



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

KAREN KIMSEY
DIRECTOR

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
804/343-0634 (TDD)
www.dmas.virginia.gov

October 27, 2020

MEMORANDUM

TO: The Honorable Janet D. Howell
Chair, Senate Finance Committee

The Honorable Luke E. Torian
Chair, House Appropriations Committee

The Honorable Mark D. Sickles
Vice Chair, House Appropriations Committee

FROM: Karen Kimsey
Director, Virginia Department of Medical Assistance Services

SUBJECT: Annual Report: Operations and Costs of the Cover Virginia Call Center-FY2020

This report is submitted in compliance with the Virginia Acts of the Assembly – Item 317.P.1., which states:

The 2020 Appropriations Act Item 317 P.1 states, “The Department of Medical Assistance Services shall report on the operations and costs of the Medicaid call center (also known as the Cover Virginia Call Center). This report shall include number of calls received on a monthly basis, the purpose of the call, the number of applications for Medicaid submitted through the call center, and the costs of the contract. The department shall submit the report by August 15 of each year to the Director, Department of Planning and Budget and the Chairmen of the House Appropriations and Senate Finance Committees.”

Should you have any questions or need additional information, please feel free to contact me at (804) 786-8099.

KK/REC

Enclosure

Pc: The Honorable Daniel Carey, M.D., Secretary of Health and Human Resources

Annual Report: Operations and Costs of the Cover Virginia Call Center-FY2020

A Report to the Virginia General Assembly

August 15, 2020

Report Mandate:

The 2020 Appropriations Act Item 317 P.1 states, "The Department of Medical Assistance Services shall report on the operations and costs of the Medicaid call center (also known as the Cover Virginia Call Center). This report shall include number of calls received on a monthly basis, the purpose of the call, the number of applications for Medicaid submitted through the call center, and the costs of the contract. The department shall submit the report by August 15 of each year to the Director, Department of Planning and Budget and the Chairmen of the House Appropriations and Senate Finance Committees."

Background

The Cover Virginia Call Center began operations in October 2013 to fulfill a mandated requirement of the Patient Protection and Affordable Care Act (PPACA), which became law on March 23, 2010.

The call center offers a toll-free number for individuals to call and apply for Medicaid and FAMIS (Virginia's Children's Health Insurance Program), obtain application status updates and complete annual renewals. There are interpretation services available, as well as Spanish speaking representatives available for callers who designate that they speak Spanish only. The call center assists with sending out Medicaid/FAMIS replacement cards; referrals to managed care plans; assisting with 1095B (IRS proof of insurance) inquiries, and other customer services for the citizens of the Commonwealth. Additionally, during State Fiscal Year (SFY)2020, the Cover Virginia Call Center established a process to perform mandated translation of correspondence upon request in any language.

Call Center Call Volume

During SFY 2020, the total number of calls to the call center averaged approximately 71,440 calls per month, which equated to 857,280 calls for the year. This is compared to the previous fiscal year monthly average of 83,691 calls, which were higher due to the expansion of Medicaid during SFY 2019. During the fiscal year, an average 37 percent of calls were handled via the interactive voice response (IVR) system, which is the same average as last year. DMAS requires the call center meet certain service level deliverables, such as 90 percent of calls answered within 90 seconds, and to maintain an abandonment rate which does not exceed five percent of calls received by representatives.

About DMAS and Medicaid

The DMAS' mission is to improve the health and well-being of Virginians through access to high-quality health care coverage.

DMAS administers Virginia's Medicaid and CHIP programs. Through the Medallion 4.0 and Commonwealth Coordinated Care (CCC) Plus managed care programs, more than 1 million Virginians access primary and specialty health services, inpatient care, behavioral health, and addiction and recovery treatment services. In addition, Medicaid long-term services and supports enable thousands of Virginians to remain in their homes or to access residential and nursing home care.

Medicaid members historically have included children, pregnant women, parents and caretakers, older adults, and individuals with disabilities. In 2019, Virginia expanded the Medicaid eligibility rules to make health care coverage available to close to 400,000 newly eligible, low-income adults.

Medicaid and CHIP (known in Virginia as Family Access to Medical Insurance Security, or FAMIS) are jointly funded by Virginia and the federal government under Title XIX and Title XXI of the Social Security Act. Virginia generally receives a dollar-for-dollar federal spending match in the Medicaid program. Medicaid expansion qualifies the Commonwealth for a federal funding match of no less than 90 percent for newly eligible adults, generating cost savings that benefit the overall state budget.

