

Vermont Legal Aid

Office of the Health Care Advocate

Quarterly Report

April 1, 2016 – June 30, 2016

to the

Agency of Administration

submitted by

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July 19, 2016



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Introduction

The Office of the Health Care Advocate (HCA) provides consumer assistance to individual Vermonters on questions and problems related to health insurance and health care. We also engage in a wide variety of consumer protection activities on behalf of the public, including before the Green Mountain Care Board, other state agencies and the state legislature.

The full quarterly report for April 1, 2016 – June 30, 2016 includes:

- This narrative, which contains sections on **Individual Consumer Assistance, Consumer Protection Activities** and **Outreach and Education**
- Seven data reports, including three based on the caller's insurance status:
 - **All calls/all coverages:** 994 calls (compared to 1,338 last quarter)
 - **Department of Vermont Health Access (DVHA) beneficiaries:** 234 calls or **24%** of total calls (compared to 354 and 26% last quarter)
 - **Commercial plan beneficiaries:** 292 calls or **29%** (437 and 33%)
 - **Uninsured Vermonters:** 108 calls or **11%** (149 and 11%)
 - **Vermont Health Connect (VHC):** 505 calls or **51%** (737 and 55%; the VHC data report draws from the All Calls data set)
 - **Two Reportable Activities (Summary & Detail):** 174 activities, 49 documents (225 and 47)

Highlights

- ✦ Total hotline call volume decreased 26% from last quarter and was similar to the same quarter in 2015. (The third quarter of the state fiscal year, January – March, typically has the highest call volume of the year.)
- ✦ Vermont Health Connect (VHC) calls were down 31% from last quarter, and very close to the level for the same period last year.
- ✦ Although VHC continues to improve functionality and performance, many Vermonters are still having serious problems. About half of all calls involved VHC, and about half of those took more than two hours of an advocate's time to resolve.
- ✦ We are able to resolve many difficult VHC cases much more quickly. Our weekly list of complex cases dropped from an average of 75 cases to about 30.
- ✦ Call volume related to VHC change of circumstance problems decreased by 39% from last quarter and was 58% lower than the same period last year.
- ✦ Calls about problems with VHC billing and premium processing decreased by 43% from last quarter's all-time high, but were the second most common reason Vermonters called the HCA.
- ✦ We continued to get calls related to tax problems as the tax season ended: 49 calls about Form 1095-A, compared to 90 last quarter, and 33 during the same quarter last year.
- ✦ We received just 26 calls related to Medicaid reviews, which is a surprisingly low number considering that thousands of Medicaid beneficiaries have been reviewed each month since January. Of those, 12 were correct terminations, 7 were incorrect terminations, and 7 were requests for information about the review process.
- ✦ The HCA assisted with 60% more appeals this quarter, an increase from 27 to 44. Of the 44, 37 involved VHC Fair Hearings requested by individuals on commercial plans.

- ✦ The HCA submitted a brief and argued on behalf of consumers in the first Vermont Supreme Court appeal from a Green Mountain Care Board rate review case. The HCA supported the Board's denial of a large rate increase requested by MVP. The Solicitor General, representing the Board, also briefed and argued the case. The Court's decision is pending.
- ✦ The HCA began analyzing the requested rate increases filed for the 2017 Vermont Health Connect plans. Blue Cross Blue Shield of Vermont requested an average rate increase of 8.2%, and MVP requested an average increase of 8.8%. The hearings are on July 20 and 21.
- ✦ The HCA filed a complaint with the Office for Civil Rights regarding a HIPAA violation by Vermont Information Technology Leaders (VITL). We also immediately notified VITL and met with its leadership and counsel about its plans to prevent further privacy breaches.
- ✦ In another Vermont Supreme Court case this quarter, the HCA asked to appear as a friend of the court, *amicus curiae*, in a Vermont Health Connect appeal. The Human Services Board granted Advanced Premium Tax Credits (APTC) to the spouse of an individual receiving Medicaid because he was a former foster child, and VHC appealed the decision. The spouse seeking APTC was unrepresented. The Court granted the HCA's motion to submit an *amicus* brief.
- ✦ The HCA submitted formal comments on four sets of proposed state regulations.
- ✦ The 2016 legislative session wrapped up at the beginning of this quarter. There were about twenty health care bills, and the HCA actively worked on a number of them. Two of particular significance were Act 113, which requires the Green Mountain Care Board to regulate Accountable Care Organizations (ACOs) and includes protections for patients attributed to ACOs, and Act 161 which creates a new mid-level dental provider, dental therapists, to expand access to dental care in the state.
- ✦ The number of people who used our website to find information and guidance on health care issues continued a pattern of strong growth with 52% more pageviews this quarter, compared with the same period in 2015.
- ✦ The number of people seeking information from our website about *dental services* increased significantly (189%) compared with the same period last year. This is the fifth quarter that the number of dental services pageviews has increased significantly over the previous year. Further, the number of dental services pageviews increased 48% over the previous quarter. Our Vermont Dental Clinics Chart was again the third most frequently downloaded of all PDFs downloaded from the Vermont Law Help website and the top health PDF download.
- ✦ The HCA played a central role in planning, moderating and presenting a full-day program at this year's Vermont Legal Services Staff College focused on gaining a better understanding of addiction, increasing awareness of resources for and obstacles to treatment and prevention in Vermont, and the impact addiction has had on the ability to effectively provide civil legal services to clients. Approximately 70 lawyers, paralegal advocates and other staff members who serve people across the state attended.

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Individual Consumer Assistance

Overview

The HCA provides assistance to consumers through our statewide helpline (**1-800-917-7787**) and through the Online Help Request feature on our website, www.vtlawhelp.org/health. We have a team of advocates located in Vermont Legal Aid's Burlington office which provides this help to any Vermont resident free of charge, regardless of income.

The HCA received 994 calls¹ this quarter. We divided these calls into five issue categories. The figures below are based on the All Calls data. The percentage and number of calls in each issue category, based on the caller's primary issue, were as follows:

- **17.81%** (177) about **Access to Care**
- **14.69%** (146) about **Billing/Coverage**
- **1.51%** (15) about **Buying Insurance**
- **11.87%** (118) about **Consumer Education**
- **28.67%** (285) about **Eligibility** for state and federal programs
- **25.45%** (253) were categorized as **Other**, which includes Medicare Part D, communication problems with providers or health benefit plans, access to medical records, changing providers or plans, confidentiality issues, and complaints about insurance premium rates, as well as other issues.

We have a customized case management system that allows us to track more than one issue per case. This enables us to see the total number of calls that involved a particular issue. For example, although 285 of our cases had eligibility for state health care programs as the primary issue, there were actually a total of 773 cases that had some eligibility issue.

