



COMMONWEALTH of VIRGINIA
Office of the Governor

Janet Vestal Kelly
Secretary of Health and Human Resources

December 16, 2024

MEMORANDUM

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

The Honorable Luke E. Torian
Chair, House Appropriations Committee

FROM: The Honorable Janet Kelly
Secretary, Health and Human Resources

SUBJECT: Report on the Health and Human Resources Call Centers

This report is submitted in compliance with the Virginia Acts of the Assembly – Item 267 E. (Special Session I, 2024), which states:

E. The Secretary of Health and Human Resources shall take an inventory of all call centers operated or contracted by agencies, including contracted Medicaid managed care organizations, in the Health and Human Resources Secretariat. Specifically, the inventory shall include for each call center: (i) the purpose of the call center; (ii) the annual contract amount and agency fund sources used to pay the contract; (iii) the term and expiration date of the contract; (iv) an assessment of any duplication between the call centers; and (v) any recommendations for potential consolidation. The Secretary shall report the detailed list of call centers with requested information by September 1, 2024, to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees.

Should you have any questions or need additional information, please feel free to contact me at 804-786-7765

Enclosure

Pc: Mike Tweedy, Senior Legislative Analyst, Senate Finance and
Appropriations Committee

Susan E. Massart, Legislative Fiscal Analyst, House Appropriations
Committee Staff

Inventory of Health and Human Resources Call Centers

September 2024

Introduction:

Item 267 E. of the 2024 Appropriation Act directs the Secretary of Health and Human Resources to undertake an inventory of all call centers operated or contracted by agencies within the Health and Human Resources (HHR) Secretariat, including those managed by contracted Medicaid managed care organizations, for Fiscal Year 2025. According to the act, this inventory must include: (i) the purpose of each call center; (ii) the annual contract amount and the agency fund sources used to pay these contracts; (iii) the term and expiration date of each contract; (iv) an assessment of any duplication between call centers; and (v) recommendations for potential consolidation. The objective is to evaluate the scope and scale of call center operations, identify redundancies, and explore opportunities to enhance effectiveness and cost-efficiency. This report provides insights into the purpose, funding, and management of the call centers, as well as recommendations for future consolidation.

Summary of Findings:

1. **Purpose of Call Centers:** The 27 call centers across HHR fulfill a range of critical functions including; providing Medicaid member support, handling behavioral health crisis interventions, and managing pandemic-related public inquiries. These centers ensure accessible, effective support, and specialize in services such as care coordination, provider enrollment, benefit explanations, and urgent response operations.
2. **Annual Contract Amounts and Funding Sources:** Annual contract amounts total approximately \$166.8 million for all call centers combined. Each is funded through a combination of federal, state, and special funds as specified in the table below. Such investment reflects a commitment to maintaining high standards of service delivery across the areas of public health, behavioral services, and health insurance programs.
3. **Contract Terms and Expiration Dates:** The contracts governing these call centers vary significantly in terms, with many including provisions for annual renewals and extensions. Most contracts are set to expire between 2024 and 2028, with monitoring in place to assess the need for renegotiations, extensions, or potential terminations based on evolving service requirements.
4. **Duplication Assessment:** An evaluation of potential service overlaps found minimal duplication among the call centers. Each center generally serves a distinct role tailored to specific agency mandates. However, certain opportunities for consolidation have been identified to enhance service efficiency and reduce costs, particularly where multiple vendors handle similar functions or overlapping service areas.
5. **Recommendations for Consolidation:** The assessment includes recommendations for potential consolidation. For example, moving all Medicaid-related inquiries to Cover VA could simplify processes and reduce redundancy, although it may require additional adjustments to handle overlapping services for other benefits such as SNAP or TANF. Further, centralizing vital records activity and emergency response under a unified

infrastructure is suggested to ensure customer satisfaction while still maintaining an agile response to public health emergencies.

Agency Summaries of their Call Center Operations:

Virginia Department of Health

The Virginia Department of Health (VDH) operates 2 call centers. In FY2025, the total expected expenditures are \$1.4M with a \$1.1M call center that historically supported COVID-related questions and has a contract expiring at the end of FY2025. VDH call centers are internally and externally staffed to support vital records. VDH recommends consolidating their call centers for central management – internally or outsourced to a 3rd party – as COVID-related call center funding expires at the end of FY2025.

