



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

CHERYL ROBERTS
DIRECTOR

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

August 15, 2024

MEMORANDUM

TO: The Honorable Louise L. Lucas
Chair, Senate Finance Committee

The Honorable Luke E. Torian
Chair, House Appropriations Committee

Michael Maul
Director, Department of Planning and Budget

FROM: Cheryl Roberts
Director, Virginia Department of Medical Assistance Services

SUBJECT: Annual Report: Operations and Costs of the Cover Virginia Call Center-FY2024

This report is submitted in compliance with the Virginia Acts of the Assembly – Item 292 N.1. of the *2024 Appropriations Act*, which 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) 664-2660.

CJR/wf
Enclosure

Pc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources

Annual Report: Operations and Costs of the Cover Virginia Call Center-FY2024

A Report to the Virginia General Assembly

August 2024

Report Mandate:

The 2024 Appropriations Act Item 292 N.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 and Appropriations Committees.”

Background

The Cover Virginia Call Center (CVCC) 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 inquire about the Medicaid programs, file a telephonic application, obtain application and case 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 also assists with 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 Volume

Over the last fiscal year, the total number of calls to the call center averaged approximately 116,218 calls per month, which equated to 1,394,613 calls for the fiscal year. This is compared to the previous fiscal year monthly average of 66,872 calls. This increase in volume is due primarily to the impact of the requirement to complete all Medicaid renewals after the end of the COVID-19 Public Health Emergency (PHE) and members calls to complete their renewal, inquire about the renewal process, or other questions regarding the end of the PHE. During the fiscal year, on average, 32% of calls were handled in the interactive voice response (IVR) system, which is down from 34% last year.

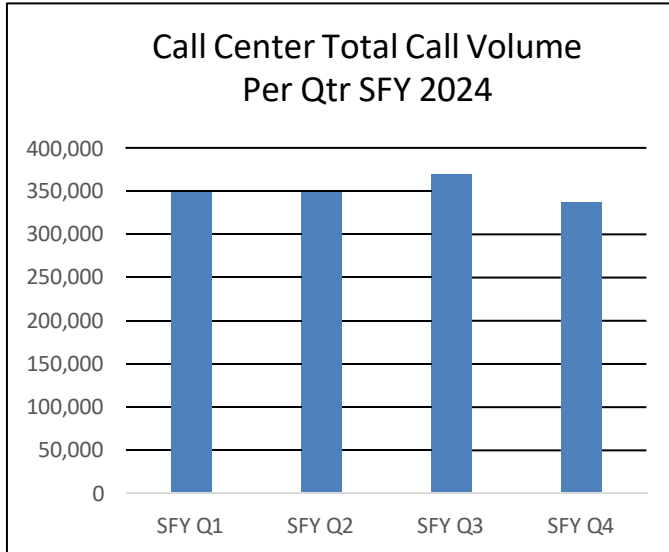
SFY 2024 Monthly Call Volume and Performance

Time Period By Month, Quarter & Calendar Year	Total Calls to CoverVA	Calls Answered	IVR Served Calls	Renewal Calls Answered
Jul-23	110,968	50,956	40,979	12,811
Aug-23	120,669	58,428	42,142	15,376
Sep-23	110,916	51,168	39,186	14,916
1st Quarter	342,553	160,552	122,307	43,103
Oct-23	120,928	57,447	46,123	16,320
Nov-23	116,184	60,827	35,840	17,329
Dec-23	107,125	60,389	28,129	17,347
2nd Quarter	344,237	178,663	110,092	50,996
Jan-24	134,250	67,651	43,180	19,558
Feb-24	120,514	62,743	41,736	15,672
Mar-24	115,278	63,137	33,966	17,133
3rd Quarter	370,042	193,531	118,882	52,363
Apr-24	123,062	89,523	32,046	
May-24	114,716	83,748	29,357	
Jun-24	100,003	70,467	27,999	
4th Quarter	337,781	243,738	89,402	0
Total Calls	1,394,613	776,484	440,683	146,462
Fiscal Year Monthly Avg	116,218	64,707	36,724	16,274

Data Source: Decision Point

*Note: The separate Renewal Call Center ceased operation with the end of the contractual modification on March 31, 2024. As of April 1, Renewal status calls and all other calls being handled by the renewal call center were directed to the Cover Virginia Call Center.

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



Purpose/Reason for Calls

The chart below lists the top 10 reasons individuals contacted Cover Virginia in the last fiscal year.

Top 10 Call Reasons by Volume
Medicaid/FAMIS Member Services
Complete New Application
Complete Telephonic Renewal
Check Medicaid Application Status
General Inquiry
IVR Authentication
Complete Change Request
Silent/No Consumer
ID Card Request
Renewal Status

Data Source: Decision Point

Medicaid Applications

The top call reason was for assisting members on issues or questions related to their current Medicaid benefits. In fiscal year 2024, Cover Virginia provided telephonic application assistance with 96,826 new applications, compared to 45,034 the previous fiscal year. Application volumes were impacted by the COVID-19 PHE, which was declared in March 2020, and the continuous coverage requirements.

The continuous coverage requirements mandated states to maintain continuous coverage to 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 state fiscal year (SFY) 2022, individuals who would normally lose coverage and reapply, instead experienced continuous coverage.

The continuous coverage requirements were lifted with the passing of the Consolidated Appropriations Act. This Act ended the continuous coverage requirements effective March 31, 2023, requiring states to review eligibility for the entire Medicaid population. In Virginia, approximately 2.1 million Virginians required a redetermination over a 12-month period. This resulted in a significant increase in renewal applications submitted beginning April 1, 2023. The call center assisted with submitting 95,034 renewal applications during the fiscal year, which was up from 25,957 submitted last fiscal year due to the PHE.

The table below shows the number of new and renewal applications submitted per month.

Month	New Applications Submitted	Renewals Submitted
Jul-23	6,342	11,193
Aug-23	7,116	10,998
Sep-23	5,563	8,067
Oct-23	6,819	7,494
Nov-23	7,999	7,478
Dec-23	7,769	8,121
Jan-24	8,762	8,499
Feb-24	7,589	6,886
Mar-24	8,988	6,890
Apr-24	10,823	7,415
May-24	10,255	6,618
Jun-24	8,801	5,375
Total	96,826	95,034

Cost of the Contract

Payments made in SFY 2024 for the Cover VA Call Center are as follows.

Cover Virginia Costs Jul '23-Jun '24	CVCC
Total Costs	21,335,434
General Funds	3,441,914
Federal Funds	15,829,178
**Special Funds	2,077,184
Penalty Assessment	(73,982)

About DMAS and Medicaid

The mission of the Virginia Medicaid agency is to improve the health and well-being of Virginians through access to high-quality health care coverage. The Department of Medical Assistance Services (DMAS) administers Virginia's Medicaid and CHIP programs for over 2 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 600,000 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 an approximate 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% for newly eligible adults, generating cost savings that benefit the overall state budget.