In each section of this Narrative we indicate whether we are referring to data based on just primary issues, or primary and secondary issues combined. Sometimes it is difficult to determine which issue is the "primary" issue when there are multiple causes for a caller's problem. This has proven to be particularly true for Vermont Health Connect (VHC) cases. See the breakouts of the issue numbers in the individual data reports for a more detailed look at how many callers had questions about issues in addition to the "primary" reason for their call.

The most accurate information about eligibility for state programs is in the All Calls data report because callers who had questions about Vermont Health Connect and Medicaid programs fell into all three insurance status categories.

¹ The term "call" includes cases we get through our website.

Top Problem Areas

A. The HCA's overall call volume was 26% lower than last quarter, very close to the volume during the same quarter last year, and 38% higher than pre-VHC volume.

Total call volume was 26% lower than last quarter (994 versus 1,338), but about the same when compared with the same quarter last year (1,008). Our call volume is usually highest in January through March because most health care plans end on December 31, the new plan years begin January 1, and the renewal process can trigger problems. This was true even before the launch of VHC. In 2014 we received 1,022 calls for this quarter (April – June); in 2013 (pre-VHC) we received 721. This year's call volume for the fourth quarter is 38% higher than for the year before VHC began.

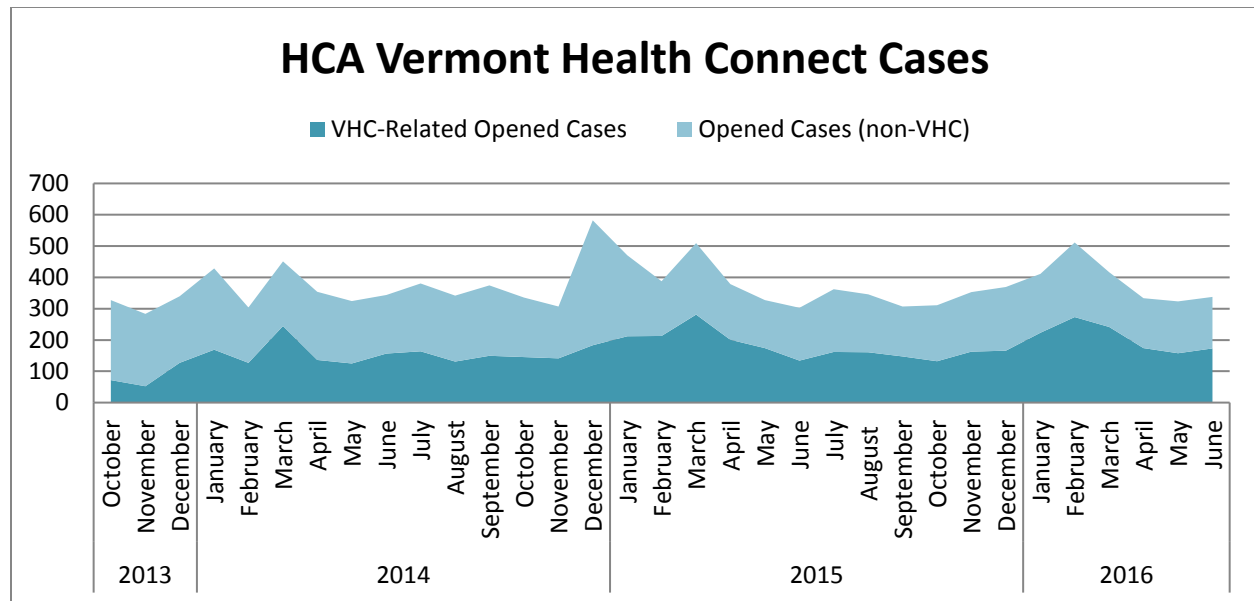
All Cases (2006-2016)											
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
January	313	280	309	240	218	329	282	289	428	470	411
February	209	172	232	255	228	246	233	283	304	388	511
March	192	219	229	256	250	281	262	263	451	509	416
April	192	190	235	213	222	249	252	253	354	378	333
May	235	195	207	213	205	253	242	228	324	327	325
June	236	254	245	276	250	286	223	240	344	303	339
July	183	211	205	225	271	239	255	271	381	362	-
August	216	250	152	173	234	276	263	224	342	346	-
September	181	167	147	218	310	323	251	256	374	307	-
October	225	229	237	216	300	254	341	327	335	311	-
November	216	195	192	170	300	251	274	283	306	353	-
December	185	198	214	161	289	222	227	340	583	369	-
Total	2583	2560	2604	2616	3077	3209	3105	3257	4526	4423	2335

B. Vermont Health Connect call volume dropped 31% from last quarter and was similar to the call volume during the same quarter last year.

VHC call volume was 31% lower than last quarter (505 versus 737). This was very close to the volume of calls in the same quarter last year (509 calls), and much better than in 2014, when we received 1,022 VHC calls in this quarter. VHC did not exist in the second quarter of 2013.

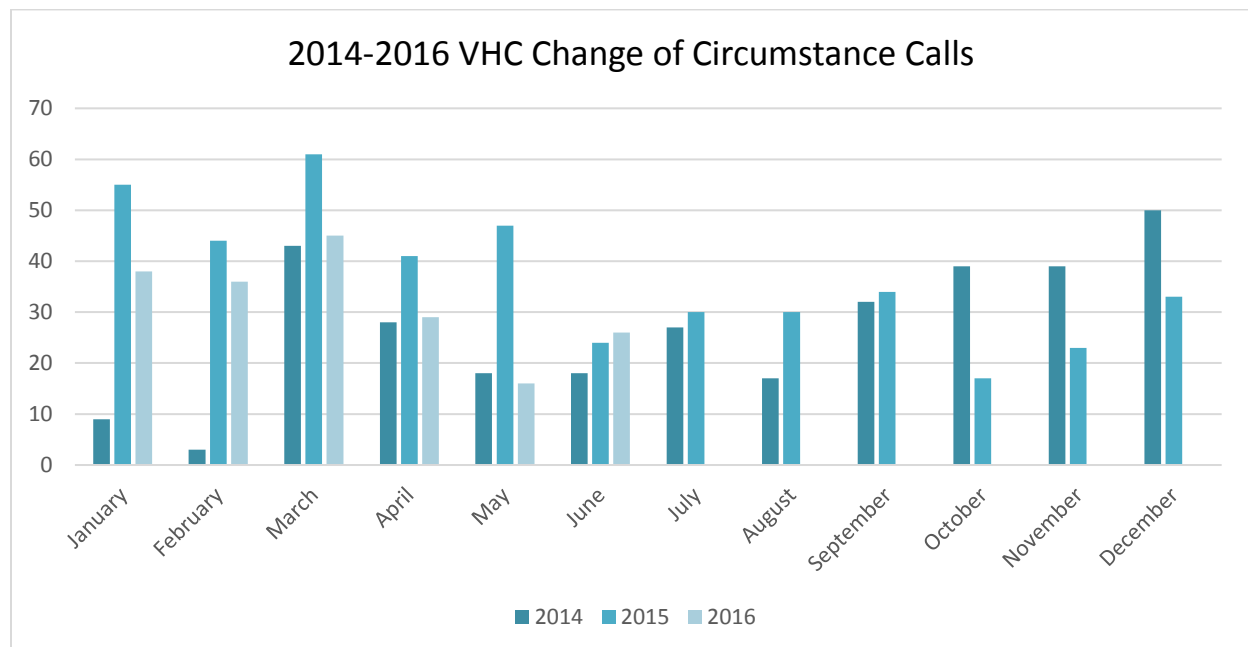
Although VHC continues to improve its functionality and performance, many Vermonters are still having serious problems. VHC-related calls constitute half of our call volume, and about half of the VHC calls this quarter were complex calls, i.e. taking up more than two hours of an advocate's time to resolve. Last quarter, only 38% of the VHC-related calls were complex.

