

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

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January 11, 2017*

- Health Care Eligibility & Enrollment Unit (HAEEU)  
Structure and Scope
- Status of Health Access and Affordability in Vermont
- Vermont Health Connect
- Goals and Results
- Looking Forward
- Spread the Word: Open Enrollment Deadlines

Cassandra Gekas  
Director of Health Care  
Eligibility & Enrollment

Eligibility

Enrollment

Outreach &  
Education

HR/Retention

Workflow/  
Reporting

Training/Business  
Process

Assistant  
Operations  
(AOPS)

## 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

# Status of Health Access and Affordability in Vermont

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

## February 2016 – State Health Access Data Assistance Center

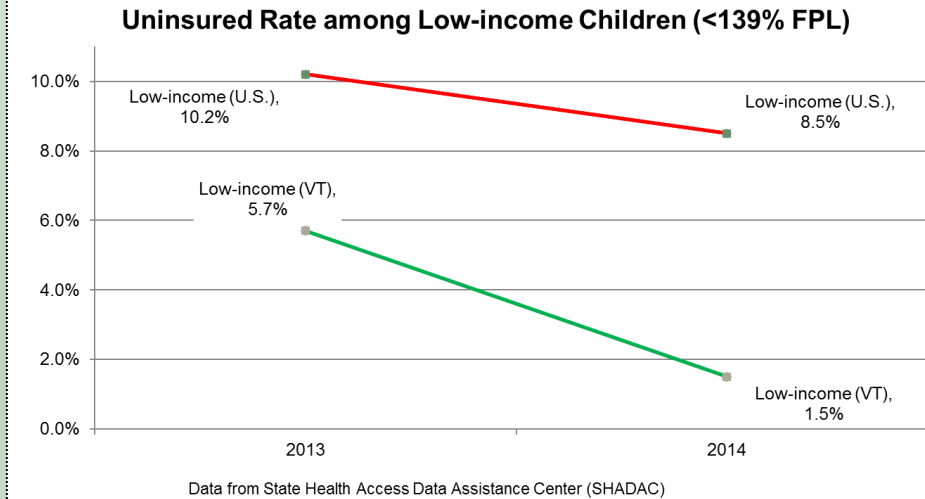
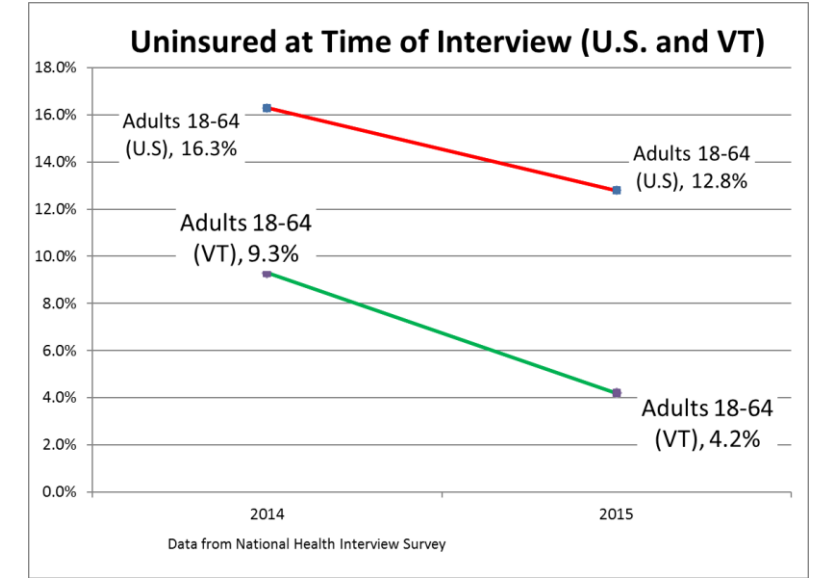
- Steep drop in uninsured children nationally, steeper in VT.
- VT is #1 in terms of insuring children.

