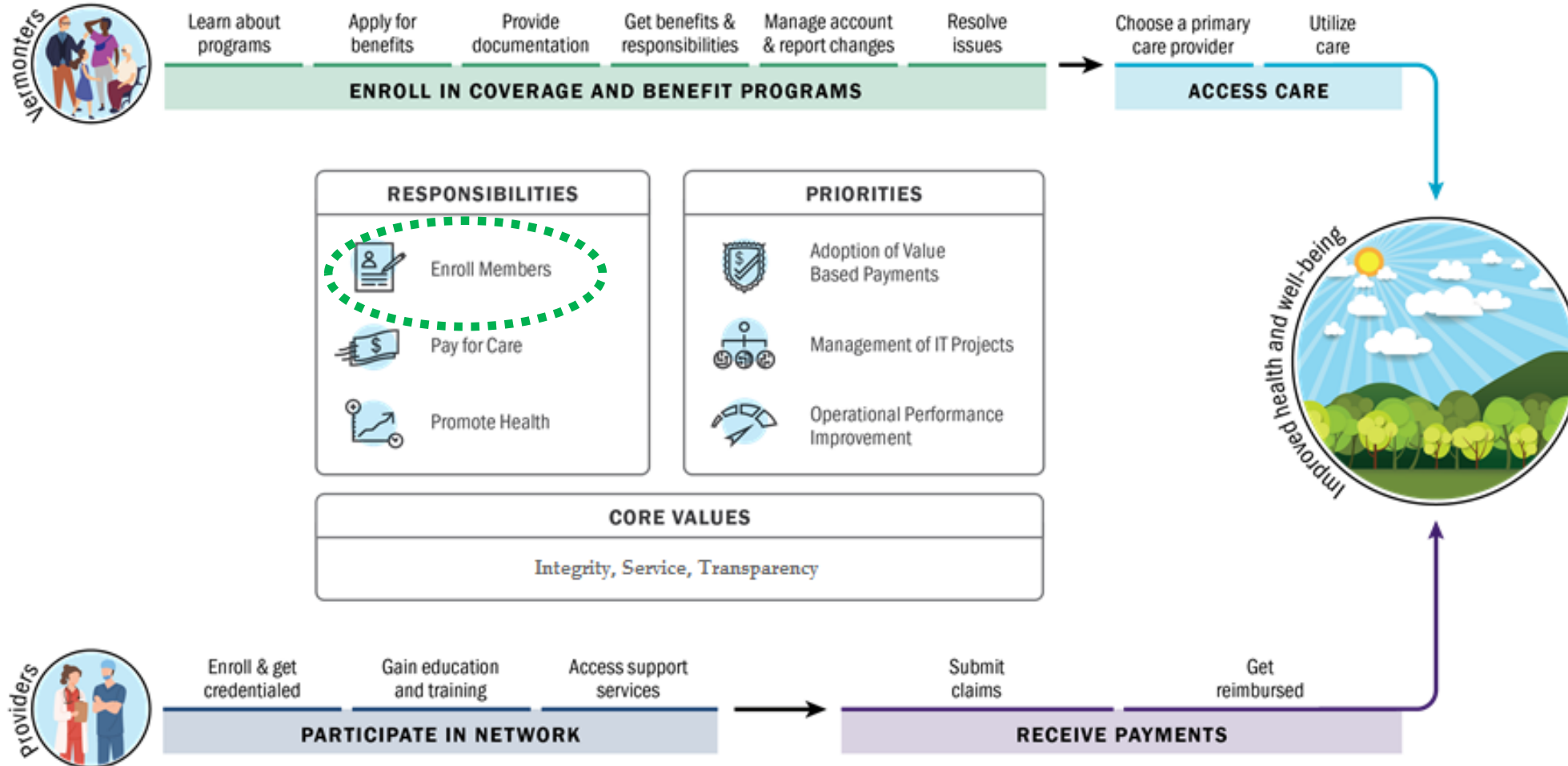


Department of Vermont Health Access

Vermont's Health Insurance Marketplace and DVHA's Efforts to Enroll Vermonters in Healthcare Benefits

DVHA's Mission:

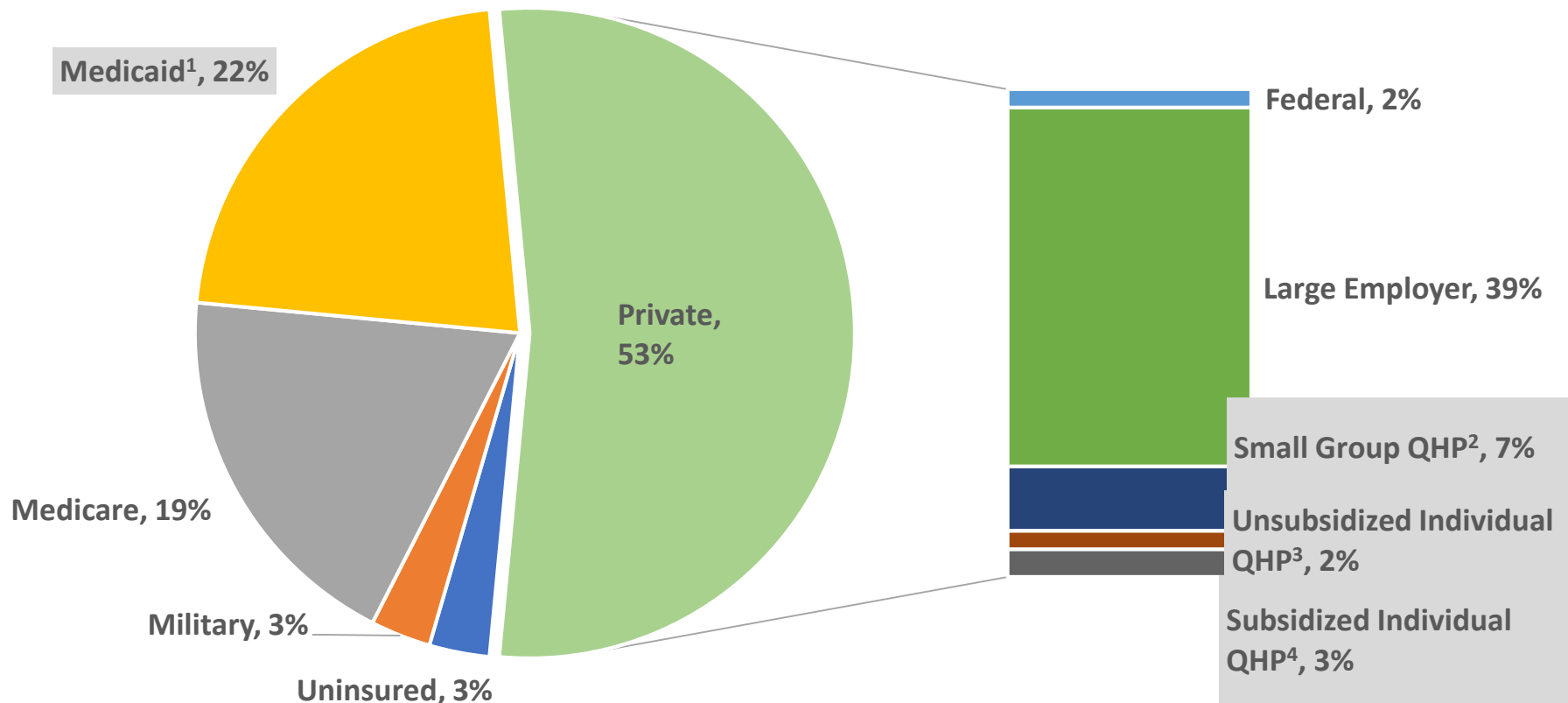
Improve the health and well-being of Vermonters by providing access to quality healthcare cost effectively.



