

MEAB Dashboard - Vermont Health Connect Data

Category	Metric	Aug-14	Jul-14	Jun-14	May-14	Year to Date
Qualified Health Plans	Vermonters who chose a plan through VHC for following month	1037	1039	316	3,798	36,893
	Vermonters enrolled through VHC	363	349	253	1,918	31,500
	Enrollments by metal level	Cat.- 12 Bronze- 73 Silver- 199 Gold- 47 Platinum- 32	Cat.- 8 Bronze- 74 Silver- 199 Gold- 20 Platinum- 48	Cat.- 8 Bronze- 62 Silver- 133 Gold- 24 Platinum- 26	Cat.- 58 Bronze- 562 Silver- 985 Gold- 148 Platinum- 165	Cat.- 238 Bronze- 6,147 Silver- 16,971 Gold- 3,843 Platinum- 4,301
	Vermonters who paid for following month	518	493	345	2,696	33,147
	Percent of total VHC enrollees receiving premium subsidies	54%	59%	60%	67%	63%
	APTC enrollees in 90 day grace period*	Total -5,354 30 days- 4,625 60 days-389 90 days- 340	Total -1,980 30 days- 1,266 60 days-488 90 days- 226	Total - 4,564 30 days- 3,590 60 days- 520 90 days- 454	Total - 3,216 30 days-2,754 60 days- 279 90 days- 183	N/A
	Non-APTC enrollees payment past due*	2,389	752	2,288	N/A	N/A
	Enrollees terminated for non-payment for stated time period	268	302	200 (NEDD did not report)	90 -BCBSVT & MVP 50-NEDD	644
MCA Medicaid	Enrollments in reporting month	6,677	5,115	4,870	3,300	N/A
	Enrollees who used VHC to renew Medicaid or Dr. Dynsaur coverage	3,172	5,819	3,197	N/A	15,837
	Enrollments through VHC to date***	65,141	58,464	45,760	35,912	58,464
	Vermonters who automatically transitioned from VHAP/CHAP to Medicaid 1/1	N/A	N/A	N/A	N/A	33,549
Call Center	Calls to date	403,155	310,646	275,955	N/A	N/A
	Calls offered in reporting month	54,260	53,973	51,069	N/A	N/A
	Average wait time (minutes)	3.22	4.21	1.4	1.1	N/A
	Average length of call (minutes)	12.86	12.38	11.5	11.0	N/A
	Abandonment rate	10.24%	11.11%	9%	8%	N/A
	Percentage of calls answered in 30 seconds	53.61%	59.97%	67%	77%	N/A

*Disclaimer: The above information is based on data communicated to BCBSVT by VHC. BCBSVT cannot ensure the accuracy of that data.

***This does not include the approximately 33,500 Vermonters who were automatically transitioned from VHAP or Catamount to Medicaid in January of 2014.

Vermont Health Connect Update

MEAB

Monday, August 11, 2014

Overview

- Introduction to the new Operations Director
- EE005 – Notice of Decision
- Medicaid Reinstatements
- CGI Transition
- VHC Dashboard

Operations Director

David Martini, the Director of Health Insurance Policy at the Department of Financial Regulation (DFR), has joined the Vermont Health Connect team as Operations Director. At DFR, David was responsible for the Department's relations with health insurers and setting policy for Vermont Health Connect. He also served as Director of DFR's External Appeals Program, responsible for the appeal of denial of medical service claims by insurance carriers.

At Vermont Health Connect, David oversees day-to-day operations and interactions with customers and partners, while Deputy Commissioner Lindsey Tucker will continue to lead the project's continued development.

EE005 – Notice of Decision

- All Vermonters who applied for coverage through Vermont Health Connect will be sent an EE005 notice, except those who are waiting for a CoC or are on an exclusion list.
- Notices will be sent to households and will include the eligibility decision for each member of the household as well as information regarding privacy, HIPPA and appeals.
- In order to not overwhelm the call center, EE005 will be sent out over the next 7 weeks by postal mail.
- Mailing is scheduled to begin this week.

Medicaid Reinstatements

- **Issue:** A larger than expected number of members did not renew their Medicaid / Dr. Dynasaur coverage in April, May and June
- **Actions:**
 - Gained federal permission to reinstate those who closed and hold renewals until further notice
 - Reinstated all who were closed retroactive to last coverage date
 - Sent a notice of reinstatement to affected members
 - Outreached to all providers who inquired and provider associations (via direct phone call, notice on the portal and language on remittance advices)
 - Currently investigating what caused unexpected renewal rates

CGI Transition

- We are transitioning remaining development work from CGI to a new vendor.
 - The State will pay only for services completed and all outstanding penalties and holdbacks imposed by the State over the last few months will be applied.
 - CGI will be paid \$9.7 million through September 20, 2014 for completed work. To date, the State has paid CGI \$57 million of the \$83 million contract.
- As part of the transition, the State is engaged with Optum to finalize agreements for any services not currently covered in the State's existing contract.

Qualified Health Plans

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