

July 31, 2014

## July Update

### CEO Update

- Operational and Outreach preparation for November Open Enrollment (11/15 – 2/15/15)
  - Expectation FY 15 OE more complex than last year
    - Renewals as well as new enrollment
    - New APTC and plan choices
    - Compressed January enrollment timing, including two holidays
    - Potential confusion over APTC tax liability
  - Staff Preparation
    - Broker, IPA, Call Center, FQHC, hospital, CAC training
    - New enrollment tools
      - Mobile app for iPhones and Android phones and tablets
      - New “avatar” enrollment assistance for more complex enrollment/renewal questions with most common response
    - Fixes and upgrades to improve system stability
    - Focus on 10 communities representing @80% of uninsured
    - Revamped NIPA program wedding most productive IPA with most productive brokers
- Eligibility Verification
  - CMS coordination on potential terminations for inability to verify citizenship and identify
    - CMS issuing clarification on 7/21
    - AHCT and most states plan to follow CMS policy
    - Impact on several thousand QHP enrollees
- SHOP
  - Product re-launch for September
    - New sales strategy
      - Hired outstanding SHOP sales rep
    - New SHOP vendor relationship with Bswift

- Julie Lyons to manage SHOP product
  - Focus on most productive SHOP brokers
- Dental
  - New Dental Exchange for Fall OE
    - Bswift to administer dental exchange
      - Julie Lyons to oversee dental exchange

## **Operations**

### **Customers**

Customer service remains operations' main focus. We are beginning to see the decrease we expected in our insurance numbers. We are down to 77,143 members with insurance, down 3,709 from our last board meeting. People are leaving our ranks due to income changes, either moving to a company plan when they are employed or to Medicaid.

### **Call Center**

Our call volume continues to fall from its open enrollment heights. Maximus has been performing within its service level agreements, but they are an inadequate indication of value.

Quality is a continuous concern. We are causing customer confusion by having callers get different answers to the same question. Problems and issues are not communicated to our Issue Resolution Department in a time frame for quick attention. Both of these cause customers to be frustrated, and we have a more difficult challenge to keeping the customer satisfied.

We continue to press Maximus on hiring, training and quality control. However, we have concluded that we must take even more control and drive changes in our call center to benefit our customers and ensure a positive experience. We are working a plan now to have the call center focus on simple questions and signing people up on the phone. We will put a second tier down in our own office staffed with our own employees to deal with the issues which are intricate, problematic, or not able to be addressed by the call center.

Improving our own technical system as planned will avoid giving people cause to call the center in the first place, and to allow those who do call to have their business addressed without the system slowing down.

### **Customer Service Issues**

The Incident Response Department (IRD) continues its work. They have resolved 5,258 issues since October 1, 2013. Each issue could be unique to an individual or may affect many individuals. The resolution of each issue addresses the unique individual concerns, but it also informs us of improvements we can make in our process or technology. Right now we have 1,025 outstanding issues as of July 9th, and that was an increase of over 200 since I reported last. The increase is due, in part, to the stopping of reporting changes to applications. We were able to put a filter in the system to prevent any erroneous inputs being sent to carriers.

Also, note that the IRD team spent two and one half days earlier this week with Next Level Partners, a process improvement organization, to document, review and look for opportunities for improvement within its process. This process was done with the complete collaboration and staff from all the carriers, support vendors, DSS and all the internal departments of AHCT. Redundancies and other opportunities for improvements were identified and will be implemented to streamline and improve the process which will lead to better customer experiences.

As I stated last month, we closed the storefronts for the summer, and have brought the staff into our offices and dedicated them to issue resolution and customer engagement. Their knowledge of the system and customer service focus is of great utility.

## **Process**

### **Open Enrollment**

We have done the analysis and requirements for open enrollment. The challenge now is to prioritize the many different aspects and ensure they are coded, tested, and released by the fall. The system is just one piece – training and education must take of all this and incorporate it into our syllabus and then educate our outreach workers, brokers and users of the system.

### **PMO**

This is a critical role. KPMG will be operating in this role until a permanent employee can be found.

## **Technology**

James Michel and Jim Wadleigh continue to work issues with Deloitte. There are resource concerns with Deloitte's ability to meet all of AHCT needs for functionality and service. Our open enrollment functionality is being lessened from what we were promised in late May. In addition to working hour by hour with Deloitte for resolution of our customer needs, AHCT is looking to share resources and costs with other states using Deloitte.

