



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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September 27, 2021

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

Daniel Timberlake
Director, Department of Planning and Budget

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

SUBJECT: Annual Report: Operations and Costs of the Cover Virginia Call Center-FY2021

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

The 2021 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-FY2021

A Report to the Virginia General Assembly

August 15, 2021

Report Mandate:

The 2021 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 and translation 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.

Call Center Call Volume

Over the last fiscal year, the total number of calls to the call center averaged approximately 82,749 calls per month, which equated to 992,987 calls for the fiscal year. This is compared to the previous fiscal year monthly average of 71,440 calls. During the fiscal year, an average 39% of calls were handled in the interactive voice response (IVR) system, which is the same average as last year. DMAS requires the call center to 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

DMAS’s 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 for more than 1.8 million Virginians. Members have access to primary and specialty health services, inpatient care, dental, behavioral health as well as 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.

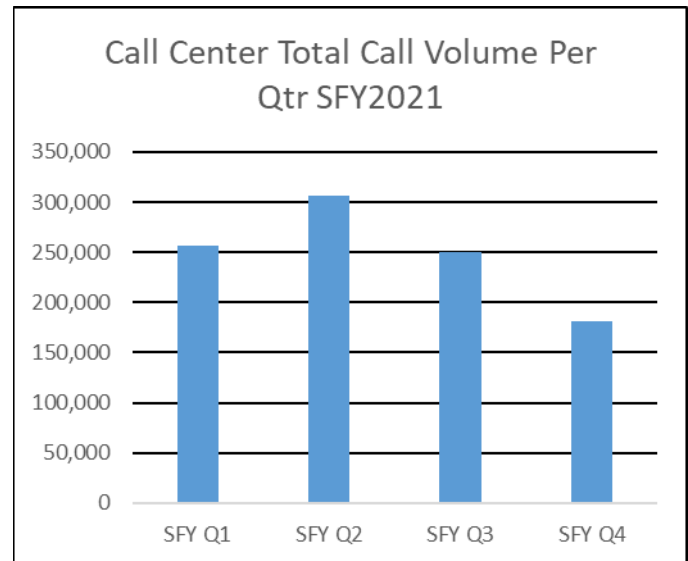
Medicaid members historically have included children, pregnant women, parents and caretakers, older adults, and individuals with disabilities. In 2019, Virginia expanded the Medicaid eligibility rules to make health care coverage available to more than 500,000 newly eligible, low-income adults.

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 Answered	IVR Served Calls
July 2020	63,800	34,019	26,058
August 2020	92,090	28,810	36,417
September 2020	100,145	28,599	35,605
1st Quarter	256,035	91,428	98,080
October 2020	109,544	34,220	40,644
November 2020	93,238	23,546	38,666
December 2020	103,254	28,938	37,537
2nd Quarter	306,036	86,704	116,847
January 2021	86,809	33,302	34,132
February 2021	80,370	32,444	29,011
March 2021	82,481	24,111	28,560
3rd Quarter	249,660	89,857	91,703
April 2021	70,484	25,954	20,859
May 2021	54,220	28,616	18,015
June 2021	56,552	36,685	19,062
4th Quarter	181,256	91,255	57,936
Fiscal Year Monthly Avg	82,749	29,937	30,381

Data Source: Interactive Intelligence (ININ) Phone System

The graph below provides another visualization of the volume of calls per quarter.



Source: Cover Virginia Monthly Reports

Purpose/Reason for Calls

The chart below lists the top 10 reasons individuals contacted Cover Virginia in the last fiscal year. The top three reasons, general inquiry, benefit inquiry, and new application represent 51 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 App – caller completing a new Medicaid application
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
Dead Air – no one on the call
ID Card Request – member requesting ID card replacement
Callback – returning a call from the call center
Cancellation Request – request to cancel coverage

Medicaid and FAMIS Applications

The second highest call reason is for assistance in completing a Medicaid or FAMIS application. In fiscal year 2021, Cover Virginia provided telephonic application assistance with 40,048 new applications,

compared to 82,216 the previous fiscal year. This decline is due to the COVID-19 Public Health Emergency (PHE), which was declared in March 2020, and the Maintenance of Effort (MOE) requirements. The MOE requirements required Virginia to maintain continuous coverage all individuals enrolled in Medicaid coverage at the start of the PHE and to not take any adverse action, which would reduce or close an individual's coverage. Because eligibility was protected during all of state fiscal year (SFY) 2021, individuals who would normally lose coverage and reapply instead have experienced continuous coverage.

Additionally, the call center assisted with an additional 24,501 renewal applications. Due to the COVID-19 PHE and the MOE requirements, paper renewals were not mailed or required during SFY 2021. The call center assists with an average of nearly 3,337 new applications and over 2,042 renewals each month. The table below shows the number of new applications submitted per month.

Month	New Applications Taken
Jul-2020	5,141
Aug-2020	3,105
Sep-2020	3,325
Oct-2020	3,359
Nov-2020	3,102
Dec-2020	3,489
Jan-2021	3,475
Feb-2021	2,851
Mar-2021	2,002
Apr-2021	2,241
May-2021	3,674
Jun-2021	4,284
Total	40,048

Cost of the Contract

The Call Center's monthly fixed operations fee during the first nine months, which was with Conduent State Healthcare, LLC, was \$1,574,962.78. The total cost was \$12,599,702.24.

The cost for the last three months of the fiscal year fell under a new vendor, MAXIMUS Health Services, Inc. The monthly fixed operation fee is \$1,968,701.