Department of Behavioral Health and Developmental Services

The Department of Behavioral Health and Developmental Services (DBHDS) oversees 5 call centers with a total expenditure of \$13.3M for FY2025. These call centers are outsourced to two vendors: Hopelink and Frontier. DBHDS call centers are focused on supporting the 988 Suicide and Crisis Lifeline. Current contracts run through the end of FY2025, with annual contract renewals. There is no identified duplication of services, and no changes are recommended.

Department of Medical Assistance Services

The Department of Medical Assistance Services (DMAS) operates 14 call centers with a combined expenditure of \$151.6 for FY2025. DMAS call centers are managed by 12 vendors, such as DentaQuest, Gainwell, and Acentra. Call centers handle Medicaid and healthcare plan related inquiries and other medical assistance services. Contracts extend up to FY2028 with renewals remaining. Aside from Cover VA, which overlaps slightly with the Department of Social Services (DSS) Enterprise call center, no duplications were identified. There is limited potential for vendor consolidation beyond merging with the DSS Enterprise call center.

Department of Social Services

The Department of Social Services (DSS) manages 5 call centers with a total expenditure of \$93.8 M in FY2025. DSS vendors include Young Williams, Conduent, InContact, and the Council of Community Services. The call centers support Benefits and Child Support, SNAP, 211 Virginia, and Citizen Services, with contracts varying in expiration. There are limited duplicative services identified outside of DSS recommending consolidation with Cover VA (DMAS). DSS intends to procure services expiring this year.

Detailed Inventory:

The table below provides call center detail, including their purpose, annual contract amounts, vendors, fund sources, contract terms, duplication assessments, and recommendations.

Virginia Department of Health

The Purpose of the Call Center	The Annual Contract Amount	Vendor	Agency Fund Sources Used to Pay the Contract	Contract Term / Start Date	Option Years	Expiration Date	Duplicative of Any Other Call Center (in part or in whole)	Recommendations
Office of Vital Records (OVR)	\$327,000	Contracted Staff. VITA/Verizon vendor IT/telecommunication services	Vital Records revenue	N/A	N/A	N/A	Partial- Call handling is not duplicated (all callers use a single phone number for vital records) but COVID call center is also handling some vital records calls which are then not handled by vital records staff, or are escalated to vital records staff.	VDH should consolidate call centers for central management to create a robust infrastructure which can quickly be re-tooled for emergency responses. If not centralized, recommend out-sourcing to 3rd party with experience supporting vital records customers once COVID call center funds expire.
Primarily Vital Records now, originally for COVID specific questions	\$1,100,000	Contract staffing hires. VITA/Verizon vendor IT/telecommunication services	Immunication /ELC (50/50 split)	N/A- Current fund schedule 7/1/24-6/30/25	N/A	N/A- Funds scheduled end date 6/30/25	Yes- part (Office of Vital Records). The OVR call center reports to the Customer Service Supervisor whereas the COVID call center reports to the Office of Emergency Preparedness.	Maintain VDH call center service operations as the primary support for the Office of Vital Records, with the ability to assist in emergency responses. Vital Records will pursue an outsourced solution with a vendor once expired.

Department of Behavioral Health and Developmental Services

The Purpose of the Call Center	The Annual Contract Amount	Vendor	Agency Fund Sources Used to Pay the Contract	Contract Term / Start Date	Option Years	Expiration Date	Duplicative of Any Other Call Center (in part or in whole)	Recommendations
988 - DBHDS requires regional CSBs to manage 988 call centers, authorizing sub-contracting with NSPL Vendors. Funds noted here are distributed to Region 1 Hub, Region Ten Community Services Board, which contracts with Hopelink (formerly PRS). Contract terms noted are for the Performance Contract between CSB and DBHDS.	\$2,500,224	Hopelink	Federal and State	7/1/2024	CSB Performance Contract renewed annually	6/30/2025	No	No change recommended
988 - DBHDS requires regional CSBs to manage 988 call centers, authorizing sub-contracting with NSPL Vendors. Funds noted here are distributed to Region 2 Hub, Fairfax Community Services Board, which contracts with Hopelink (formerly PRS). Contract terms noted are for the Performance Contract between CSB and DBHDS.	\$3,345,662	Hopelink	Federal and State	7/1/2024	CSB Performance Contract renewed annually	6/30/2025	No	No change recommended
988 - DBHDS requires regional CSBs to manage 988 call centers, authorizing sub-contracting with NSPL Vendors. Funds noted here are distributed to Region 3 Hub, New River Valley Community Services Board, which contracts with Frontier. Contract terms noted are for the Performance Contract between CSB and DBHDS.	\$2,367,587	Frontier	Federal and State	7/1/2024	CSB Performance Contract renewed annually	6/30/2025	No	No change recommended
988 - DBHDS requires regional CSBs to manage 988 call centers, authorizing sub-contracting with NSPL Vendors. Funds noted here are distributed to Region 4 Hub, Richmond Behavioral Health Authority, which contracts with Hopelink (formerly PRS). Contract terms noted are for the Performance Contract between CSB and DBHDS.	\$2,346,508	Hopelink	Federal and State	7/1/2024	CSB Performance Contract renewed annually	6/30/2025	No	No change recommended