## **Printing/Scanning/Data Entry**

AHCT contractors continue to meet service level agreements.

- Paper applications seen now are mainly for Medicaid redeterminations.
- AHCT's biggest challenge remains getting Medicaid eligible customers inputted into the EMS.

## **Loss in Subsidy Outreach Update**

As a result of a system issue and user error, roughly 5700 applications were potentially impacted by an incorrect eligibility determination. For those impacted, the end result was either a removal of a subsidy or an incorrect enrollment into Medicaid. It is important to note that included in the 5700 are applicants who were correctly re-

determined as a result of an income change; however, AHCT is conducting outreach to confirm who was negatively impacted by the issue. Out of the total 5700, 903 were disenrolled for non-payment with the carriers as a result of the problem.

**Consumer Impacted:**

AHCT is committed to correcting all impacted applicants as quickly as possible. We are on track to contact by phone over 80% of those potentially impacted by July 18<sup>th</sup>. Additionally, an advisory statement was sent to all 5700 explaining the potential impacts of the issue and outlining what to expect over the next few days from AHCT.

## **Update on Qualified Health Plan (QHP) Certification for 2015**

### **Introduction**

On March 17, 2014, Access Health CT (AHCT) released a solicitation outlining the requirements for any new Issuers interested in participating on the individual and/or Small Business Health Options Program (SHOP) Marketplace or for Issuers wishing to expand their current participation into a new market. Although we did not receive responses from any new Issuers, UnitedHealthcare Insurance Company did request to expand their participation into the individual market.

On May 19, 2014 AHCT distributed to the Issuers an application for participation on AHCT titled "Qualified Health Plan (QHP) Application for Participation in the Individual and/or Small Business Health Options Program (SHOP) Marketplace for Plan Year 2015." The Plan Management team is currently in the process of reviewing the Issuers' QHP application submissions, which includes all of the required federal Qualified Health Plan (QHP) data templates, attestations and other supporting documents.

AHCT received QHP applications from the following Issuers for the individual market:

Anthem Health Plans, Inc.,  
ConnectiCare Benefits, Inc.,  
HealthyCT, and;  
UnitedHealthcare Insurance Company.

AHCT received QHP applications from the following Issuers for the Small Group market:

Anthem Health Plans, Inc.,  
HealthyCT, and;  
UnitedHealthcare Insurance Company.

There has been no change in the Issuers participating in the Small Group market between 2014 and 2015 plan years.

Consistent with the 2014 plan year, AHCT continues to require participating Issuers to offer the AHCT Standard Plan designs for all metal tiers except for the Platinum metal tier. Based on feedback from various stakeholders, AHCT increased the number of Non-Standard plan options that an Issuer may offer for the 2015 plan year (e.g., from two plans per metal tier to three plans per metal tier except for Platinum).

The number of plan designs that Issuers intend to offer in 2015 has increased significantly from the 2014 plan year because of the additional Non-Standard Plan design offerings, addition of an HSA compatible Standard Bronze Plan design and UnitedHealthcare Insurance Company joining the Individual Market.

Specifically, there are 144 plan designs being reviewed for 2015 for both markets. These include the plan variants (e.g., cost sharing reduction plans (CSR) for the silver plan designs, the American Indian zero cost sharing plan variant and the American Indian limited cost sharing plan variant).

In the individual market, the total number of Non-Standard plan design options (not including the plan variants), Issuers have submitted seven Non-Standard plan designs within the Bronze metal tier, four Non-Standard plan designs within the Silver metal tier, four Non-Standard plan designs within the Gold metal tier and three Catastrophic Plan designs.

Additionally, one Issuer has submitted a Platinum metal tier plan design for review and approval. And lastly two Issuers have agreed to file plan options meeting the requirements of the Multi-State Plan Program (MSPP) which are other Issuer options that will be newly available to consumers in 2015. Please note that the MSPPs are not included in the above referenced plan design counts because these submissions will be provided at a later date by the Federal Office of Personnel Management. It is important to mention that some of the plan options offered by the MSPP will not include coverage for the excepted abortion services (e.g., elective abortion).