The HCA works with VHC staff to resolve problems and escalate cases in which Vermonters need immediate access to care. We have weekly meetings with VHC staff to resolve the more complex cases. When we first started these meetings last summer, we usually had a list of 40-50 cases to be resolved each week. Last quarter the number of complex cases increased dramatically to 70-80 cases per week, but this quarter they have dropped to around 30 cases per week -- a welcome improvement. VHC is resolving the complex cases more quickly, and we are hopeful that, with continued technical improvements, the tide of difficulties is finally turning.



C. Vermont Health Connect change of circumstance calls decreased by 39% from last quarter, and were 58% lower than last fiscal year’s fourth quarter.

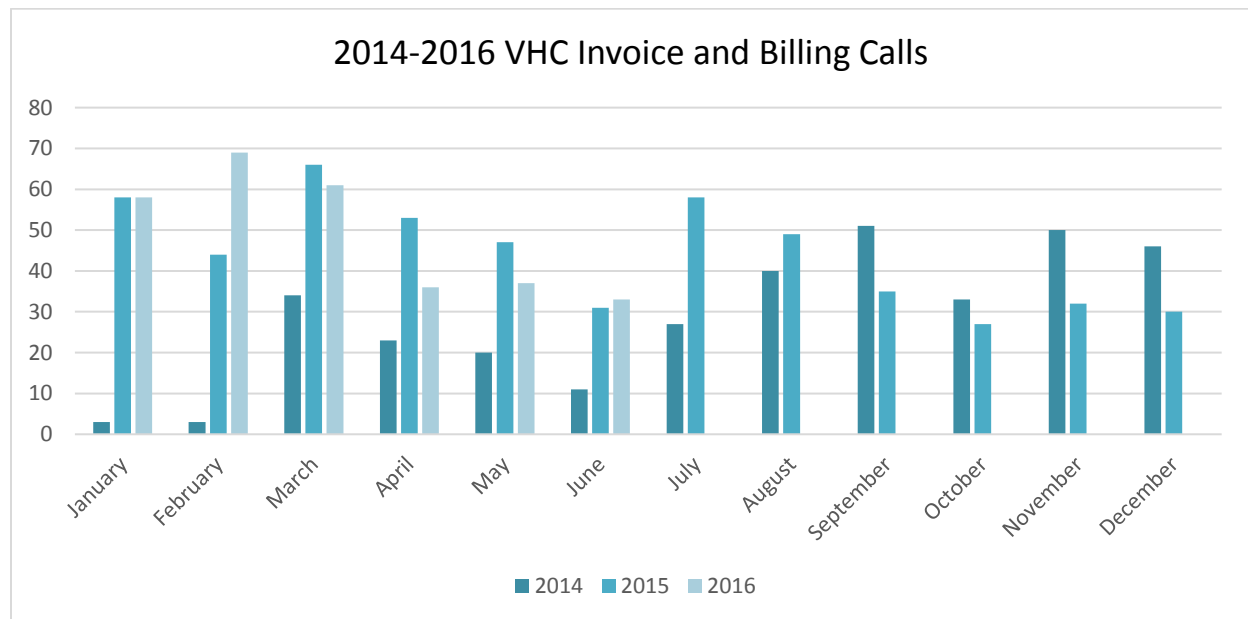
After declining throughout calendar year 2015 (155 in Q1, 109 in Q2, 94 in Q3, 69 in Q4 - the low was 17 calls in October), the number of Change of Circumstance calls jumped last quarter to 116 (when primary and secondary issues are counted) then fell again to 71 calls this quarter: 29 in April, 16 in May, and 26 in June. COC calls were 58% lower than the same quarter last year. In general, VHC has been able to process the 2016 COCs much more quickly, so we are getting far fewer calls from consumers who have had long delays in processing a COC.



D. Vermont Health Connect invoice and billing problems decreased 43% from the previous quarter’s all-time high, but were the second most common reason people called the HCA.

Many consumers who purchased Qualified Health Plans (QHPs) from VHC had billing and payment problems this quarter, but overall the billing and payment issue seems to be getting a bit better. Last quarter it was the most common complaint made to the HCA; this quarter, it was the second most common complaint. The problems include: invoices showing the wrong amount due or lack of credit for consumer payments; delays in processing payments, especially payments made by check; delays in applying premiums to the correct account, causing delays in getting active coverage; not receiving invoices; and lost payments. In some cases, payment problems caused consumers’ coverage to incorrectly be terminated because they were not credited for payments they had actually made. Many billing and payment problems were related to 2015 COCs that were not processed correctly or in a timely manner and problems with renewals. We also heard from consumers for whom VHC had fixed the underlying eligibility problem but the consumer was still receiving incorrect invoices, as well as from consumers who had closed their QHPs but continued to receive invoices.

This quarter we received 106 calls involving invoices, payment and premium processing, compared to the record high of 187 last quarter. Invoicing problems were also down 20% from the same quarter last year, when we received 132 such calls.