What is Vermont Health Connect?

- Vermont Health Connect is the State's Health Insurance Exchange, which helps Vermonters enroll in Qualified Health Plan and MAGI Medicaid programs.
- It means different things to different people: federal mandate, technology system, brand, etc
- It's one piece of a larger puzzle.

Health Coverage in Vermont – Estimate of Primary Coverage by Type*



- 1- Enrollment administered by DVHA, benefits managed by DVHA
- 2- Certified by DVHA, enrollment and benefits administered by insurance carrier partners
- 3- Certified by DVHA, enrollment administered by DVHA or by insurance carrier partners, benefits managed by carrier partners
- 4- Certified by DVHA, enrollment administered by DVHA, benefits managed by insurance carrier partners

More than one out of three Vermonters are covered by a health plan that is administered and/or certified by the Department of Vermont Health Access (DVHA).

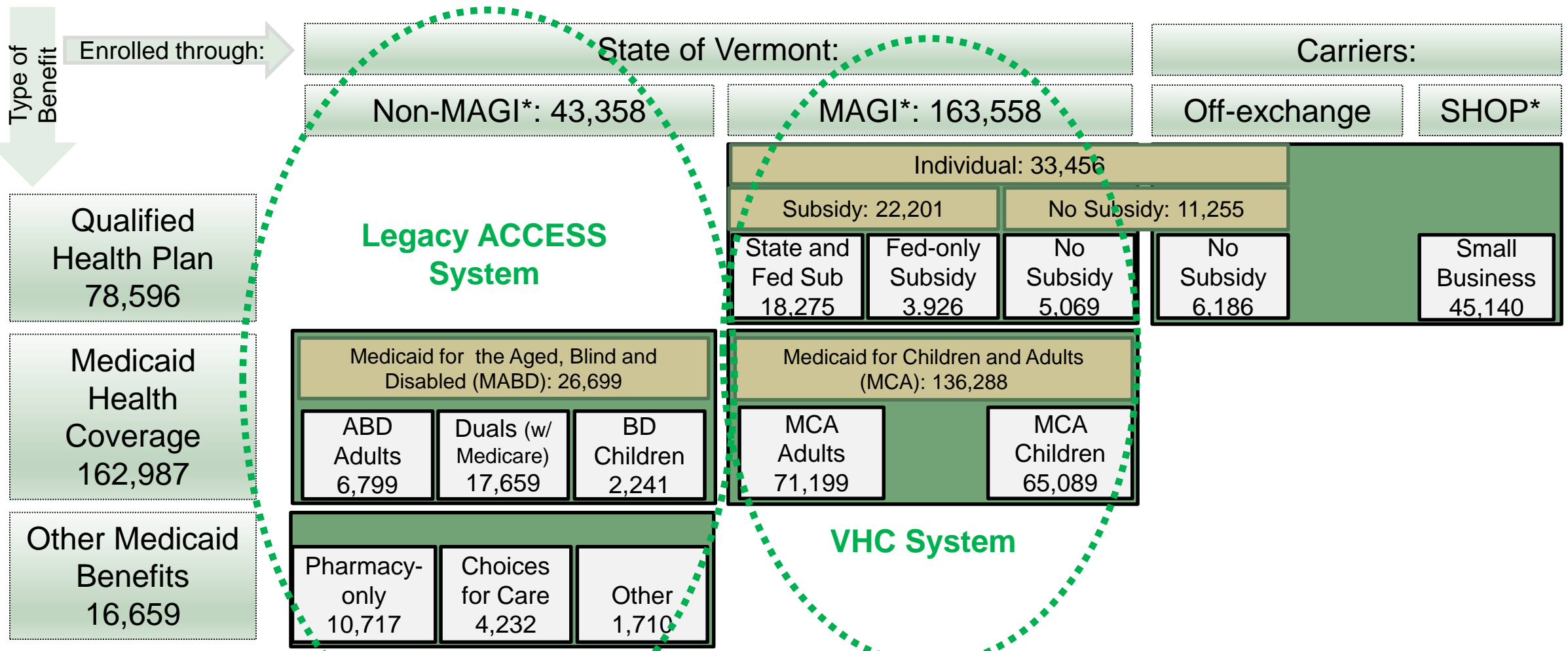
* Estimates of primary insurance type have been compiled from multiple sources, including the 2018 Vermont Household Health Insurance Survey, and should be viewed as an example of relative scale, not absolute values.

Vermont's uninsured rate has been cut from 8% to 3% over the last ten years.



A Closer Look – Qualified Health Plans (Individuals and Small Groups) and Medicaid

Across the 12 months of SFY2018, an average of 241,000 Vermonters received health coverage through Medicaid or a qualified health plan (QHP). An additional 17,000 received other Medicaid benefits.