In the Small Group market the number of plan designs increased from 12 plan designs offered in 2014 to 21 plan designs that will be offered in 2015. In addition to the four Standard Plan designs, the Issuers have filed four Non-Standard Plan designs within the Bronze metal tier, three Non-Standard Plan designs within the Silver metal tier and two Non-Standard Plan designs within the Gold metal tier.

### **Carrier and QHP Certification**

Issuers were required to submit the completed QHP application which includes federal QHP data templates, supporting documentation and attestations by June 20, 2014 in order to be considered for QHP certification for 2015 plan year. Issuers' submissions are currently under review by AHCT's Plan Management team. The team has provided the Issuers with feedback based on the preliminary review earlier this month and is working closely with the Issuers to ensure that any findings get addressed and that the templates and other documentation are revised and re-submitted as necessary. Plan Management intends to finalize their review and certify QHPs by September 2, 2014.

### **2015 Improvements**

AHCT has taken several steps to improve the QHP certification process as well as consumer shopping experience for 2015 plan year.

- This effort includes working closely with AHCT's IT contractor to make adjustments to the consumer shopping portal in order to make the shopping experience easier for current and potential enrollees.
- AHCT has also developed a standard template for the Issuers' Schedule of Benefits that all Issuers participating in the AHCT Marketplace are required to use for their Standard and Non-Standard Plan designs. The purpose of this template is to ensure that consumers receive sufficient information that is meaningful to them, easy to understand and is consistent among different Issuers and Plans.

- Additionally, AHCT has put forth requirements pertaining to the Issuers' Plan marketing names to achieve consistency between the Issuers as well as to ensure that the Plan names are easily understood by the consumers.

## **Conclusion**

AHCT's Plan Management team is diligently reviewing the Issuers' application submissions in order to ensure that QHPs that will be offered for the 2015 plan year meet all of the regulatory and AHCT requirements. Accuracy of Issuers' data is vital to the foundation of the consumer shopping experience and is directly related to AHCT's mission.

We strive to improve consumer shopping experience and ensure that all information is presented in an easy to understand manner for consumers to make informed choices when considering a growing variety of options. AHCT has taken a number of steps to achieve this important goal and has been working closely and collaboratively with the participating Issuers.

## Finance

The Finance Team is fulfilling its commitment to support the organization through its transition to a “going concern”. In this regard, the Team is focused on 3 major areas - securing financial resources, improving business processes and fulfilling regulatory requirements. This correspondence includes updates on Finance activities in these areas since June.

- 2014 market based assessments received to date total \$11.5 M and responses to capable carriers objecting to the assessment have been completed.
- The procedure, “Acquiring Operating Funding” that the Board approved in May was posted on the AHCT website and the Connecticut Law Journal for 30 days. The comment period is now closed. One comment letter was received from CBIA and expressed the need for the Exchange to operate cost effectively, in order to keep the financial impact down on insurance costs, specifically premiums. This is consistent with AHCT’s goal.
- The draft Enterprise Resource Planning Business Requirements were received on July 13<sup>th</sup>. This is the deliverable from NetSuite from the first design sessions that were held with AHCT personnel and NetSuite design professionals. As previously noted, the product includes a new general ledger and a customer relationship management (CRM) application.
- OIG filed their consolidated audit report (Connecticut, California and the Federally Facilitated Marketplace) with Congress as planned on July 1<sup>st</sup>. As previously communicated, OIG dropped one of the findings relating to verifying citizenship through the Department of Homeland Security and, as a result, there were 4 findings instead of 5 as originally communicated; and AHCT now concurs with 3 of the 4 findings. AHCT management prepared a public relations strategy with its consultant to try to manage the coverage of the report. Under the circumstances, the reporting was fair though headlines generally were not.
- In operationalizing the FY 2015 Budget approved by the Board, a number of revised and new needs emerged that have AHCT starting the new year with an unfavorable variance of about \$5.0 M, net. These new items include call center call volumes not stabilizing as anticipated, new customer issues involving system changes and an increased need for issue resolution personnel, investing in training as another component of Exchange Solutions, as well as consumer education, and rejuvenating the SHOP strategy through sales and product. While this is a budget variance, it will be funded with operational grant funds not yet earmarked that would otherwise expire December 31<sup>st</sup> 2014 and can’t be extended. ‘No cost extensions’ can only be used for IT Development. Also, department managers are working with Finance to find favorable variances that can possibly offset some of the unfavorable variances. Finally, consideration is being given to filing additional funding requests.