E. Calls about tax Form 1095-A issues increased over the same quarter last year.

This quarter included just the last two weeks of the 2015 tax season. The HCA received 49 calls about problems with 1095-As, compared to 90 calls last quarter, and 33 for the same quarter last year. Many of the calls involved consumers seeking a 1095-A which accurately reflected both the premiums that they paid and the APTC they received for 2015. Some also called because they had not received a 1095-A and wanted to file their taxes. The HCA helped consumers avoid or minimize a tax penalty by resolving 2015 coverage issues. The HCA’s tax attorney provided the HCA advocates with technical assistance on 14 cases, and accepted one HCA case referral to the Low-Income Taxpayer Clinic.

See more about the HCA's work on tax issues in the **Affordable Care Act Tax-related Activities** section below.

F. We received 26 calls related to Medicaid reviews.

The HCA started receiving more calls about Medicaid terminations this quarter. Of the 26 calls about the reviews which began in January, 12 were correct terminations, 7 were incorrect terminations, and 7 were for information about the review process. This was an unexpectedly low volume of calls on this issue, in light of the thousands of individuals who received review notices.

G. The top issues generating calls.

The issues listed in this section include both primary and secondary issues, so some of these may overlap.

All Calls 994 (compared to 1,338 last quarter)

1. MAGI Medicaid eligibility 115 (120)
2. VHC invoice/billing problem affecting eligibility 106 (187)
3. VHC complaints 83 (127)
4. Complaints about providers 82 (108)
5. VHC Premium Tax Credit eligibility 82 (115)
6. DVHA/VHC premium billing 75 (93)
7. VHC Change of Circumstance 71 (116)
8. Access to prescription drugs 58 (82)
9. Termination of insurance 56 (62)
10. Consumer education about Fair Hearings 50 (36)
11. 1095-A problems 49 (90)
12. Information/applying for DVHA programs 48 (61)
13. Consumer education on IRS reconciliation 41 (57)
14. Medicaid eligibility (non-MAGI) 39 (43)
15. Affordability issue affecting access to care 37 (48)
16. Buy-in programs/Medicare Savings Programs 34 (42)
17. HAEU mistake 34 (58)
18. Grace periods-VHC 33 (36)
19. Information about VHC 32 (34)
20. Special Enrollment Periods (eligibility) 30 (52)
21. Consumer education about Medicare 30 (22)
22. VHC renewals 27 (137)
23. Medicaid spend down eligibility 26 (16)
24. Disenrollment at consumer request 26 (42)
25. Consumer education about ACA tax issues 23 (51)
26. Consumer education about IRS penalty/ISRP 23 (27)

Vermont Health Connect Calls 505 (compared to 737 last quarter)

1. MAGI Medicaid eligibility 107 (108)
2. VHC invoice/payment/billing problem affecting eligibility 105 (185)
3. VHC complaints 83 (129)
4. Premium Tax Credit eligibility 79 (114)
5. DVHA/VHC premium billing 75 (92)

6. Change of Circumstance 67 (113)
7. 1095-A problems 49 (89)
8. Termination of insurance 47 (54)
9. Consumer education about Fair Hearings 44 (26)
10. Consumer education on IRS reconciliation 39 (56)
11. Grace periods-VHC 33 (36)
12. HAEU mistake 32 (56)

DVHA Beneficiary Calls 234 (compared to 354 last quarter)

1. MAGI Medicaid eligibility 51 (47)
2. Complaints about providers 34 (50)
3. Access to prescription drugs 30 (27)
4. Information/applying for DVHA programs 23 (29)
5. Eligibility for Premium Tax Credit 19 (15)
6. Medicaid eligibility (non-MAGI) 16 (25)
7. Affordability affecting access to care 13 (16)
8. VHC Complaints 12 (8)
9. Consumer education about Medicare 11 (4)
10. Transportation 10 (26)
11. Choosing/changing providers 10 (21)
12. Buy-In programs/Medicare Savings Programs 10 (19)
13. Change of Circumstance 10 (17)

Commercial Plan Beneficiary Calls 292 (compared to 437 last quarter)

1. VHC invoice/payment/billing problem affecting eligibility 72 (81)
2. DVHA/VHC premium billing 53 (67)
3. Change of Circumstance 45 (80)
4. Premium Tax Credit 45 (72)
5. VHC complaints 36 (78)
6. 1095-A problems 28 (57)
7. Consumer education about IRS reconciliation 23 (36)
8. MAGI Medicaid eligibility 20 (32)
9. HAEU mistake 19 (40)
10. Consumer education about Fair Hearings 17 (11)
11. Disenrollment at consumer request 14 (30)
12. Termination of insurance 13 (22)
13. VHC renewals 13 (97)

H. Hotline Call Volume by Type of Insurance:

The HCA received 994 total calls this quarter. Callers had the following insurance status:

- **DVHA program beneficiaries** (Medicaid, Medicare Savings Program also called Buy-In program, VPharm, or both Medicaid and Medicare also known as “dual eligibles”): **24%** (234 calls), compared to 26% (354) last quarter

- **Medicare² beneficiaries** (Medicare only, Medicare Advantage Plans, Medicare and a Medicare Supplemental Plan aka Medigap, Medicare and Medicaid also known as “dual eligibles,” Medicare and Medicare Savings Program also called Buy-In program, Medicare and Part D, or Medicare and VPharm): **14%** (144), compared to 15% (207) last quarter
- **Commercial plan beneficiaries** (employer sponsored insurance, small group plans, or individual plans): **29%** (292), compared to 30% (395) last quarter
- **Uninsured: 11%** (108) of the calls, compared to 11% (150) last quarter
- In the remainder of calls, insurance status was either unknown or not relevant.

Recommendations

1. Keep improving Vermont Health Connect functionality and integration. It is getting better, but some consumer problems remain difficult to resolve. Failure to promptly make expected changes and have them show up in real time across all data systems can cause access to care problems and tax consequences the following year.
2. Each part of the system (carriers, premium processor and VHC) should have the same, accurate information about consumers, their coverage and their payment history.
3. Investigate allowing the carriers to directly handle VHC billing as well as dunning. We still see many problems related to billing and dunning. Only one other state has an outside vendor managing premium processing.
4. To speed up the processing of checks, consider requiring premium payments to be sent directly to WEX Health, the premium processor, rather than to the Vermont address for forwarding to WEX Health.
5. Continue to support and train VHC navigators and assisters.
6. Improve the system for automatically screening for eligibility for other Medicaid programs when Medicaid for Children and Adults (MCA) is terminated or denied.
7. Improve the system for all transitions such as QHP to Medicare, MCA to Medicare, and QHP to Medicaid. Transition changes should be completed in a timely manner to avoid gaps in coverage. Some progress has been made on this issue, but more is needed.