## May 2016 – National Center for Health Statistics

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

## December 2016 – Commonwealth Fund

- Significantly fewer people are going without care because of costs.
- VT was #1 for health access and affordability.
- VT showed the smallest access gap between rich and poor individuals of any state.



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

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 500-1,500 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 January 2017;
  - Now proceeding with normal, ongoing renewal schedule;
  - Ex-parte renewal for February 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 February;
    - Results in greater efficiency and more manageable workload;
    - Less need for members to take action; improved customer service for Vermonters.

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.

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

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

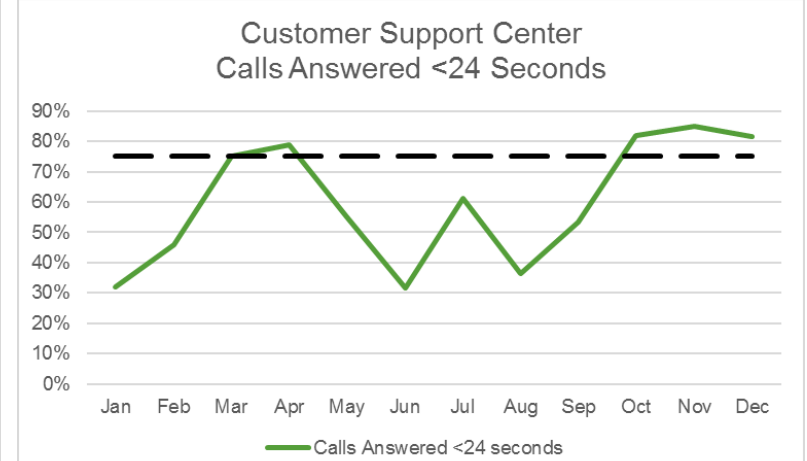
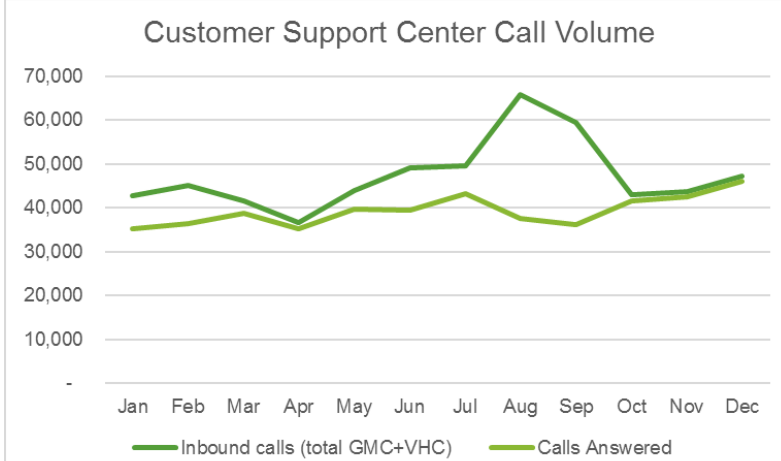
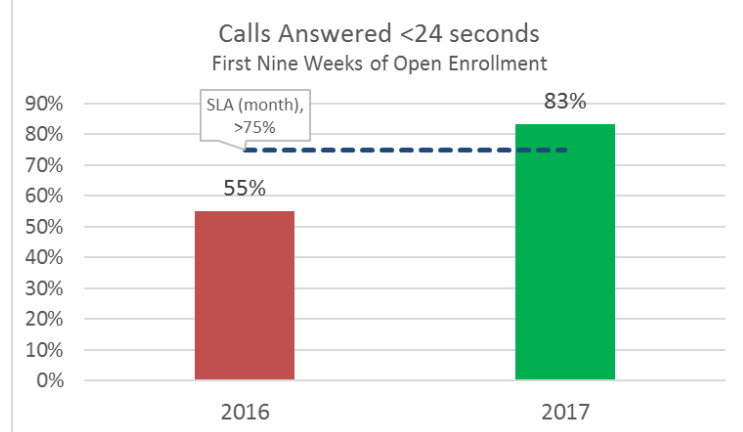
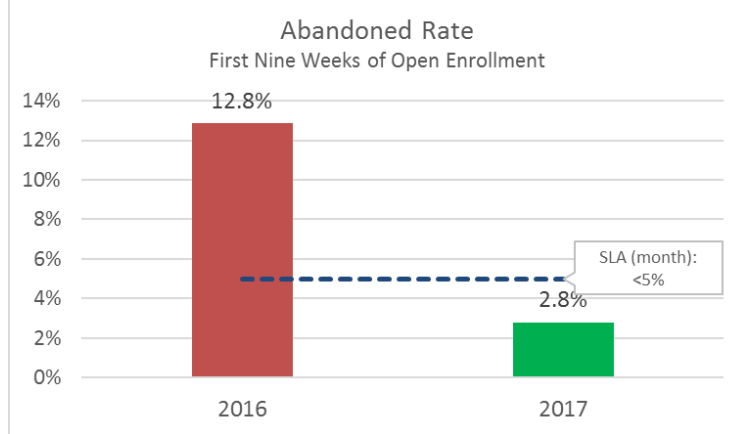
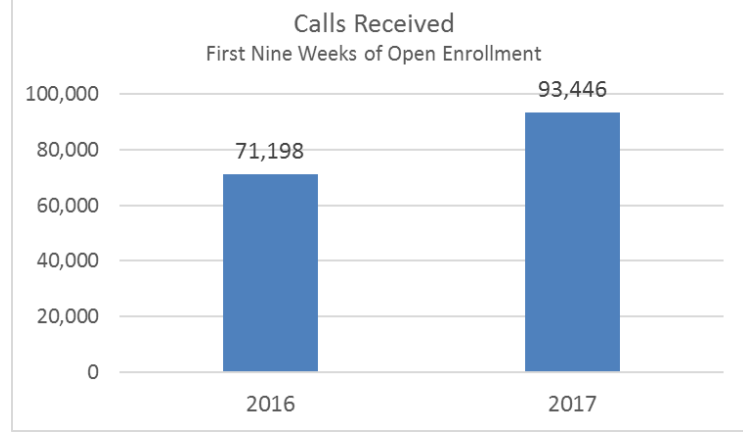
Result: 100% success rate (27,380 for 27,380).