## IT Update

### **Open Enrollment**

The Open Enrollment work stream involves the people, process, and technology to support a November 15<sup>th</sup> open enrollment period. Analysis is complete and estimates as well as implementation timeline are being finalized. It is anticipated that AccessHealthCT will have a timeline for completing Open Enrollment work within in the next week. Once this is finalized, that information will be shared with the Board.

### **System Improvements**

- Mobile applications for both IOS and Android operating systems have been completed and rolled out. Future enhancements are being planned and worked for a 4<sup>th</sup> quarter implementation.
- Current mobile functionality includes:
  - Anonymous Shopping
  - Prescreening for benefits including APTC, CSR, Medicaid and CHIP
  - Viewing plan information including plan details and plan PDF documents
  - Ability to create an account
  - View messages, notifications and eligibility determination for household members
  - Ability to take a picture of a verification document and upload for processing

### **Cross State Collaboration**

We participated in the CCIIO State Based Marketplace Annual conference in Maryland. At this conference we spent time meeting with many states to discuss issues and cross state opportunities for working together. This has led to multiple conversations with Maryland on joint work, code reviews, potential team meetings, and test case sharing. This has also led to a detailed overview with Washington State to potentially share/sell our Mobile application software. We are very excited about this prospect.

### **Cognizant Technology Solutions**

AHCT engaged Cognizant to perform a detailed code review of the Deloitte code base. This process has been very revealing and beneficial. The end result has been the discovery of numerous issues that have been shared with Deloitte to be fixed to help prevent customer impacts. At this point in time the changes have not been made, but we are pressing Deloitte to implement them over the next few months.

### **Strategic Projects**

Planning is underway as part of the Open Enrollment work to complete some key customer helpful changes with our overall system. I expect to give a formal demonstration at the next Board meeting. The following items are underway:

- Implementation of CoBrowsing functionality between the Call Center and direct customer interactions. This will allow our Call Center agents to watch a customer use their screens and help answer questions quicker.
- Help Avatar. Working jointly with our Marketing team, we are in the process of creating a live agent on our website that will allow customers to ask her for help right on the screens.
- Evaluation of hosting our development and training environments in the cloud. These environments are currently hosted at Deloitte but we believe that we can do this in a much more cost effective way.

### **Recent Team Recognition**

Our team continues to be recognized for the herculean effort that they have made over the last year. As you are aware, our project is 1 of 3 finalists for the PMI (Project Management Institute) Global Project of The Year. The results will be announced on October 25<sup>th</sup>.

We also received notification on July 16<sup>th</sup> that we will receive the American Public Human Services Association Information Systems Management (APHSA-ISM) 2014 Recognition Award for Excellence in Human Services Technology. This award has not been made public but will be announced in Atlanta at the ISM 47<sup>th</sup> Annual Conference on September 21<sup>st</sup>.

## **Legal Update**

**SHOP -- HealthPass/bswift.** The master Agreement between bswift and the Exchange was fully executed on July 3, 2014. In addition, the addendum to this Agreement for the provision of dental, through the Exchange on the bswift platform was signed by the Exchange (July 18, 2014). As a result bswift will begin its IT development and expects to be fully ready to offer Exchange stand-alone dental products at Open Enrollment in November 2014. Julie Lyons and her plan management team are currently working with the bswift team and the Deloitte team to try to make this as seamless an experience for the consumer as possible.

This added Exchange capability to offer dental products does not impact the Exchange's embedded pediatric dental policy. In 2014, the Exchange only had the capability to offer dental coverage through a direct link to the dental providers participating with the Exchange. In contrast, in 2015, stand-alone dental products will be available on Exchange. Potential customers include: individuals who have bought a medical policy on the Exchange who also want to purchase a dental policy; small employers in our SHOP who want to offer dental to their employees; or individuals from the general public who are looking to supplement their health coverage with a dental policy.

### **Pending Litigation - *Bracy v. Burwell, et. al* CA: 3-14-cv00593-VLB (previously *Bracy v. Sibelius*)**

The Court has granted the joint motion of all parties in the Bracy Case (the Plaintiffs Bracy, all federal defendants and the Exchange) to extend until October 13, 2014, the date for answering the motion for preliminary injunction; answering the overall complaint; and for beginning discovery.