* Modified Adjusted Gross Income (MAGI) is a tax-based measure of income used by the Affordable Care Act to determine eligibility and benefit amounts for premium tax credits and for Medicaid for Children and Adults (MCA). Previous eligibility standards, now called "Non-MAGI," are still used to determine eligibility for Medicaid for the Aged, Blind and Disabled (MABD) and other Medicaid benefits. "SHOP" is the Small Business Health Options Program, aka the small business health exchange.

Notes: State of Vermont enrollment averaged across twelve months, July 2017 through June 2018. MABD Duals refers to members eligible for both MABD and Medicare. MCA Children includes Non-ABD Children, Underinsured, and SCHIP. "Other" includes Healthy Vermonters, Refugee, and HIV. State of Vermont qualified health plan from DVHA's enrollment reports. Carrier direct enrollment as reported quarterly by carriers, averaged across four quarters of SFY 2018.

VHC Topics

- The Basics
- Metal Levels, Subsidies, and Enrollment
- Open Enrollment 2019
- Plan Selection and Silver Loading
- Future Development

Vermont Health Connect

The Basics

Public Health Plans

- Medicaid
- Dr. Dynasaur

Private Health & Dental Plans

- Blue Cross Blue Shield of VT
- MVP Healthcare
- Northeast Delta Dental

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

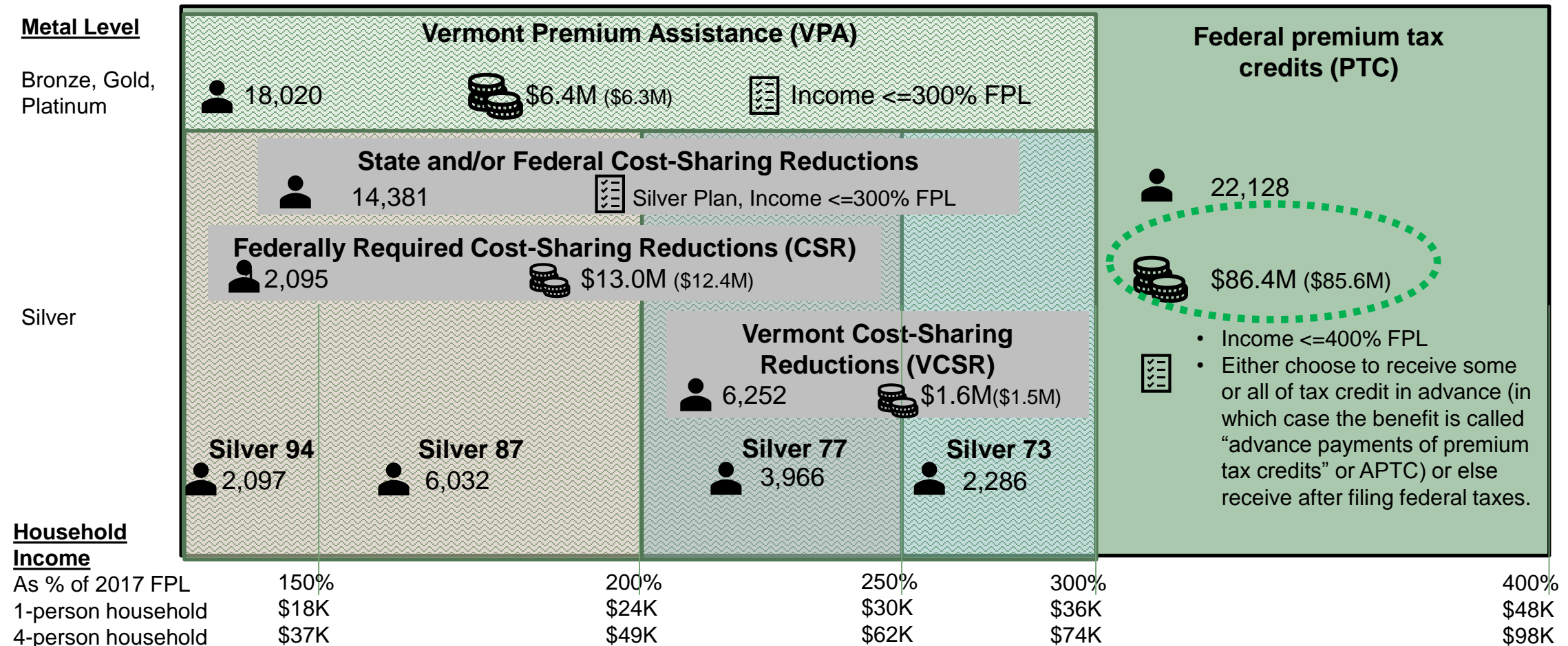
Pay bills and update information

Vermont Health Connect

Metal Levels, Subsidies, and Enrollment

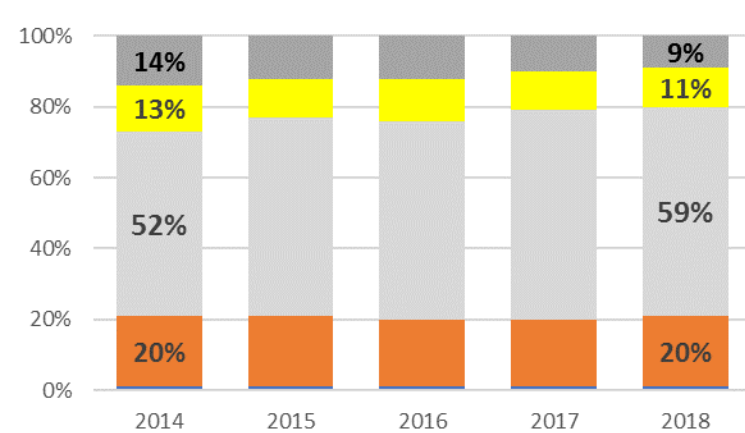
A Closer Look – Individuals in Qualified Health Plans with Subsidies as of End of SFY 2018

As of June 2018, two out of three Vermonters in the individual market received federal premium tax credits to lower their monthly insurance costs. Many also received financial help to further reduce premium and out-of-pocket costs from the State and/or through federally required benefits. To qualify, they can't have another offer of affordable coverage, must enroll in a metal level plan, and must meet income guidelines.