Case Results

A. Dispositions of Closed Cases

All Calls

We closed 1,048 cases this quarter, compared to 1,262 last quarter:

- 24% (249 cases) were resolved by brief analysis and advice
- 23% (239) were resolved by brief analysis and referral
- 30% (313) of the cases were complex interventions involving complex analysis, usually direct intervention, and more than two hours of an advocate’s time
- 12% (121) were resolved by direct intervention, including calling an insurance company, calling providers, writing letters, gathering supporting medical documentation, etc.

² Because Medicare beneficiaries can also have commercial or DVHA coverage, these Medicare numbers overlap with the figures for those categories.

- In the remaining cases, clients withdrew, resolved the issue on their own, or had some other outcome.

Appeals: The HCA assisted 44 individuals with appeals: 4 commercial plan appeals, 38 Fair Hearings, 1 VHC expedited internal hearing, 0 DVHA internal MCO appeals and 1 Medicare Part D appeal. Most of our cases involving VHC and DVHA are resolved without using the formal appeals process.

DVHA Beneficiary Calls

We closed 225 DVHA cases this quarter, compared to 354 last quarter:

- 27% (60 cases) were resolved by brief analysis and advice
- 31% (69) were resolved by brief analysis and referral
- 21% (48) were considered complex intervention, which involves complicated analysis, usually direct intervention, and more than two hours of an advocate's time
- 12% (27) were resolved by direct intervention on the caller's behalf, including advocacy with DVHA and providers, writing letters, and gathering medical information
- No DVHA cases were resolved in the initial call.
- In the remaining cases, clients withdrew, resolved the issue on their own, or had some other outcome.

Appeals: One case involved a Fair Hearing for an individual on a DVHA program.

Commercial Plan Beneficiary Calls

We closed 345 cases involving individuals on commercial plans, compared to 386 last quarter:

- 20% (68 cases) were resolved by brief analysis and advice
- 12% (40) were resolved by brief analysis and referral
- 48% (165) were considered complex intervention, which involves complicated analysis, usually direct intervention, and more than two hours of an advocate's time
- 15% (52) were resolved by direct intervention on the caller's behalf, including advocacy with the carrier and providers, writing letters, and gathering medical information
- No calls from commercial plan beneficiaries were resolved in the initial call.
- In the remaining cases clients withdrew, resolved the issue on their own, or had some other outcome.

Appeals: 42 cases involved appeals for individuals on commercial plans: two External Reviews, one Level 1 internal appeal, one Level 2 internal appeal, 37 Fair Hearings, and one VHC Expedited Fair Hearing.

B. All Calls Case Outcomes

The HCA helped 94 people get enrolled in insurance plans and prevented 22 insurance terminations or reductions. We obtained coverage for services for 14 people. We got 26 claims paid, written off or reimbursed. We estimated VHC insurance program eligibility for 18 more. We provided other billing assistance to 52 individuals. We provided 502 individuals with advice and education. Three people were not eligible for the benefit they sought and three were responsible for the bill they disputed. We obtained other access or eligibility outcomes for 127 more people, many of whom we expected to be approved for medical services and state insurance.

We encourage clients to call us back if they are subsequently denied insurance or a medical service after our assessment and advice or do not have their issue resolved as expected.

In total, this quarter the HCA saved individual consumers **\$52,363.48** in cases opened this quarter, and **\$166,865.88** in 2016 year to date.

C. Case Examples

Here are six case summaries which illustrate the types of problems we helped Vermonters resolve this quarter:

1. Ms. A called the HCA because VHC was sending her incorrect bills and as a result her health coverage was about to be terminated. When she applied for benefits, VHC told her she qualified for several hundred dollars of Advanced Premium Tax Credit (APTC) per month. However, when she received her first VHC invoice, the APTC had not been applied. This meant she was billed for the full cost of the plan. She could not afford to pay that amount and immediately fell behind on her payments. When the HCA advocate investigated, she found that the income VHC had used to calculate Ms. A's eligibility was incorrect. She notified VHC of the error and pointed out that Ms. A was, in fact, eligible for Medicaid. VHC closed her Qualified Health Plan (QHP) and moved her onto Medicaid.
2. Ms. B called the HCA the day of a scheduled surgery because her doctor was threatening to cancel the procedure because Medicaid had failed to approve a prior authorization (PA). The provider had submitted the PA request a week earlier. The HCA advocate immediately contacted DVHA and demonstrated that the requirements for the PA had been met. DVHA approved the PA just in time, and the surgery went forward as scheduled.
3. Mr. C received a closure notice in the mail from the State saying that his Medicare Savings Program (MSP) was being terminated for failure to complete a review. Mr. C was on an MSP that paid his Medicare Part A and B premiums and cost-sharing. Without the MSP, Mr. C could not afford to stay on Medicare. He had high medical needs and multiple appointments already scheduled. When the HCA advocate investigated, she found that Mr. C had sent in his review application and VHC actually had a copy of it. She found that Mr. C remained eligible for the MSP. The advocate contacted the State, and Mr. C's MSP was reinstated without interruption.
4. Ms. D had struggled for a year to get her children's Dr. Dynasaur coverage straightened out. She had re-applied early in the year and the children had been found eligible. However, when she took her children to the pediatrician, she was told that they did not have active coverage. She called VHC many times and was repeatedly told that the problem had been fixed. But the problem persisted and the pediatrician was impatient to be paid. The HCA advocate investigated and found that a misspelling in Ms. D's name was causing the problem. Once the spelling was corrected, the Dr. Dynasaur coverage was activated and the pediatrician paid.
5. Ms. E wanted to close her VHC plan because she planned to move out of state. She called VHC and requested that it close her plan the following week. VHC told her it was too late to close the coverage by the end of the next week, but it could be closed at end of the following month. Ms. E paid her premium for the final month of coverage, and believed her plan had been closed. Later, however, when her 1095-A tax form arrived it showed that her coverage had not been closed. Rather, her coverage had continued for all of 2015 and the form said she had received five months of APTC, despite the fact that Ms. E had not paid premiums for the final five months of the year. This resulted in a large tax bill. The HCA advocate found a record of Ms. E's call to VHC cancelling the coverage. The advocate then requested that Ms. E's plan be closed as of the correct date. She also

requested a new Form 1095-A reflecting the correct payments and closure date. Once Ms. E received the form, she filed an amended tax return to have her tax bill reduced.

6. Mr. F's monthly invoice from VHC was more than triple what he had been paying the year before. His income had not changed and he did not understand why the bill was so high. He called VHC but made no progress resolving the problem. He could not afford to pay the premiums and he had fallen behind in the payments. He called the HCA when he was in the second month of his grace period. At that point his carrier was not paying his medical claims. He could not afford to pay out of pocket for his prescriptions and needed to get his blood pressure medication. When the HCA advocate investigated, she found that VHC made an error in his APTC calculation. He was entitled to a much greater amount of APTC, which reduced his monthly bill by nearly \$300. With the correct APTC, Mr. F could afford his plan and was able to catch up on his payments, keep his coverage and pick up his medications.