### **Exchange Policies and Procedures**

The public comment period for the *Procedure: Exchange Assessment and Fees* closed with only one comment. That comment was made by the Connecticut Business and Industry Association (CBIA). This comment addressed a general philosophy that assessments added to the cost of insurers doing business in the state and were passed on to employers. For that reason, CBIA emphasized the need for the Exchange to operate cost effectively to keep its assessment rate down and keep down the financial impact on insurance premiums.

The public comment period for the *Tribal Consultation Policy* closed without any comments. Both policies will be included on the September Board Agenda for adoption.

## **Marketing**

July continues to be an active month for marketing, with robust summer outreach underway in addition to planning efforts in advance of the beginning of open enrollment in roughly 17 weeks.

### 1) Research and planning for next open enrollment's outreach efforts

- Calls are now under way to members as part of our comprehensive "Member Census" research project. Utilizing telephone-outreach, 5,000 interviews will be conducted among our membership base from this past open enrollment.
- The research effort will look to statistically quantify performance of our enrollment efforts in key areas such as the number of previously uninsured residents who have enrolled, race and ethnicity of members, the various enrollment channels used during sign-up and their perceptions and satisfaction with each.
- With field work under way, we are anticipating the final report to be available the last week of August.
- In addition to primary research, secondary research is underway on existing membership data to inform planning efforts. An overlay of geographic enrollment information on prior uninsured data at the same level provides solid evidence of our effectiveness at enrolling individuals across a wide array of towns and cities, and also demonstrates that the remaining uninsured are still heavily clustered in an even more concentrated set of areas.
- The chart below shows that approximately two-thirds (or 67%) of the remaining uninsured now reside in just 10 key urban areas of the state. This data suggests that future marketing and outreach efforts need to be focused on urban outreach in year two, against a backdrop of continued state-wide awareness efforts.
- Additionally, data also shows that 53% of the state's African-American population and 49% of the state's Hispanic population live in these same 10 cities. As we shape our marketing outreach plan, this focus on an urban and ethnic approach will be more pronounced.

	Town	County	Population	Pre-Enrollment Uninsured (Thomson Reuters)	Total Enrollments	Difference	% of TR uninsured still uninsured	% of overall remaining uninsured	Cumulative % of remaining uninsured
1	New Haven	New Haven	130,741	32398	5,410	26,988	83%	15.4%	15.4%
2	Hartford	Hartford	124,893	34052	7,372	26,680	78%	15.2%	30.5%
3	Bridgeport	Fairfield	146,425	25302	7,598	17,704	70%	10.1%	40.6%
4	Waterbury	New Haven	109,915	21846	6,341	15,505	71%	8.8%	49.5%
5	New Britain	Hartford	73,153	12971	4,668	8,303	64%	4.7%	54.2%
6	Meriden	New Haven	60,638	8923	3,232	5,691	64%	3.2%	57.4%
7	Stamford	Fairfield	125,109	10608	5,993	4,615	44%	2.6%	60.0%
8	West Haven	New Haven	55,404	7497	3,118	4,380	58%	2.5%	62.5%
9	Windham	Windham	25,091	5194	995	4,199	81%	2.4%	64.9%
10	East Hartford	Hartford	51,272	7102	3,070	4,032	57%	2.3%	67.2%

## 2) Summer outreach activity to build brand presence and capture leads

- Our summer concert ticket contest entitled “Access Health Center Stage” continues to generate solid results. Consisting of broadcast advertising on NBC promoting the program, social media promotion across multiple channels, and on site outreach and sponsored advertising at Xfinity Theater concerts this summer, we have generated substantial participation and awareness.
- After 7 weeks, performance to date stands at:
  - 26,212 – Individuals who have entered for a chance to win tickets
  - 14,741 – Individuals who shared the contest on Facebook
  - 6,369 – Individuals opting in for additional information on Access Health
- Additionally, the on-site social media photo sharing component, consisting of individuals photographing themselves in branded AHCT apparel at concerts, has generated more than 500 posts on individual Facebook pages, which in turn is shared with their entire network.
- We recently partnered with Hispanic broadcast network Univision 18 here in Connecticut (the official in-language Spanish broadcaster) to capitalize on the popularity of the World Cup which kicked off in Brazil on June 12th, and reached a sizable Latino audience here in our state. Our full campaign ran from June 9 until July 6<sup>th</sup>
- The goal of the effort was to both raise awareness and build our brand among a younger Hispanic audience, while also collecting lead information through a social media-driven contesting effort.
- This year’s World Cup broadcast set new ratings records, as featured in numerous articles covering the increasingly strong interests here in the U.S.