Department of Behavioral Health and Developmental Services

The Purpose of the Call Center	The Annual Contract Amount	Vendor	Agency Fund Sources Used to Pay the Contract	Contract Term / Start Date	Option Years	Expiration Date	Duplicative of Any Other Call Center (in part or in whole)	Recommendations
988 - DBHDS requires regional CSBs to manage 988 call centers, authorizing sub-contracting with NSPL Vendors. Funds noted here are distributed to Region 5 Hub, Western Tidewater Community Services Board, which contracts with Hopelink (formerly PRS). Contract terms noted are for the Performance Contract between CSB and DBHDS.	\$2,730,798	Hopelink	Federal and State	7/1/2024	CSB Performance Contract renewed annually	6/30/2025	No	No change recommended

Department of Medical Assistance Services

The Purpose of the Call Center	The Annual Contract Amount	Vendor	Agency Fund Sources Used to Pay the Contract	Contract Term / Start Date	Option Years	Expiration Date	Duplicative of Any Other Call Center (in part or in whole)	Recommendations
Provides a toll free line that answers questions for members regarding benefits, finding providers, provider participation in Virginia Medicaid, complaints, and grievance's. Providers may also use the call center to check on claims and obtain information about the dental program	\$750,000	DentaQuest	Federal, State, Special	7/1/2023	4 - 1 year renewals (4 remaining)	6/30/2027	The dental program is a Fee-for-service (FFS) program that is carved out of the Manged Care Organizations (MCOs). DentaQuest's call center operates as the only call center that handles the Cardinal Care Smiles program.	No change recommended
Gainwell's Provider Call Center supports Virginia Medicaid providers with Provider Services Solution (PRSS) related to Fee-for-Service (FFS), Behavioral Health Services Administration (BHSA), and Managed Care Organization (MCO) enrollment and maintenance questions and maintains provider enrollment compliance with federal regulations	\$580,040	Gainwell	Federal, State, Special	7/11/2018	4 - 1 year renewals (3 remaining)	11/30/2024	All providers must enroll through PRSS in order to receive Medicaid reimbursement. No other call center addresses issues specific to the Provider Services Solution (PRSS).	No change recommended
A dedicated toll-free call center for FFS members, and providers to respond to inquiries and requests related to service authorizations, care coordination, and specialty behavioral health services, and handle related member inquiries and grievances. Provides assistance to providers regarding provider status of service authorizations and registration requests. Also operates the behavioral health 24/7 Crisis Call Center for FFS members, and staffed with Virginia licensed clinicians with training in crisis management to respond to members who call in a crisis situation.	\$2,383,668	Acentra (includes BHSA)	Federal, State, Special	11/1/2023	5 - 1 year renewals (5 remaining)	10/31/2028	Does not duplicate activities of any other call center.	No change recommended