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Consumer Protection Activities

A. Rate Reviews

The HCA reviews all insurance carrier requests submitted to the Green Mountain Care Board (Board) for changes in premium rates, and appears on behalf of Vermont consumers in most cases. This quarter we participated in a Vermont Supreme Court appeal of a rate review case, two new and significant rate review cases and four of five pending cases.

MVP appealed a December 2015 Board decision which disapproved MVP's rate request for five plans offered by the Agriservices Association. Agriservices, an association for farmers, uses MVP's large group Minimum Premium Plan funding arrangement for grandfathered plans. MVP requested a very large average annual rate increase of 26.9%. The HCA asked the Board to disapprove the requested rates and the Board did so. In January, MVP asked the Board to reconsider its decision. The HCA opposed this request and the Board refused to change its initial decision. MVP then appealed the Board's decision to the Vermont Supreme Court. MVP claimed that the criteria used by the Board in denying the rate increase were unconstitutionally vague or in the alternative that the Board's findings of fact and conclusions were not consistent with the standards in the rate review statute. The insurer filed its brief in March 2016. In April 2016, the HCA filed its brief asking the Supreme Court to find the statute constitutional and to uphold the Board decision. The Solicitor General also filed a brief on behalf of the Board asking the Supreme Court to affirm the Board's decision. MVP, the HCA and the Solicitor General all participated in oral argument in front of the Supreme Court on June 21, 2016. The Supreme Court is now considering all the arguments presented in the case.

Two significant new rate review cases requests were filed on May 11, 2016 for the 2017 products to be offered on the Vermont health benefits exchange, Vermont Health Connect. Blue Cross Blue Shield of Vermont (BCBSVT) requested an average 8.2% increase for its 2017 plans, which have 70,423 members. MVP requested an average increase of 8.8% for its plans with 6,614 members. During the quarter, the Board's actuary, the firm of Lewis and Ellis (L & E), began to review the filings and to request additional information from the insurers. The HCA and its independent actuary also analyzed the two filings and suggested questions for L & E to pose to the insurers. The HCA's actuary will file expert reports in the two cases on July 13, 2016. Hearings will be held on July 20 and July 21, 2016, and the Board will issue its decisions no later than August 9, 2016.

The Board decided two related cases filed by BCBSVT during the quarter, and the HCA submitted memoranda arguing for rate reductions. These cases were factor filings for BCBSVT's Large Group Rating Program and for the Large Group Rating Program of the Vermont Health Plan, a for-profit subsidiary of BCBSVT. The HCA argued that the requested contribution to reserves should be decreased from 2% to 1.3% for BCBSVT and from 2% to 0% for TVHP. However, the Board approved the filings without any modification.

The Board also decided three cases involving rates proposed by MVP. The first was a Third and Fourth Quarter filing for grandfathered small group EPO/PPO products. The HCA asked the Board to reduce the requested Contribution to Surplus by 1%, and the Board agreed with this rate reduction. The HCA and the Board also agreed on changes recommended by the Board's actuary in the calculations of medical and pharmacy trend that offset each other and did not result in a rate change.

The second MVP case was the Third and Fourth Quarter Large Group EPO/PPO filing in which MVP requested a rate decrease. The HCA argued and the Board agreed that the rate change should be decreased even further based on changes in the medical trend and pharmacy trend and on actual experience. However, the Board did not agree with the HCA that a larger reduction based on experience and on a lower contribution to surplus should be made. The final decision resulted in an average annual rate change of -12.3% for members renewing in the third quarter and -13.3% for those renewing in the fourth quarter instead of the -8.6% and -9.6% rate changes originally requested.

The HCA did not enter an appearance in the third MVP filing for the insurer's Large Group HMO filing because this filing did not affect any covered lives in Vermont and because the rate filing recommended rate decreases.

B. Certificates of Need

The HCA monitors Certificate of Need (CON) proceedings before the Board for potential consumer protection issues. In the last quarter, we reviewed two new CON submissions: The University of Vermont Medical Center's (UVMC) replacement of its Da Vinci Robotic Surgery system and Option Care Inc.'s home infusion nursing system proposal which is pending jurisdiction determination. We also tracked UVMC's compliance with the Board's terms for its Inpatient Bed Project and the ongoing interrogatories for Green Mountain Surgery Center's Ambulatory Surgical Center application. We submitted questions last year to the applicant for the Ambulatory Surgical Center, and we are evaluating whether to submit an additional set. The only CON hearing during this quarter was Genesis Healthcare, Inc.'s proposed purchase of five Vermont nursing homes. Vermont Legal Aid's Long Term Care Ombudsman appeared as an interested party to this proceeding, as permitted by statute. She consulted with the HCA in preparation for the hearing.

C. Other Green Mountain Care Board Activities

The HCA submitted two sets of comments to the Board this quarter. One was a formal letter to the Board in reaction to draft Accountable Care Organization (ACO) standards presented by the Board's staff at its June 9, 2016 meeting. These standards related to the Board's new responsibility to regulate Accountable Care Organizations. The letter pressed the Board to incorporate all of the quality standards required by Act 113 into any new standards for ACOs. Our second set of comments provided feedback to the Board on ways the HCA might want to access and use VHCURES data in the future to inform our work.

We attended the the Board's weekly public meetings (9), and monthly Data Governance meetings (3). We met with one of the Board's policy analysts to discuss hospital acquisitions of physician practices.

HCA staff also met with University of Vermont Health Network's chief financial officers, The University of Vermont Medical Center, and Central Vermont Medical Center to discuss the hospitals' upcoming budget and current projects.

D. All-Payer Model

Since earlier this year, the staff of the Green Mountain Care Board has facilitated meetings of stakeholders to discuss and outline the governance structure, provider payment policies, and related parameters for a possible all-payer model (APM) and single Accountable Care Organization to implement the APM. The HCA has been monitoring the planning process for the proposed APM and unified ACO for potential consumer protection concerns.

During the last quarter, we attended thirteen meetings related to the creation of a unified ACO, one meeting of the ACO Payment Subgroup, and two meetings of the ACO Rostering Subgroup. We also continued to push for more edits to the draft patient roosting agreement to make it more readable for consumers.