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.

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:

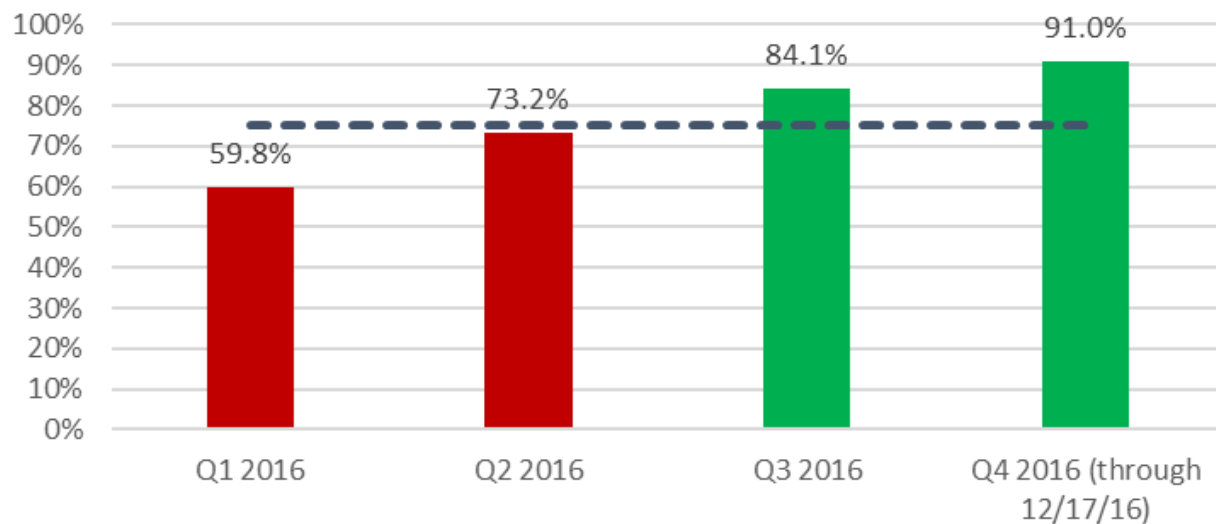
- Call volume more than 30% higher than last year.
  - Increase attributable to Medicaid renewals.
- Performance better than last year and better than goal.
  - Abandoned rate <3%.
  - Over eight in ten (83%) calls answered within 24 seconds.
- Average speed of answer:
  - 2016 Open Enrollment (VT):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