- (<http://www.philly.com/philly/blogs/sports/union/2014-World-Cup-final-sets-some-US-TV-records-but-not-all.html>)
- Our program contained a 30-second advertisement in all World Cup games broadcast on the network, and reached over 150,000 homes here in the state. The ad promoted Access Health CT as well as a contest to win a World Cup prize package including team apparel and a flat screen TV.

A grand prize winner was chosen, and the awarding of the prize was prominently covered on Univision's evening news broadcast (<https://docs.google.com/a/entravision.com/file/d/0B2NApYrSNX3wTEtOaUNyRFZUakk/edit?pli=1>)

**Appendix (1) Latest Operational metrics – week ending July 13, 2014**

<b>Operational Summary Report</b>									
<b>Date Span of: 07/07/2014 thru 07/13/2014</b>	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Weekly Total	Cumulative Totals from 10/1/2013
<b>Contact Center</b>									
Offered Calls	2,669	2,176	2,022	1,947	1,722	0	0	10,536	<b>614,613</b>
Call answered	2,564	2,110	1,984	1,899	1,683	0	0	10,240	<b>542,767</b>
Avg call durations ( <i>minutes</i> )	12.11	12.85	13.28	12.38	12.91	0	0	12.67	<b>10.23</b>
Avg wait time ( <i>minutes</i> )	0.68	0.32	0.28	0.30	0.22	0	0	0.38	<b>1.84</b>
Abandoned calls	65	41	11	20	9	0	0	146	<b>40,888</b>
Abandonment rate	2.44%	1.88%	0.54%	1.03%	0.52%	0.00%	0.00%	1.39%	<b>6.65%</b>
<b>Individual Membership Within Completed Applications - Cumulative</b>									
Medicaid	183,827	184,682	-	186,304	186,932	187,005	187,063	187,063	<b>187,063</b>
CHIP	7,481	7,502	-	7,536	7,542	7,542	7,544	7,544	<b>7,544</b>
New DSS Enrollment	22,335	22,335	22,335	22,335	22,335	22,335	22,335	22,335	<b>22,335</b>
QHP without APTC	16,750	16,765	-	16,805	16,780	16,786	16,790	16,790	<b>16,790</b>
QHP with APTC	60,210	60,289	-	60,333	60,336	60,345	60,353	60,353	<b>60,353</b>
<b>Total Enrollment</b>	<b>290,603</b>	<b>291,573</b>	<b>22,335</b>	<b>293,313</b>	<b>293,925</b>	<b>294,013</b>	<b>294,085</b>	<b>294,085</b>	<b>294,085</b>
HUSKY/CHIP Redeterminations - Online		<b>676</b>							<b>43,452</b>
<b>Total Enrollment without redeterminations</b>									<b>250,633</b>
<b>Individual Membership Within Completed Applications - Daily</b>									
Medicaid	836	855	-	-	628	73	58	2,450	
CHIP	22	21	-	-	6	-	2	51	
New DSS Enrollment	-	-	-	-	-	-	-	-	
QHP without APTC	(139)	15	-	-	(25)	6	4	(139)	

QHP with APTC	(196)	79	-	-	3	9	8	(97)
<b>Total Enrollment</b>	<b>523</b>	<b>970</b>	<b>-</b>	<b>-</b>	<b>612</b>	<b>88</b>	<b>72</b>	<b>2,265</b>

### Medicaid Breakdown (cumulative)

Medicaid Active Husky D/Low Income	85,408	85,756	-	86,370	86,606	86,640	86,664	86,664	<b>86,664</b>
Medicaid Active Husky A/Children	54,549	54,848	-	55,414	55,655	55,680	55,701	55,701	<b>55,701</b>
Medicaid Active Husky A/Pregnant Women	4,041	4,078	-	4,106	4,114	4,114	4,117	4,117	<b>4,117</b>
Medicaid Active Husky A/Parents & Caretakers	39,752	39,923	-	40,336	40,479	40,493	40,503	40,503	<b>40,503</b>
Medicaid Active Husky A/Foster Care Children	-	-	-	-	-	-	-	-	<b>0</b>
CHIP Active Husky B/Band 1	4,585	4,599	-	4,613	4,613	4,612	4,612	4,612	<b>4,612</b>
CHIP Active Husky B/Band 2	2,492	2,498	-	2,512	2,520	2,521	2,523	2,523	<b>2,523</b>

