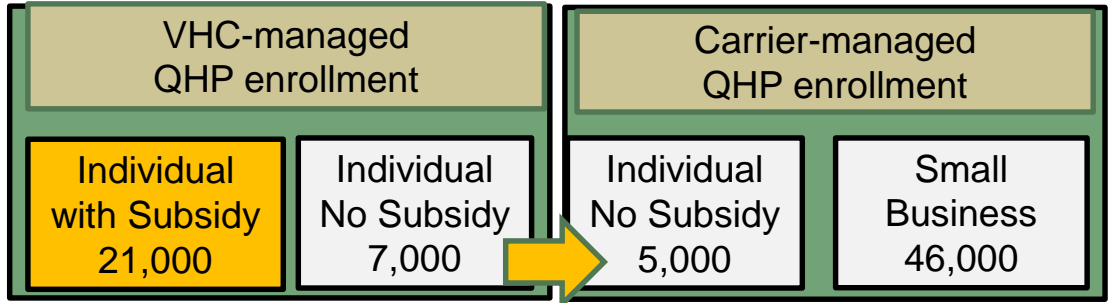
Shorter open enrollment seems to have produced similar or better results

**Goal:** Sign up subsidized members through marketplace by 12/15 for January 2018 coverage, avoiding gaps in coverage  
**Result:** 2,000 more members in January year-over-year, and similar enrollment as March 2017  
*(note: 1/31 deadline sign-ups' enrollment started March 2017)*

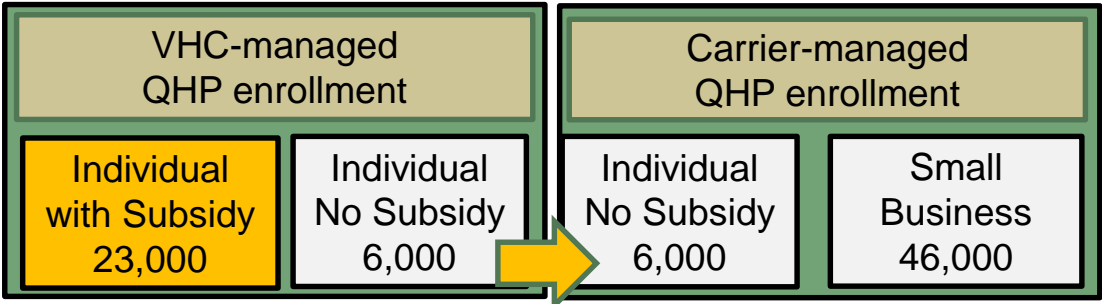
**Goal:** Encourage members who know they won't qualify for subsidies to purchase directly from carrier  
**Result:** Slight increase in direct enrollment

**Goal:** Encourage members to comparison shop early  
**Result:** Plan Comparison Tool use up from previous year; one-third more individuals changed plans (2,065) than did so in the previous year's longer open enrollment (1,549)

## January 2017 Actual



## March 2017 Actual



## January 2018 Prelim (in confirmed plans as of 12/31)