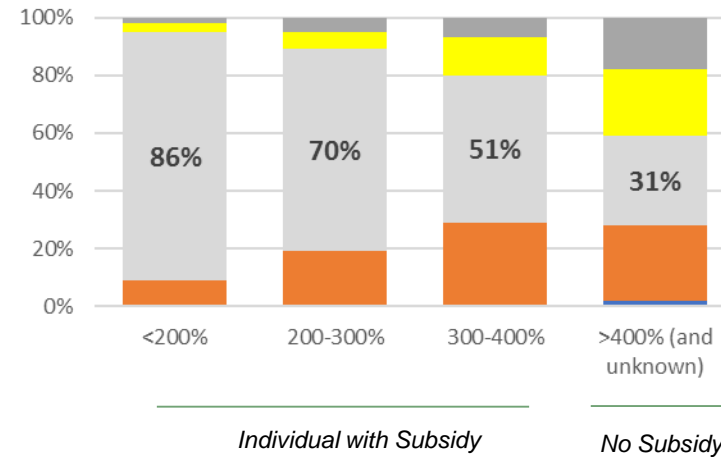


A Closer Look – Individuals in Qualified Health Plans as of End of SFY 2018 (June 2018)

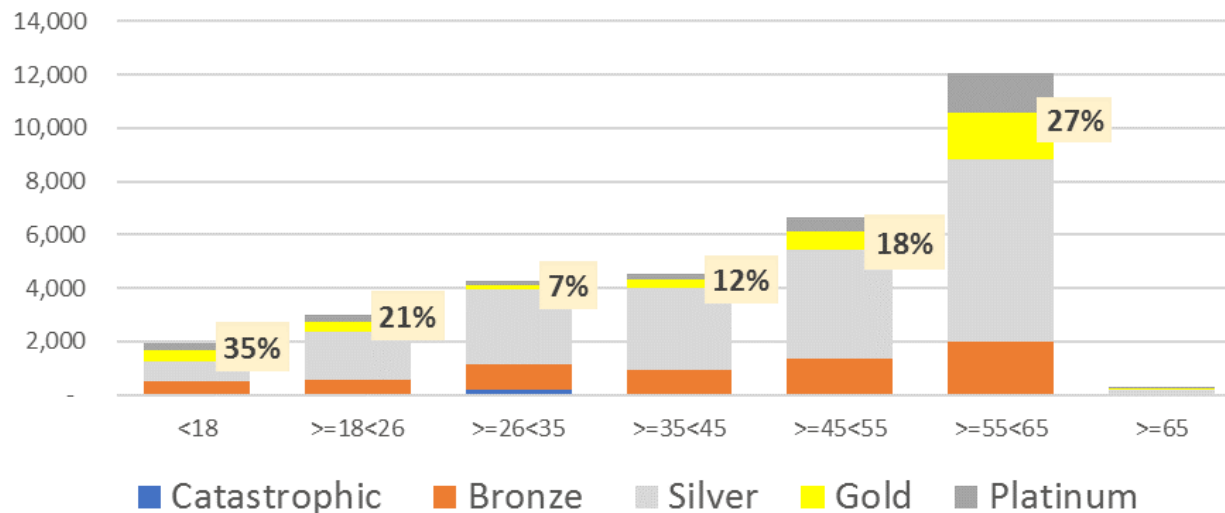
Metal Level Distribution by Year



Metal Level by Income (% Federal Poverty Level)



Enrollment and Distribution by Age



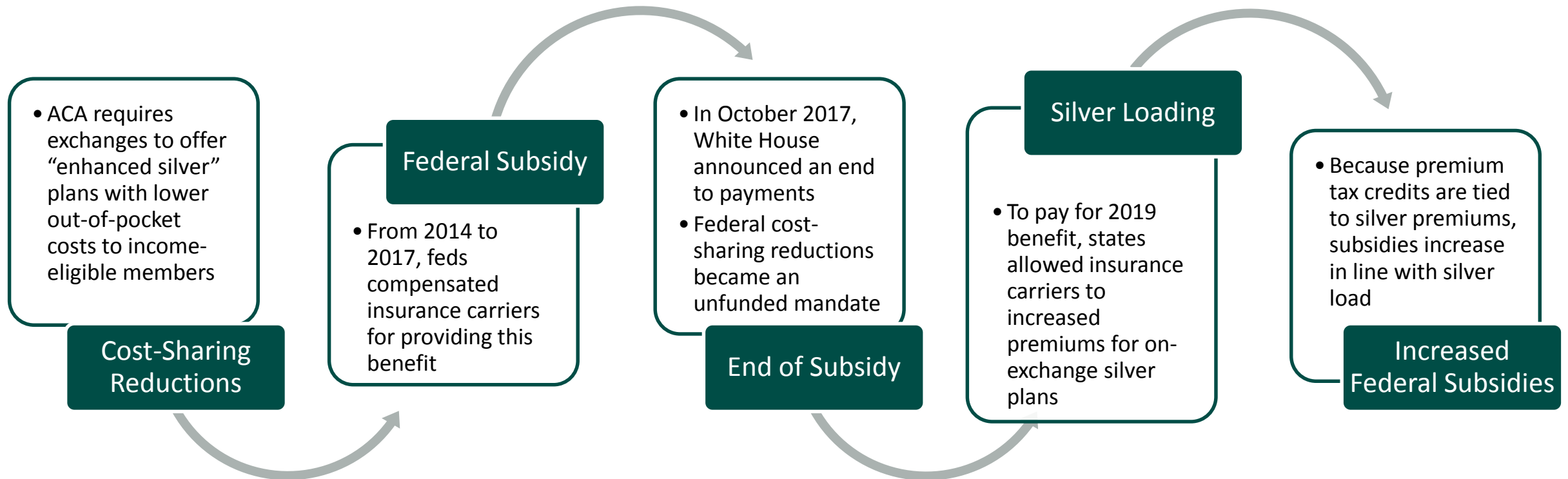
- In 2018: 3 out of 5 individuals was covered by a silver plan, while 1 in 5 was in bronze and 1 in 5 was in either gold or platinum.
- Over the first 5 years, metal level distribution has slowly migrated from gold/platinum toward silver. That changed in 2019.
- Metal level distribution is not even across age and income brackets as health status and subsidies impact plan selection.
- Nearly 9 in 10 individuals with income under 200% FPL enroll in a silver plan to take advantage of significant cost-sharing reductions, while unsubsidized members with incomes over 400% FPL are more evenly distributed across metal levels.
- Nearly 3x as many older Vermonters (55-64) are covered by individual qualified health plans as younger Vermonters (26-34). More than 1 in 4 (27%) older members are in a gold or platinum plan, compared to 1 in 14 (7%) younger members.