### Sir Speedy (reports in the afternoon)

Applications Requested	1	9	9	0	0	0	0	19	<b>6,111</b>
Applications Sent	9	1	9	0	0	0	0	19	<b>5,936</b>
Voter Registrations Forms Requested	5	24	6	0	0	0	0	35	<b>2,646</b>
Voter Registrations Forms Sent	28	5	24	0	0	0	0	57	<b>2,564</b>
Exemption Forms Requested	0	0	0	0	0	0	0	0	<b>215</b>
Exemption Forms Sent	0	0	0	0	0	0	0	0	<b>194</b>
Notices Sent	5,852	2,988	2,851	0	0	0	0	11,691	<b>655,666</b>

### Scan Optics (reports in the afternoon)

Number of Envelopes Received from DSS	8	27	25	22	12	0	0	94	<b>2,860</b>
Number of Faxes Received	0	0	0	0	0	0	0	0	<b>1,531</b>
Number of Applications Received by	46	109	53	87	86	0	0	381	<b>23,350</b>

Scan Optics									
Number of Notices Received	449	819	343	475	534	0	0	2,620	<b>76,400</b>
Number of Exemptions Received	1	0	0	0	0	0	0	1	<b>235</b>
Undeliverable Mail Received	357	96	42	53	125	0	0	673	<b>16,640</b>
Total Pieces of Paper Scanned	6,438	2,696	3,737	4,814	3249	0	0	20,934	<b>733,486</b>

### Xerox

Number of AHCT Calls	348	278	269	188	115	0	0	1,198	<b>43,592</b>
Number of Partially Completed Applications	46	34	55	6	10	0	0	151	<b>16,875</b>
Number of Applications Completed Verifications Processed	29	25	32	0	9	0	0	95	<b>9,217</b>
Missing Information Processed	1	0	1	2	1	0	0	5	<b>46,068</b>
PDFs Delivered to DSS from AHCT	23	6	64	21	18	0	0	132	<b>2,318</b>
CHIP PDF Completed	34	703	696	581	788	673	158	3,633	<b>131,382</b>
EMS PDF Completed	82	59	37	21	44	0	1	244	<b>7,539</b>
EMS PDF Completed	1,222	1,339	1,405	463	780	0	133	5,342	<b>139,744</b>

### SHOP - Small Employer Health Options

Website Visits	60	39	50	59	48	12	15	283	<b>34,389</b>
Unique Visitors by day	52	39	48	51	43	12	14	243	<b>24,754</b>
Number of Employer Groups Enrolled									<b>99</b>
Number of Employees Enrolled									<b>602</b>

### Individual Web Activity

Number of Web Visitors	3,473	3,460	3,127	3,093	2,547	1,017	964	17,681	<b>1,989,059</b>
Number of Unique Web Visitors	2,882	2,862	2,612	2,495	2,127	890	863	12,440	<b>983,296</b>

## Call Center Statistics

	Answer Delay (All Skillsets)		Abandonment after Threshold (All Skillsets)		Call Length (All Skillsets)	
	Seconds	Minutes	Calls	Percent*	Seconds	Minutes
<b>June 1-July 15, 2014</b>						
Mean	35	00:35	65	2.07%	789	13:09
Median	30	00:30	54	1.82%	777	12:57
Mode	#N/A	#N/A	65	#N/A	#N/A	#N/A
<b>Year to Date</b>						
Mean	196	03:16	410	7.60%	716	11:56
Median	35	00:35	76	2.44%	713	11:53
Mode	81.11898	01:21	14	0.00%	536	08:56
SLA	<p><b>SLA 2:</b> The Call Center shall answer calls with an average an average delay of no more than 60 seconds on a monthly basis</p>		<p><b>SLA 3:</b> The Call Center shall ensure that no more than 5% of callers abandon from the ACD queue before speaking with a CSR, excluding callers who hang up before being on hold at least 20 seconds.</p>		<p>*Percent of calls abandoned after threshold is not derived from the number of calls abandoned in the adjacent column</p>	