Department of Medical Assistance Services

The Purpose of the Call Center	The Annual Contract Amount	Vendor	Agency Fund Sources Used to Pay the Contract	Contract Term / Start Date	Option Years	Expiration Date	Duplicative of Any Other Call Center (in part or in whole)	Recommendations
Under the Federal Medicaid regulations, state Medicaid agencies are required to “ensure necessary transportation for beneficiaries to and from providers.” Under the Social Security Act, SMAs have the authority to establish an NEMT service through a broker. Fee-For-Service (FFS) Nonemergency Medical Transportation (NEMT) program operates a statewide centralized toll free call center located in Norton, Va. They provide support and assistance to members, facilities, and transportation providers in scheduling trips and the status of trips to Medicaid covered services. The call center is available 24 hours a day 7 days a week.	\$2,167,204	Modivcare	Federal, State, Special	4/1/2018	3- 1 year renewals (0 remaining) 1 - 2 year extension (0 remaining)	3/31/2026	Each MCO contracts with an NEMT Broker, however, this broker handles the FFS population.	No change recommended
Pharmacy benefits provider	\$210,000	Magellan RX	Federal, State, Special	3/13/2017	3- 1 year renewals (1 remaining)	10/1/2024	No as the call center is specific to the activities of FFS	No change recommended
MCOs must operate call centers to support member and provider services, including general customer service. They must also provide 24/7 clinical triage services (such as nurse advice, behavioral health crisis support, and care coordination), offer provider services and coverage determinations and ensure pharmacy technical support is available during all network pharmacy hours every day.	\$5,000,000	Optima/VA Premier	Federal, State, Special	7/1/2024	3 - 1 year renewals remaining	6/30/2027	No as the call center is specific to the activities of the health plan	No change recommended

Department of Medical Assistance Services

The Purpose of the Call Center	The Annual Contract Amount	Vendor	Agency Fund Sources Used to Pay the Contract	Contract Term / Start Date	Option Years	Expiration Date	Duplicative of Any Other Call Center (in part or in whole)	Recommendations
MCOs must operate call centers to support member and provider services, including general customer service. They must also provide 24/7 clinical triage services (such as nurse advice, behavioral health crisis support, and care coordination), offer provider services and coverage determinations and ensure pharmacy technical support is available during all network pharmacy hours every day.	\$8,565,919	Aetna	Federal, State, Special	7/1/2024	3 - 1 year renewals remaining	6/30/2027	No as the call center is specific to the activities of the health plan	No change recommended
Since July 2018, all states have been required to provide independent choice counseling services for all new managed care enrollees and all enrollees who are changing health plans. The Call Center process all incoming telephone inquiries for Enrollment Broker services in a timely and courteous manner. Included but not limited to managed care education, choices, eligibility, special programs, new enrollment and transfer enrollment into the Medicaid MCOs, member exclusion request, midwife exemption, good cause exemptions, complaints, also referrals to other vendors or agencies as needed. The Enrollment Service Representative (ESR) logs all calls into their database by the Members 12-digit Medicaid ID#.	\$4,589,576	Maximus	Federal, State, Special	1/1/2022	1 - 1 year renewal (0 remaining) 1 - 2 year extension (0 remaining)	1 - 1 year renewal (0 remaining) 1 - 2 year extension (0 remaining)	<p>Similarities, however Not Duplicative Similarities:</p> <ul style="list-style-type: none"> • Cover Virginia provides information on Medicaid eligibility and general information on the Medicaid managed care health plans. • The Enrollment Broker provides general information on Medicaid and detailed information on the Medicaid managed care health plans. <p>Differences:</p> <ul style="list-style-type: none"> • The Cover Virginia Call Center handles telephonic applications for Medicaid, FAMIS, and Plan First populations enrollment into the Virginia Medicaid program. • The Enrollment Broker Call Center handles education and 	No change recommended

Department of Medical Assistance Services

The Purpose of the Call Center	The Annual Contract Amount	Vendor	Agency Fund Sources Used to Pay the Contract	Contract Term / Start Date	Option Years	Expiration Date	Duplicative of Any Other Call Center (in part or in whole)	Recommendations
							enrollment of Medicaid eligible members into the managed care health plan of their choice.	
MCOs must operate call centers to support member and provider services, including general customer service. They must also provide 24/7 clinical triage services (such as nurse advice, behavioral health crisis support, and care coordination), offer provider services and coverage determinations and ensure pharmacy technical support is available during all network pharmacy hours every day.	\$1,300,000	United Health	Federal, State, Special	7/1/2024	3 - 1 year renewals remaining	6/30/2027	No as the call center is specific to the activities of the health plan	No change recommended
MCOs must operate call centers to support member and provider services, including general customer service. They must also provide 24/7 clinical triage services (such as nurse advice, behavioral health crisis support, and care coordination), offer provider services and coverage determinations and ensure pharmacy technical support is available during all network pharmacy hours every day.	\$2,334,144	Molina Health Care	Federal, State, Special	7/1/2024	3 - 1 year renewals remaining	6/30/2027	No as the call center is specific to the activities of the health plan	No change recommended