Vermont Health Connect

Silver Loading and Plan Selection

“Silver Loading”

How a terminated federal subsidy turned into a net benefit for Vermonters



Increased federal premium tax credits

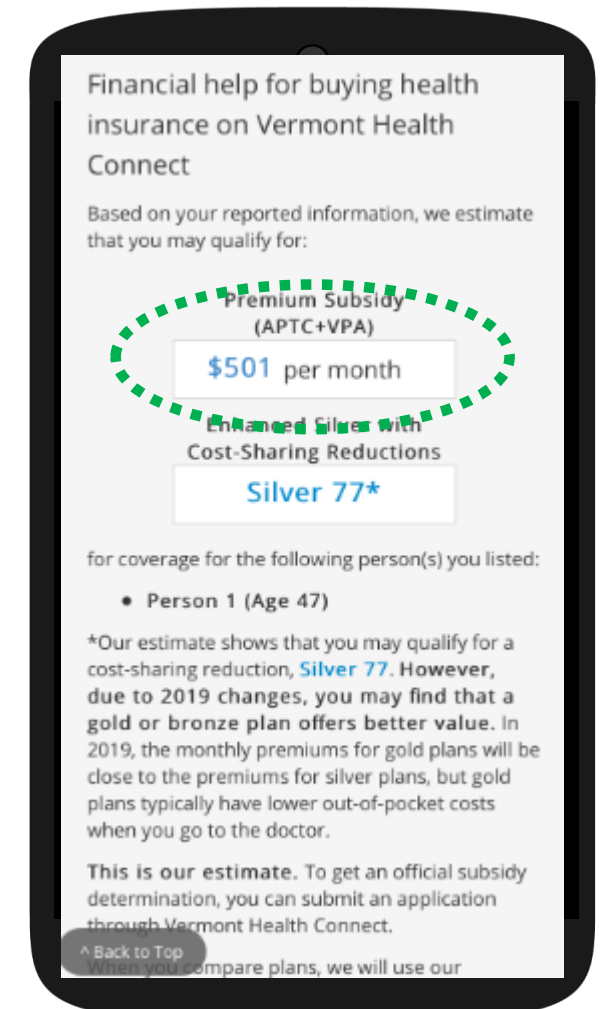
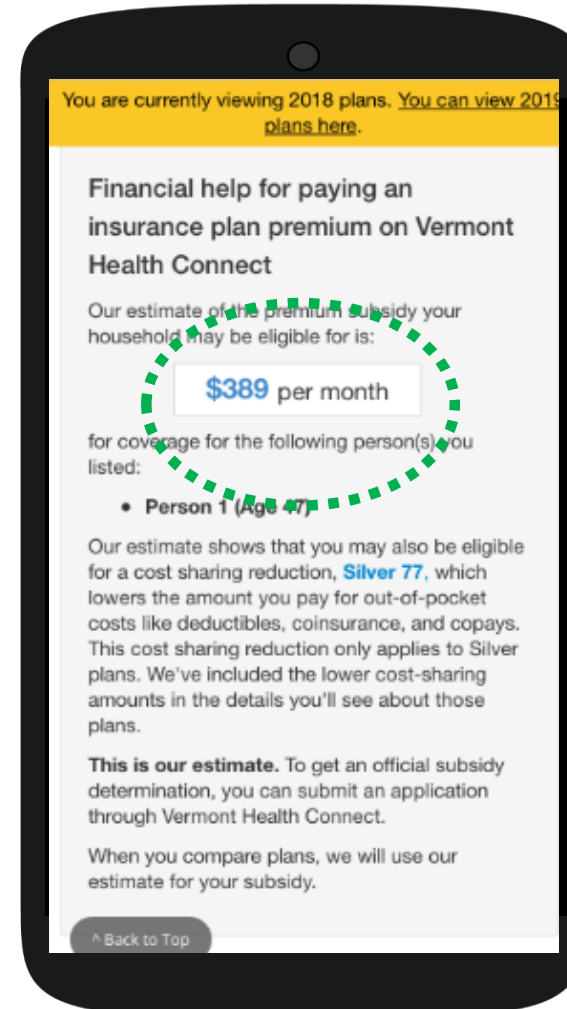
Silver loading produced over \$100 per month in additional subsidies for individuals