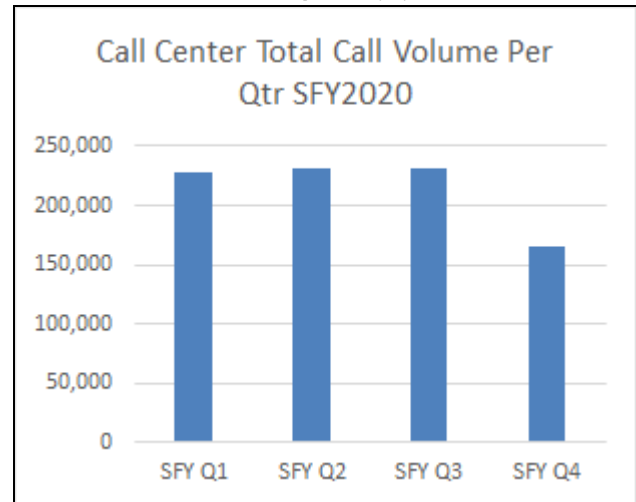
Time Period By Month, Quarter & Calendar Year	Total Calls to Cover VA*	Calls Offered to Agents	Calls Answered
July 2019	75,932	46,812	32,215
August 2019	77,995	47,003	39,679
September 2019	74,205	43,568	37,521
1st Quarter	228,132	137,383	110,415
October 2019	77,741	47,304	46,463
November 2019	72,982	46,738	46,238
December 2019	81,473	54,854	54,057
2nd Quarter	232,196	148,896	146,758
January 2020	86,678	57,132	56,117
February 2020	72,018	46,842	46,003
March 2020	72,672	44,444	42,609
3rd Quarter	231,368	148,418	144,729
April 2020	57,896	30,909	30,455
May 2020	48,368	26,185	25,883
June 2020	59,320	32,404	31,394
4th Quarter	165,584	89,498	87,732

Data Source: Interactive Intelligence (ININ) Phone System

*Total calls to interactive voice response (IVR) system shows a variance due to internal transfers, Insure Kids Now volume (direct transfers) and hang-ups before entering IVR. Additionally 31.87% of calls are served in the IVR without speaking to an agent.

The graph below provides another visualization of call volume per quarter: *

Source: Cover Virginia Monthly Reports



*During the Federal Public Health Emergency, annual renewals were not sent to members from April-July 2021 decreasing the overall call volume. While the number of calls to file a new application increased, the number of annual renewals being processed significantly decreased.

Purpose/Reason for Calls

The chart below lists the top 10 reasons citizens contacted Cover Virginia in the last fiscal year. The top three reasons, general inquiry, benefit inquiry and new applications represent 52 percent of all calls received. Some callers may call for more than one reason; however, only one reason is selected.

Top Ten Call Reasons by volume
Benefit Inquiry – caller's inquiries on general benefits
New Application – new applicants not known to the system
General Inquiry – usually callers without a case record
New Application Status – new applicants inquiry on status
Renewal Application – members calling about a renewal
Change Request – members reporting a change
ID Card Request – member requesting ID card replacement
MCO Change – caller requesting MCO change (FAMIS)
New App – caller completing a new Medicaid application
Correspondence – caller requesting clarification on a letter

Medicaid and FAMIS Applications

The second highest call reason is for assistance in completing a Medicaid or FAMIS application. In SFY2020, Cover Virginia provided telephonic application assistance for 82,216 new applications, compared to 95,804 the previous fiscal year. In addition, the call

center assisted with an additional 18,253 renewal applications. The call center assists with an average of nearly 6,850 new applications and over 1,500 renewals each month. On average, application calls generate one and a half interactions for each application submitted due to follow up status calls. The table below shows the number of new applications submitted per month.

Month	New Applications Taken
Jul-2019	5,464
Aug-2019	5,455
Sep-2019	5,444
Oct-2019	6,620
Nov-2019	6,482
Dec-2019	7,253
Jan-2020	11,386
Feb-2020	7,984
Mar-2020	7,619
Apr-2020	6,390
May-2020	6,548
Jun-2020	5,571
Total	82,216

Cost of the Contract

The Call Center's monthly fixed operations fee is \$1,574,962. The annual cost is \$18,899,544.