Department of Medical Assistance Services

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Provider and Member Helplines are part of the DMAS Fiscal Agent Services (FAS) Sole Source contract with Conduent. The Provider Helpline provides on demand support for providers, service centers, and stakeholders concerning claims questions, remit questions, payment questions, service authorization inquiries, eligibility, and questions concerning DMAS programs. The Member Helpline provides critical information to CCMC Members who have questions concerning CCMC programs, benefit questions, customer service questions, and/or concerns. In addition to these two call centers, Conduent is also responsible for Fiscal Agent Business Operations Support, Claims Services, Financial Services, Fiscal Agent Application Support, Platform Management, Documentation Management, Security and Risk Management, Change Management, FAS Application, and PRSS support, including document imaging and storage in Enterprise Content Management (ECM) for PRSS vendor access.	\$9,934,830	Conduent	Federal, State, Special	7/1/2023	2 - 1 year renewals (2 remaining)	6/30/2025	Not aware of any overlaps.	No change recommended
MCOs must operate call centers to support member and provider services, including general customer service. They must also provide 24/7 clinical triage services (such as nurse advice, behavioral health crisis support, and care coordination), offer provider services and coverage determinations and ensure pharmacy technical support is available during	\$20,473,780	Anthem	Federal, State, Special	7/1/2024	3 - 1 year renewals remaining	6/30/2027	No as the call center is specific to the activities of the health plan	No change recommended

Department of Medical Assistance Services

The Purpose of the Call Center	The Annual Contract Amount	Vendor	Agency Fund Sources Used to Pay the Contract	Contract Term / Start Date	Option Years	Expiration Date	Duplicative of Any Other Call Center (in part or in whole)	Recommendations
all network pharmacy hours every day.								
Financial System Claims/Benefit payment system - BHSA is part of Acentra contract,	\$3,816,840	Conduent (includes magellan bhsa now)	Federal, State, Special	7/1/2023	2 - 1 year renewals (2 remaining)	6/30/2027	Not aware of any overlaps.	No change recommended
Cover Virginia meets the federally mandated statewide call center for the filing of telephonic applications and renewals for the Medicaid program. Additionally, this operation meets GA requirements for incarcerated individuals.	\$14,850,988	Maximus	Federal, State, Special	4/1/2021	5 - 1 year renewals (5 remaining)	3/30/2026	DSS - Enterprise Call Center (operated by Young and Williams handles some duplicative call types for Medicaid.	There is the potential to remove Medicaid call types from the Young and Williams contract and allow all Medicaid calls to come directly through Cover VA as that operation is more robust and accepts more call types and services. The downside to making this change will mean will an individual wants to apply for multiple benefits at once such as SNAP, TANF, and Medicaid they will have to call Cover VA to apply for Medicaid and then be transferred or place a separate call to the Young and Williams Call Center to apply for the other programs.

Department of Social Services

The Purpose of the Call Center	The Annual Contract Amount	Vendor	Agency Fund Sources Used to Pay the Contract	Contract Term / Start Date	Option Years	Expiration Date	Duplicative of Any Other Call Center (in part or in whole)	Recommendations
Benefits and Child Support Call Center	\$41,370,149	Young Williams	Federal & State	4/1/2017	0	9/30/2024	In Part	Services will end this year and re-procured.
Benefits and Child Support Call Center	\$2,970,000	Young Williams	Federal & State	10/1/2024	2	12/31/2026	In Part	Combine services with Cover VA
SNAP	\$20,473,780	Conduent	Federal & State	3/1/2018	4	9/30/2024	In Part	VDSS is currently negotiating cost.
2-1-1 Virginia	\$9,429,016	Council of Community Services	Federal & State	7/1/2024	1	6/30/2025	No	None. Market research shows our call center is the lowest among several states with similar call centers.
Citizen Services 1-800-726-7000	\$438,442	InContact (Insource)	Federal & State	No End Date	0	None	No	Temporary Contractors DGS/DPS Contract
Citizen Services 1-800-726-7000	\$438,442	InContact (Insource)	Federal & State	No End Date	0	None	No	Temporary Contractors DGS/DPS Contract