2018

2019

Premium subsidies for typical individual in 2018 and 2019

	APTC	VPA
2018	\$356	\$33
2019	\$468	\$33
Change 2018 to 2019	+31%	-



Example: Individual with \$26,000 annual income

Reflective Silver

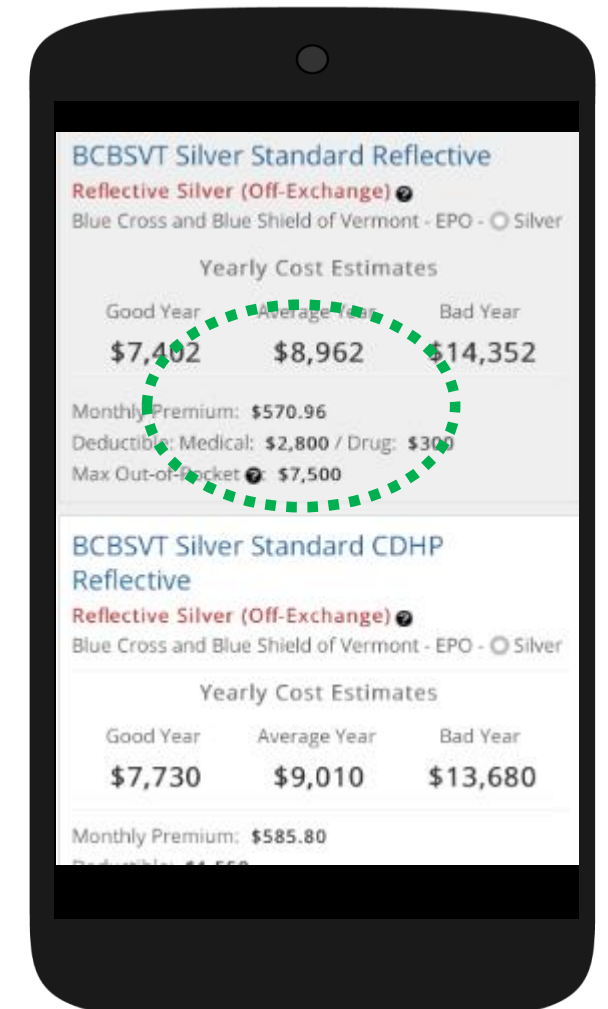
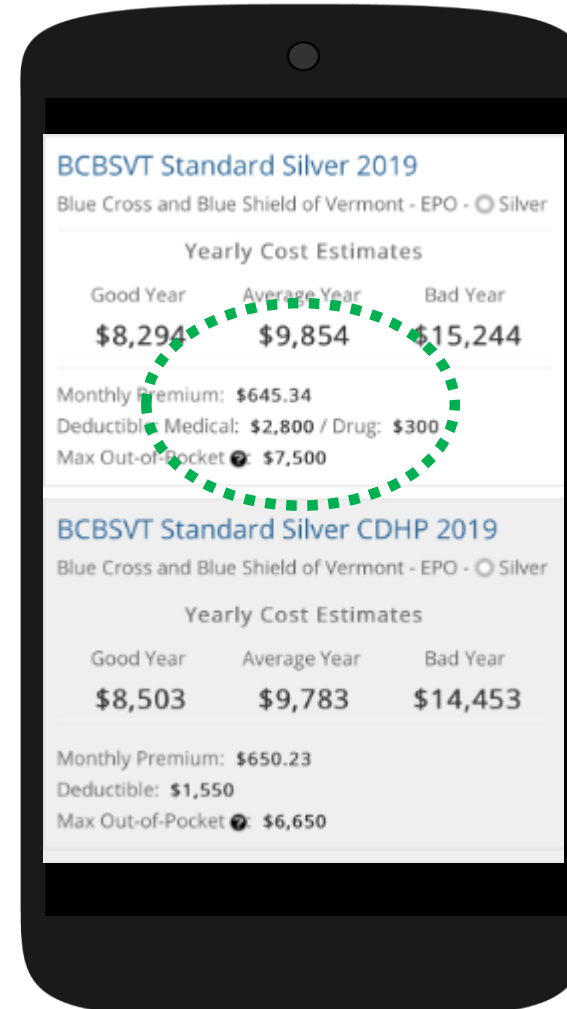
Unsubsidized Vermonters can avoid the load by buying direct from carriers

On-exchange

Reflective Silver

Premium subsidies for typical individual in 2018 and 2019

	BCBSVT	MVP
On-exchange	\$645	\$639
Reflective	\$571	\$534
Reflective Savings (ie Silver Load)	\$74	\$105



Example: 55 year-old with \$60,000 annual income

Vermont Health Connect

Open Enrollment 2019

Open Enrollment

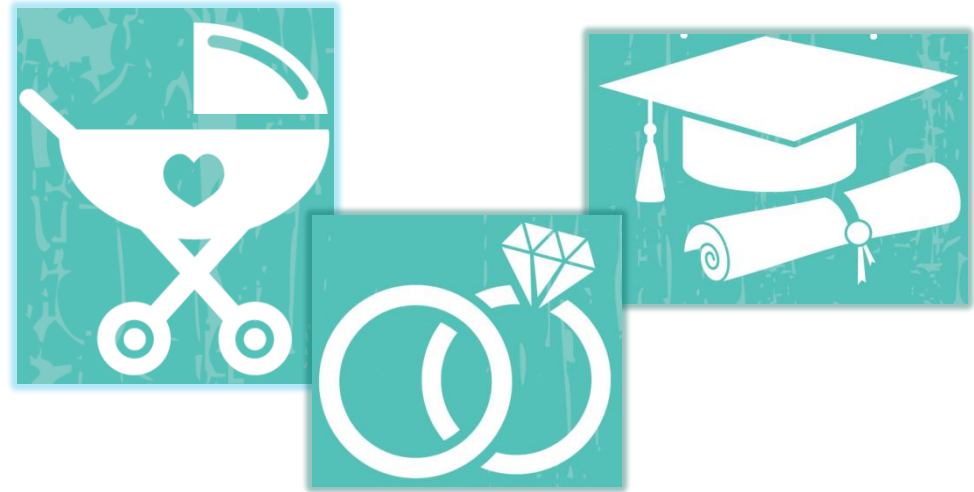
A period of time when most Vermonters can sign up for, make changes to, or renew their Qualified Health Plans (QHP) for the coming year.

