COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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MEMORANDUM

TO: The Honorable Luke E. Torian
Chair, House Appropriations Committee

The Honorable L. Louise Lucas
Chair, Senate Finance and 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 – FY2025

This report is submitted in compliance with Item 292.N.1. of the 2025 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 and Appropriations Committees.

Should you have any questions or need additional information, please feel free to contact me at 804-664-2660.

CR/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-FY2025
A Report to the Virginia General Assembly

August 2025

Report Mandate:

The 2025 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

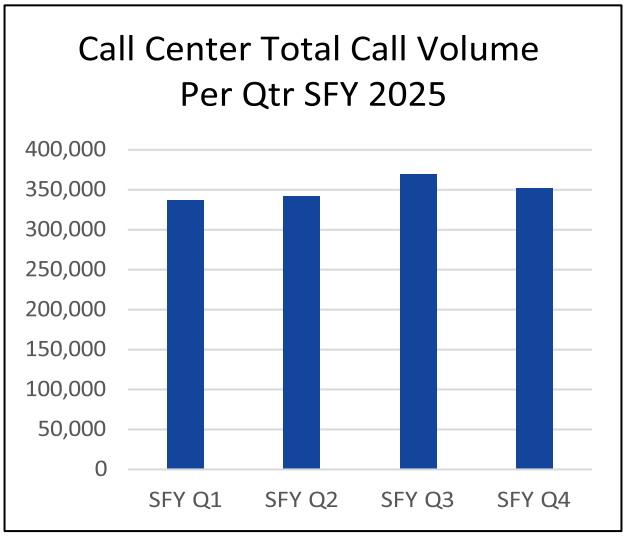
Over the last fiscal year, the total number of calls to the call center averaged approximately 116,707 calls per month, which equated to 1,400,481 calls for the fiscal year. This is compared to the previous fiscal year monthly average of 116,218 calls. During the fiscal year, on average, 32% of calls were handled in the interactive voice response (IVR) system, which is the same as the 32% last year.

SFY 2025 Monthly Call Volume and Performance

Time Period By Month, Quarter & Calendar Year	Total Calls to CoverVA	Calls Answered	IVR Served Calls
Jul-24	114,679	78,101	35,506
Aug-24	113,486	81,486	30,406
Sep-24	108,383	75,567	29,663
1st Quarter	336,548	235,154	95,575
Oct-24	119,582	85,012	32,992
Nov-24	106,752	68,857	36,023
Dec-24	115,531	78,249	35,120
2nd Quarter	341,865	232,118	104,135
Jan-25	136,463	87,720	44,007
Feb-25	112,638	77,830	33,342
Mar-25	121,010	80,645	39,457
3rd Quarter	370,111	246,195	116,806
Apr-25	115,885	81,932	33,065
May-25	116,560	77,245	37,873
Jun-25	119,512	63,622	55,586
4th Quarter	351,957	222,799	126,524
Total Calls	1,400,481	936,266	443,040
Fiscal Year Monthly Avg	116,707	78,022	36,920

Data Source: Decision Point

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 2025, Cover Virginia provided telephonic application assistance with 113,642 new applications, compared to 96,826 the previous fiscal year.

The call center assisted with submitting 88,999 renewal applications during the fiscal year, which was down from 95,034 submitted last fiscal year.

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

Month	New Applications Submitted	Renewals Submitted
Jul-24	9,832	5,186
Aug-24	10,508	6,452
Sep-24	9,538	6,737
Oct-24	10,707	6,772
Nov-24	8,638	5,967
Dec-24	9,106	7,252
Jan-25	10,491	9,194
Feb-25	8,767	8,826
Mar-25	9,322	9,373
Apr-25	9,521	8,961
May-25	9,080	7,878
Jun-25	8,132	6,401
Total	**113,642**	**88,999**

Cost of the Contract

The summary of payments made in SFY 2025 for the Cover VA Call Center are as follows:

Cover Virginia Costs Jul '24-Jun '25	CVCC
Total Costs	24,398,410
General Funds	4,025,662
Federal Funds	17,440,146
Special Funds	2,077,603
Penalty Assessment	(53,051)

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.