

Virginia HBE Eligibility and Enrollment Subcommittee

Doug Gray, Subcommittee Chair

2/2/21

Advisory Committee recommendations for a successful transition to a state-based exchange in Virginia.

Eligibility and Enrollment:

- Integration with Medicaid must be the goal of the Exchange, to ensure seamless, bi-directional communication between state agencies to promote timeliness of determinations, continuous coverage, churn reduction, and to optimize the customer service experience.
- Ensuring the accuracy of enrollment data is the first opportunity for good customer service. Data migration during the transition phase will be critical; vendor will need to show proven capacity to do this well with CMS.
- Understanding the process of the 834 form and verifying that information is shared appropriately.
- Required subsidy eligibility verification documentation (proof of income & citizenship) should be collected by the system. Confirmations should also be provided to the consumer once the required documents have been received.
- Verification of citizenship/immigration and tax documentation needs to work smoothly, with minimal hassle for the consumer; issues with multi-taxpayer households should be considered.
- Ensuring capacity to do Medicaid determination of eligibility will be essential, as will ensuring that it gets communicated to member/assister.
- Ability to provide “no wrong door” across Medicaid, CHIP, and other state programs or at a minimum ensuring “warm handoff” between HBE and Medicaid/CHIP. Vendor needs to be able to build on, not lose, any of the current interoperability between Medicaid and the federally facilitated marketplace (FFM).
- The HBE and DMAS/SS should be constantly communicating/coordinating to develop interoperability provisions.
- The vendor should address complex eligibility and enrollment scenarios, such as with mixed status households.
- The FFM has a separate portal for Consumer Assistors (Brokers and Navigators) to be able to facilitate subsidy applications, enrollments, life change/change of income and subsidy verification documentation. These processes should also be accommodated in VA.

Use and Sharing of Data:

- Access to real time data and prompt response to data requests from vendor is imperative.
- Integration with Medicaid needs to be prioritized.

Timelines:

- Pre-launch testing is essential. The HBE should ensure there is sufficient time to conduct necessary pre-launch testing.
 - Testing needs to include consumer experience/usability; EDI with issuers; usability of assister platforms
- To the extent there are any concerns that the IT vendor cannot execute a successful launch in the fall of 2022, there needs to be a clear pathway to maintaining SBM-FP status for as long as needed.

Call Center:

- A separate call center from the platform vendor should be explored as a possibility.
- Clarify the role of the call center. The call center should provide enrollment support and/or technical support. How will the call center be integrated with the eligibility and enrollment system if separate?
- How will the call center interface with CoverVA (Medicaid call center and application central processing unit)?
- There should be clear protocols established to lay out how the call center will escalate complex cases, whether they are contracted out or handled internally, and HBE should ensure there are a sufficient number of personnel in-house with requisite experience. The HBE should ensure it has in-house capacity not just to resolve consumer problems but also to track and fix system-wide problems that are identified through the resolution of consumer problems.
- Call center should provide adequate language services for people with limited English proficiency and also be able to support people with disabilities.
- Quality assurance metrics need to be articulated and achievement of those metrics needs to be monitored, with accountability for the call center operator if it fails to achieve them. Reporting requirements should be clearly set forth.

Oversight of Vendor:

- Vendor management is critical, and whoever is in this role needs to have significant, high level experience with similar projects.
- Federal and state policy towards the ACA exchanges remains dynamic. The vendor will need to demonstrate they can stay abreast of and successfully and quickly implement any necessary policy changes, such as required changes to front-end eligibility determination systems and back-end data transfers to QHP issuers.
- Staff overseeing the vendor should also be fully integrated into the HBE's policymaking process, so that any policy changes are informed by IT capabilities and decisions about IT upgrades or changes take into account the policy needs of the HBE.
- The HBE should ensure robust oversight of the vendor.
- The vendor should have contingency plans and processes in place should mistakes occur, such as botched data transfers, incorrect eligibility determinations, failure to comply with federal rules, or errors in the information provided on the website or via the call center.
- Need transparency with respect to performance on identified metrics and regular cost reports.

Website Customer Support:

- Make the user interface/user experience and human-centered design a priority: improve upon FFM user experience, ensuring access to information in a user-friendly manner.
- Explain plan designs and common insurance terms in a user-centered way that is easily interpreted and makes it easy for users to make plan-to-plan comparisons.
- Promote a transparent marketplace: ensure cost, provider network, and formulary transparency so it is easy for users to make plan-to-plan comparisons.
- Consider maintaining a platform for current marketplace users to see their up-to-date insurance metrics, including up-to-date amounts toward deductible/OOP costs.

- Accessibility considerations: Live chat function, language access, and usability for people with disabilities.