E. Vermont Health Care Innovation Project (SIM Grant)

The HCA continues to participate in the Vermont Health Care Innovation Project (VHCIP), which is funded by a federal State Innovation Model (SIM) grant. The Chief Health Care Advocate is a member of the VHCIP Steering Committee, which met twice this quarter. The HCA participated, along with representatives from other projects of Vermont Legal Aid, as "active members" in five of the six VHCIP work groups: Payment Model Design and Implementation, Practice Transformation, Health Data Infrastructure, Disability and Long Term Services and Supports, and Population Health. This quarter we participated in five VHCIP work group meetings. We continued to monitor the activities of the VHCIP Core Team and attended two Core Team meetings as an interested party. The HCA is also a participant in the VHCIP Self-Evaluation Committee and attended two meetings of the Committee this quarter.

The HCA submitted a set of questions to DVHA and the Payment Model Design and Implementation work group regarding the Year One results of the Medicaid Shared Savings Program. The HCA also met with Green Mountain Care Board staff to discuss a potential change to a payment measure on hospitalization for ambulatory-care-sensitive conditions for the state's Commercial Shared Savings Program. We advocated for the proposed change when it was discussed by the Core Team, but the Core Team did not vote on the change during the quarter.

Additionally, we attended the VHCIP Provider Grant Outcomes Congress organized by the Vermont Medical Society Education and Research Foundation.

F. Affordable Care Act Tax-Related Activities

During this quarter the HCA continued tax-related assistance, advocacy, and outreach efforts. We contacted VHC whenever potential problems related to the APTC tax reconciliation process surfaced. For example, we alerted VHC when the call center repeatedly gave out incorrect information about the availability of Form 1095-A amendments after April 15. The HCA participated in weekly VHC stakeholder calls about the tax forms through the middle of May.

We continued to hear from consumers whose VHC billing and enrollment problems caused them potential or actual tax problems. Some consumers discovered that their payments had been lost or misapplied when Form 1095-A unexpectedly showed unpaid months of coverage. In other cases, consumers received excess APTCs after they should have been terminated under the regulations. The HCA helped many consumers get account changes made and, where appropriate, get amended tax

forms from VHC. We advocated with VHC and the insurance carriers for a uniform application of the grace period and termination rules and received assurances that the system has improved. This should reduce the number of reconciliation-related problems in the next tax season. However, significant improvements to the VHC billing system are still needed to ensure that consumers can file accurate tax returns in a timely manner.

In this quarter the HCA continued to employ a half-time tax attorney, who also staffs the Low-Income Taxpayer Clinic at VLA. This allowed the HCA to stay up to date on tax law developments and support our staff to effectively field calls related to the ACA and VHC. Significant federal guidance and regulations impacting VHC and Vermont consumers were released this spring by HHS and IRS. The tax attorney also consulted with HCA advocates when particularly difficult IRS-related issues arose in individual HCA cases. Technical assistance on tax issues remains an important part of the HCA's work in this area. Technical assistance numbers were lower this quarter, reflecting both the end of the tax filing season on April 15 and the increased experience of the HCA's hotline advocates in resolving tax-related questions. During this quarter the tax attorney advised the HCA on 14 technical assistance questions. She also responded to 71 technical assistance questions from assisters, Vermont tax preparers, and legal services attorneys in other states. This quarter saw a rise in technical assistance consultations on IRS procedures and consumer rights before the IRS. IRS safe harbor rules for incorrect APTC determinations and Modified Adjusted Gross Income were also frequent technical assistance topics.

The HCA referred one case to VLA's Low-Income Taxpayer Clinic for representation this quarter. The consumer's employer had inflated her taxable wages in an apparent attempt to avoid a tax penalty from the IRS.

In May the HCA learned of a pending appeal before the Vermont Supreme Court on an important question of first impression, involving eligibility for premium subsidies through VHC. The Vermont Supreme Court must interpret federal tax law to decide whether contingent eligibility for employer-sponsored insurance denies an employee's spouse access to APTC. In this case, *In Re J.H.*, the employer will only permit the consumer to enroll in its health plan if her husband (the employee) also enrolls. Because the consumer's husband has Medicaid coverage as a former foster child, he did not enroll in his employer plan. The consumer then sought to purchase a subsidized plan through VHC. The Human Services Board ordered VHC to enroll the consumer with subsidies, and the State appealed to the Supreme Court. The consumer in the case is self-represented.

Because low- and moderate-income consumers generally cannot afford to purchase an unsubsidized VHC plan, the *J.H.* case will decide whether this consumer and others like her have practical access to affordable health insurance. To ensure that consumers' voices are represented as this legal question is decided, the HCA filed a motion with the Vermont Supreme Court asking for permission to submit a legal argument as *amicus curiae*, friend of the court. The motion was granted in June.

The HCA also engaged in outreach and education activities, detailed below in the **Outreach and Education** section.

G. Other Activities

Litigation

✧ In Re: J.H.

As described above under **Affordable Care Act Tax-Related Activities**, the HCA filed a motion to participate as *amicus curiae* in a Vermont Supreme Court appeal involving eligibility for QHP subsidies under federal tax law. The motion was granted by the Court.

✧ **In Re: MVP Health Insurance Company 2015 Agriservices GMCB Rate Filing**

As described above under **Rate Reviews**, the HCA participated on behalf of Vermont consumers in the first Vermont Supreme Court appeal of a rate review decision by the Green Mountain Care Board. The Court's decision is pending.

Administrative Advocacy

✧ **Vermont Information Technology Leaders (VITL) HIPAA Violation**

The HCA filed a complaint with the Office for Civil Rights (OCR) regarding a HIPAA violation by Vermont Information Technology Leaders (VITL). At a meeting with HCA staff, Green Mountain Care Board staff and other stakeholders, VITL staff shared the protected health information (PHI) of a number of Vermonters during a demonstration of a new product. The PHI was visible to people who were present at the meeting as well as to those attending via WebEx. The HCA brought the breach to the attention of those in the meeting, sent VITL a letter about the violation, met with VITL leadership and filed an OCR complaint. VITL told the HCA that it has reported the data breach to the relevant medical practice, assigned a new staff member to the role of Privacy and Security Officer and conducted training of its staff regarding HIPAA. The HCA provided feedback to VITL's counsel on the draft privacy training presentation.

✧ **Health Benefit Eligibility and Enrollment (HBEE) Rules**

In May the HCA and VLA once again submitted formal comments on new proposed amendments to the HBEE rules. After the comment period closed, AHS made additional changes to the final proposed rule to reflect new legislation and federal rulemaking. The HCA met with AHS and health insurance issuers to discuss the changes. The HCA raised concerns over implementation of the new Special Enrollment Period (SEP) for pregnant women recently created by the legislature effective July 1, 2016, which was not one of the additions to the rule proposed by AHS.