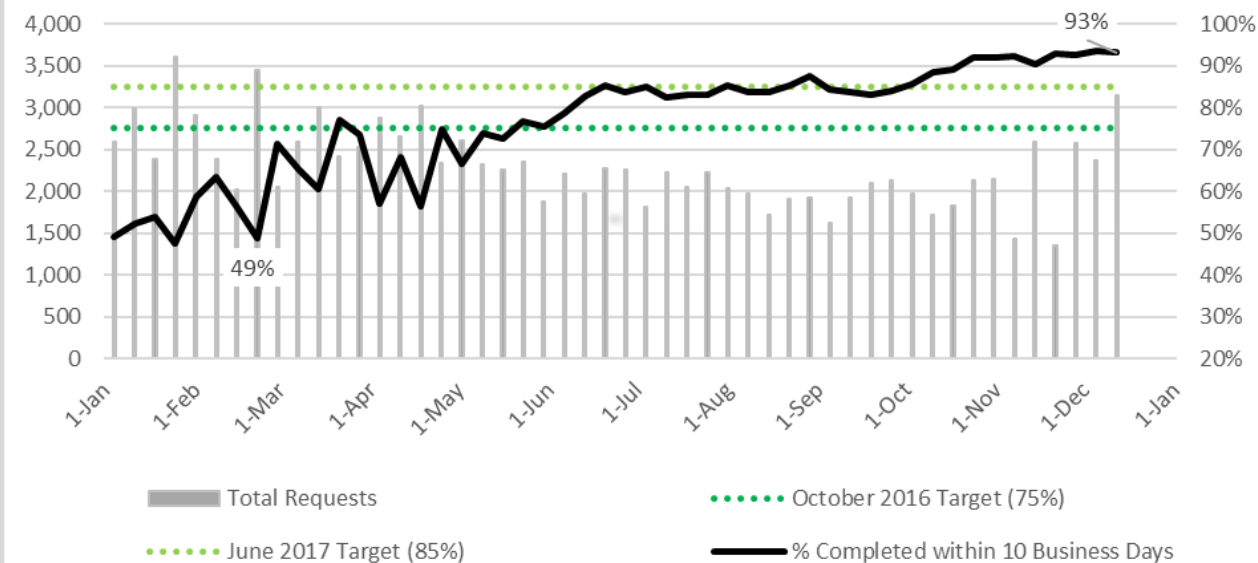
Last spring, we set goal of completing 75% of customer requests within ten days by October.

- 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
  - 3<sup>rd</sup> 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

**% Customer Requests Completed within 10 Business Days by Calendar Year Quarter**



**Tracking Performance on Customer Service Goal**  
Total Volume of Requests and % Completed within Ten Days



- Increase use of self-service functions (for renewals, change-reporting, payments, etc.)
- Improve data quality and reconciliation
- Foster stronger collaboration with carrier partners
- Improve health insurance literacy of our members

## 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