*November 1
through
December 15*

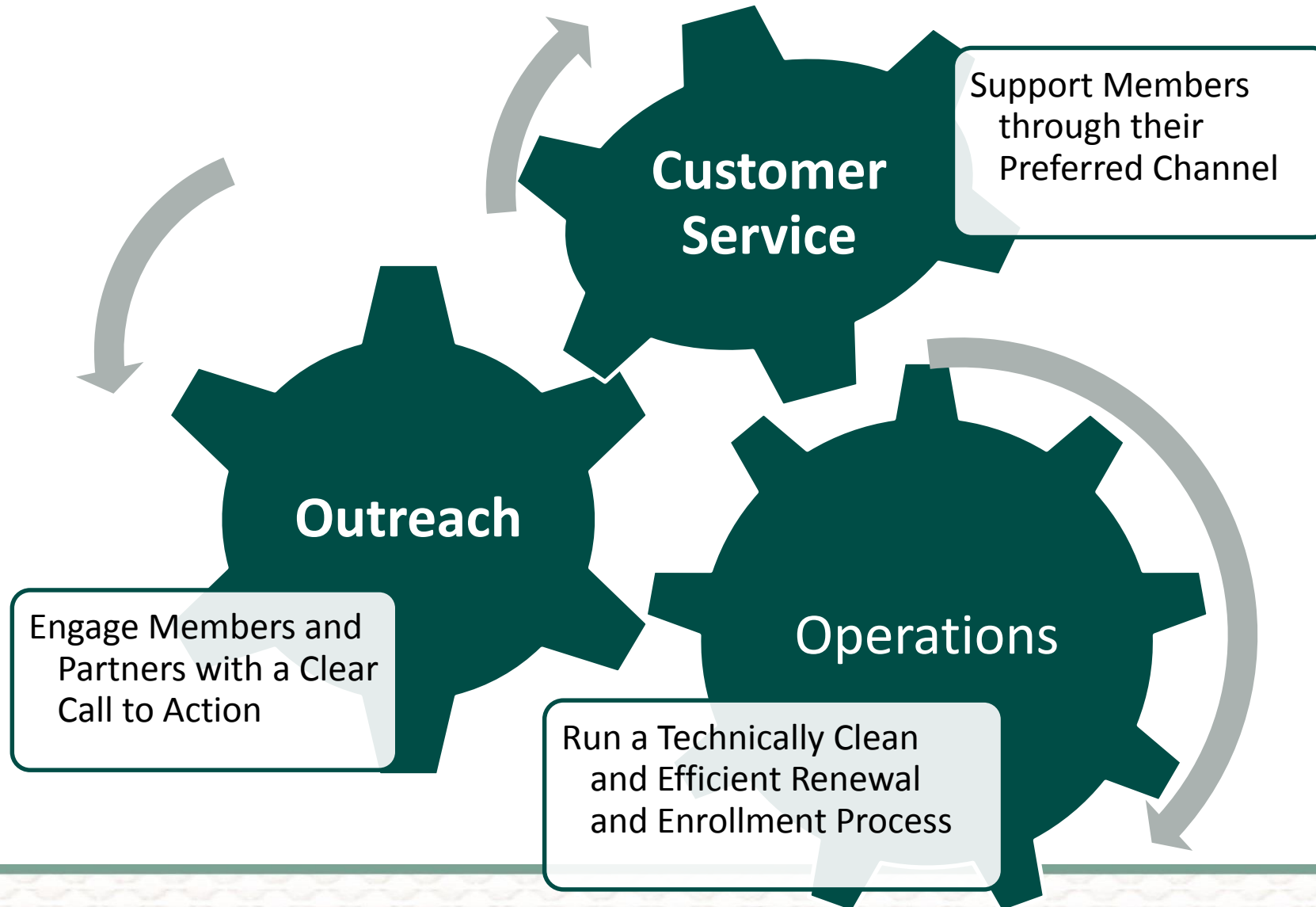
VS.

Special Enrollment Period

The time outside of Open Enrollment when Vermonters can sign up for QHPs. Certain life events qualify you for a 60-day Special Enrollment Period.



Open Enrollment 2019: Three Key Objectives



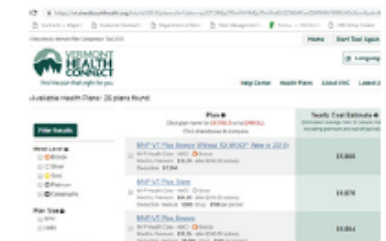
OPEN ENROLLMENT IS HERE!
COMPARE PLANS TODAY & SAVE \$1,000s IN 2019

This is Not the Year to Auto-Renew. Call or Log-in Today.

Big changes are coming in 2019. First, most members will receive over \$1,200 more in financial help. Second, premiums for silver plans are increasing much more than other plans. Together, these changes mean that most members can save a lot of money by switching plans.

But which plan will offer the best value?

That's where the Plan Comparison Tool comes in.



Plan Name	Plan Type	Monthly Cost Estimate
Blue Cross Blue Shield of Vermont - Silver	Silver	\$1,200
Blue Cross Blue Shield of Vermont - Gold	Gold	\$1,500
Blue Cross Blue Shield of Vermont - Bronze	Bronze	\$1,000

Available at VermontHealthConnect.gov, the 2019 Plan Comparison Tool estimates your financial help and which plans will have the lowest total costs.

Questions? Call us at 1-855-899-9600!

Operations

Three components of a technically clean and efficient renewal and enrollment process

Ready on Day 1

- 1. Ensure 2018 members can see their 2019 plans and benefits from the first day of open enrollment
- *Key Step:* Automated renewal with Federal Data Services Hub (mid-October)
- *2019 Result:* 99.3% success rate (97.8% last year, 91.5% two years ago). **Goal Achieved.**

Cover Vermonters

- 2. Ensure members can access care on January 1st
- *Key Step* - Run VHC-Carrier enrollment integration (mid-November)
- *2019 Result:* 99% success rate (best year yet). **Goal Achieved.**

Support Changes

- 3. Ensure the system can process members' changes
- *Key Step* -Run business process to enable members to make 2019 changes (January 1st)
- *2019 Result:* ~100% success rate (similar to last year). **Goal Achieved.**

Outreach

Three key audiences, three key messages

Existing members

- *Primary focus:* Silver enrollees >200% FPL. Gold/platinum enrollees <200% FPL.
- *Key message:* This is NOT the year to auto-renew. Call or log-in today.
- *2019 Results:* Comparison shopping hits all-time high. **Goal Achieved.**
More members change plans than ever before, but many stay put. [More research needed.](#)

Potential applicants

- *Primary focus:* Former Medicaid and QHP members and applicants.
- *Key message:* Most members can find 2019 plans for less than last year – or anytime in last five years.
- *2019 Results:* More new enrollees than last year. **Goal Achieved.**
2018 survey indicates some income-eligible VTers might be uninsured. [More research needed.](#)

Community partners

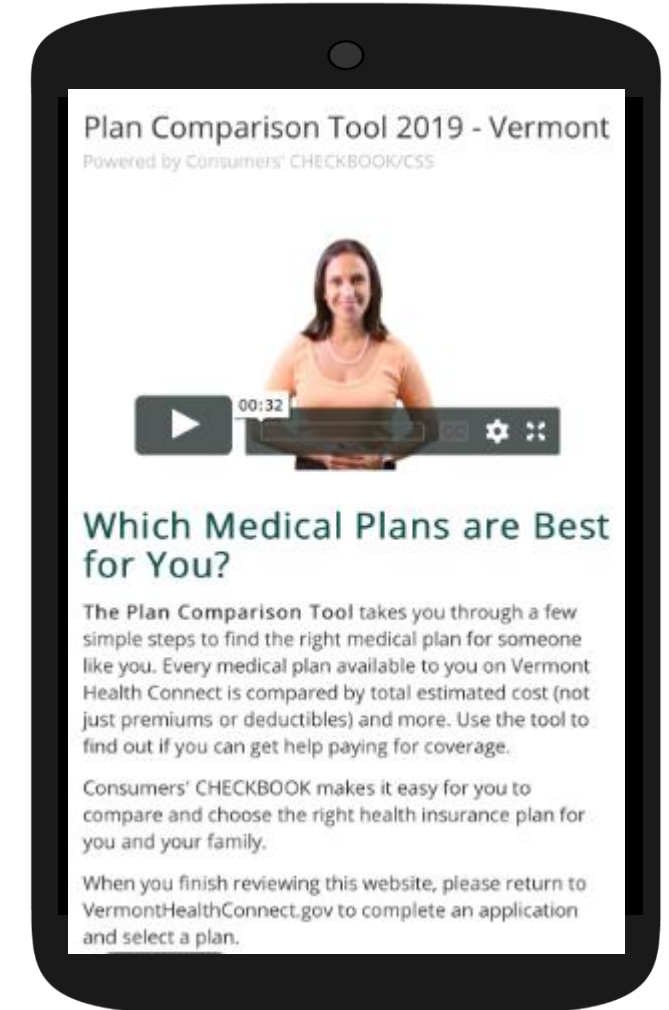
- *Primary focus:* Organizations most likely to interact with uninsured populations.
- *Key message:* Help us spread the above messages.
- *2019 Results:* Dozens of organizations spread posters, newsletter articles, social media and Front Porch Forum posts, real-life and online events, and more.

Vermonters heeded the call

Plan Comparison Tool visits increased 62% over 2018. Visitors stayed longer.

Plan Comparison Tool traffic OEP 2018 vs. 2019

	Users	Sessions	Avg. Time
2018 OEP	14,520	23,683	6m18s
2019 OEP	20,175	38,319	7m43s
Change	+39%	+62%	+22%



Oct. 15 – Dec. 15, 2017 vs. 2018.

Customer Service

Three channels to sign up or request changes

Online

- *Goal: 10% increase in online uptake, 99.9% system availability, <2 second average page load*
- *2019 Results:* In December, 57% of applications came via online self-service option and ~11,000 members logged into their online accounts, both all-time highs. 100% availability throughout Open Enrollment and <1.5 second average page load. **Goals achieved.**



By phone

- *Service Level Agreement: Answer 75% of calls within 24 seconds*
- *2019 Results:* Failed to maintain necessary staffing levels and answered less than one-third of calls within 24 seconds. **Service level missed.** Offered callbacks and allowed Vermonters to complete 2019 requests after December 15.



In person

- *Goal: Offer in-person assistance throughout the entire state*
- *2019 Results:* Nearly 300 Assisters across the state, on par with last year and far more than previous years. **Goal achieved.**



Follow-up

Steps to advance customer service and health insurance literacy

Call Center

- Return to meeting service level agreements
- Ensure proper back-up



Reflective Plans

- Work with insurance carrier partners to ensure unsubsidized members understand option to transfer to reflective silver plans mid-year



Insurance Literacy

- Analyze December 2018 survey and direct outreach to better understand what helped members understand plan selection and where improvement is needed
- If appropriate, develop supplemental plan selection resources



Vermont Health Connect

Future Development

Right now, applying for, enrolling in, and obtaining benefits in Vermont is a challenge.

Apply

Verify

Enroll

Receive

Renew



Apply

Vermonters applying for benefits have to submit the same information multiple times, deal with different call centers, and there is little to no coordination across programs.

Qualified Health Plans

Medicaid

General Assistance

???

Reach Up

3 Squares

Fuel Assistance



Verify

Enroll

Vermonters don't always understand what information they need to provide and they can't share that information easily.



Verify

Enroll

Receive

Vermonters face lengthy approval timelines, confusing information and have no way to apply for all benefits at once.

Multiple program
websites

Call Center

???

District Offices

Physical Paper



State Staff also face challenges as they deliver these services

- Processes are very manual and labor intensive
- Staff have to memorize complex rules and processes

- Systems don't talk to each other



Eligible Vermonters have a **simple** and **easy** way to **apply for, access,** and **maintain healthcare and financial benefits,** without coverage gaps.

The State of Vermont delivers these services **efficiently and sustainably**, using **innovative ways of working** and **modern technology**.

A better customer experience

- Fill out a single, simple application to apply for benefits
- Do so online, by phone, on paper, or in person.
- Eligibility determinations will be correct and on-time.
- Information will be presented clearly and concisely, in method and language of their choosing



A better staff experience

- Empowered to focus more on customer service than program rules and systems.
- Fewer manual processes and less paperwork
- Better coordination across programs
- Less redundancy



Current Roadmap

Healthcare Paper Application (April 2019)

Vermonters can apply for all health benefits using a single, streamlined paper application.

Document Imaging and Scanning (June 2019)

A single, maintainable, streamlined system to manage Vermonters' documentation

Reporting & Analytics (July 2019)

Systems are easy for staff to use, self-service, and allow real-time reporting and analytics

Self Service Document Uploader (October 2019)

Vermonters can upload documents, which are automatically associated with their case

Note: Dates represent final implementation of full product. Wherever possible, functionality will be implemented incrementally throughout the lifecycle of the project.

Future Roadmap

Online Customer Portal

A single place for Vermonters to apply for, and manage their benefits online

Authenticating Users (November 2018 - September 2019)

Vermonters identify validated

Online Application (April 2019 - August 2020)

Single streamlined application, online

Reporting Changes (August 2020 - June 2021)

Premium Processing

(July 2019 - October 2020)

Data Quality & Management

(September 2019 - December 2020)