The HCA attended LCAR's review of the rule and afterward met with AHS staff to discuss ongoing operational and rules issues. These include a potential ambiguity in the rule on application of payments and the implementation of the SEP for pregnant women. The HCA followed up to ensure that legislative intent was implemented despite the postponement of rulemaking on that issue. AHS committed to working with the HCA and other stakeholders on proposed rule language over the next several months.

✧ **Health Care Administrative Rules (HCAR)**

In the last quarter VLA and the HCA submitted formal comments on the first round of proposed HCAR regulations, prior to formal rulemaking. We also raised general questions and concerns regarding the HCAR process. As a result, AHS made revisions to its proposed rule on sterilizations and did not move forward with formal rulemaking on a Medicaid non-covered services rule. AHS agreed that additional stakeholder engagement is warranted on the HCAR process generally. The HCA will participate in stakeholder input opportunities related to HCAR as they arise.

The HCA continues to monitor HCAR rulemaking as proposed changes are periodically released.

✧ **VPharm Rules**

VPharm is Vermont's State Pharmacy Assistance Program which wraps Medicare Part D prescription drug coverage. The HCA submitted formal comments, supporting SHIP's comments and requesting that the new monthly VPharm reviews be suspended for the period October to December, to prevent confusion during the annual open enrollment period for Medicare Part D.

✧ **Qualified Health Plan (QHP) Rule**

In May the HCA submitted formal comments on a pre-rulemaking draft of DVHA's QHP certification and direct enrollment rule, *Standards for Issuers Participating in the Vermont Health Benefits Exchange*. The HCA's comments emphasized the need for the rule to be written in plain language so that it will be accessible to consumers and assisters as well as health insurance issuers. The HCA also advocated limiting consumer and issuer liability for mistakes made by VHC and creating a formal guidance system so that sub-regulatory guidance is accessible to consumers and the public.

After submitting comments, the HCA attended a follow-up stakeholder meeting with DVHA and AHS to discuss the rule. DVHA accepted several changes suggested in the HCA's comments. The HCA will continue to advocate for consumers as the rule moves into the formal rulemaking process this summer. In addition, the HCA will participate in two workgroups that were formed to discuss retroactive account changes and billing and enrollment.

✧ **2018 Qualified Health Plan (QHP) Work Group**

The HCA is participating in this stakeholder group which was convened by DVHA to help develop any recommended changes to benefit design for QHPs offered on Vermont Health Connect in 2018. The legislature set up a process to discuss the effect that the maximum out of pocket expense limit for prescription drugs in Vermont law has on plan design, especially at the bronze plan metal level. The new federal standards being developed for 2018 plans may make it impossible for the state to develop plan designs for bronze plans that meet both the federal rules and the state limit for prescription spending. The stakeholder group had its first meeting this quarter.

✧ **Rule 09-03 Work Group**

The HCA continued to be actively involved in this work group which was set up in Act 54 of the 2015 legislative session. The work group met once during the quarter. The group's purpose is to help the Agency of Administration, the Green Mountain Care Board, and the Department of Financial Regulation (DFR) evaluate the necessity of maintaining provisions for regulating commercial insurers currently in Rule 09-03. The current rule contains consumer protection and quality requirements for insurers in areas such as the adequacy of provider networks and the way insurers conduct prior authorization reviews for requested services. The group also reviewed reporting requirements for the insurers about the claims for covered services that are denied.

The HCA advocated for provisions in the statute and rule that would maintain regulatory protections for consumers in commercial health care plans, would improve the reports insurers provide about denied claims and would require DFR to file quarterly reports showing how many complaints are filed about violations of the consumer protection standards in Rule 09-03. The Administration presented proposed language for statutory changes to implement the work group's proposals in S.255, and the HCA testified about this bill. DFR and the HCA negotiated a compromise section requiring annual reports about the complaints DFR receives about violations of the rule, aggregated for all insurers. After S.255 passed during the legislative session, the work group met to discuss the rule before the Administration begins the formal rule-making process under the Administrative Procedures Act.

❖ **Vermont Health Connect Escalation Path**

The HCA and VHC continued to collaborate on improving the State's escalation path for HCA cases involving complex VHC issues. We communicated with VHC multiple times a day and met at least once a week to discuss the most difficult cases. With the latest version of our escalation path, we anticipate resolving cases more quickly and efficiently.

❖ **Comments on Vermont Health Connect Notices**

At VHC's request, the HCA commented on eight notices, in an effort to make them more readable and consumer friendly. See **Promoting Plain Language in Health Communications** below.

❖ **Vermont Health Connect Consumer Experience Work Group**

The HCA participated in one meeting of this stakeholder work group, which was convened by Blue Cross Blue Shield of Vermont to discuss ways to improve the consumer experience for Vermonters using VHC.

❖ **Medicaid and Exchange Advisory Board**

The Chief Health Care Advocate is an active participant in Vermont's Medicaid and Exchange Advisory Board (MEAB). This quarter the MEAB met twice.

❖ **42 C.F.R. Part 2 Advisory Group**

We continued to participate in the 42 C.F.R. Part 2 advisory group started by DVHA. This group is working on ways the Vermont Health Information Exchange (VHIE) can protect patient privacy in compliance with federal rules on substance abuse information in medical records without excluding these patients' records from the Exchange. The group met once this quarter.

❖ **Universal Primary Care Study**

The HCA reviewed the Administration's draft literature review related to the Universal Primary Care proposal and provided feedback.

❖ **Vermont Hepatitis Task Force**

The HCA is participating in this task force convened by the Vermont Department of Health to work on issues related to Hepatitis C in Vermont. The task force had its first meeting this quarter.

Legislative Activities

This quarter included the last five weeks of the legislative session. The HCA continued to advocate for a number of legislative initiatives related to health care and health care reform.

❖ **H.812 / Act 113 of 2016**

The HCA advocated for H.812, now Act 113 of 2016, which requires the Green Mountain Care Board to regulate Accountable Care Organizations and provides protections for patients attributed to ACOs, including grievance and appeals processes. Previously the state was not required to regulate ACOs.

❖ **S.20 / Act 161 of 2016**

The HCA continued to advocate for S.20, now Act 161 of 2016, which creates a mid-level dental provider (Dental Therapist) in Vermont in order to improve access to dental care, particularly for children,

seniors, and Medicaid beneficiaries. Access to dental care is a significant issue about which the HCA receives numerous consumer assistance calls and web page views.

✧ **S.62 / Act 136 of 2016**

The HCA continued to advocate for S.62, now Act 136 of 2016, which allows, in limited circumstances, a surrogate to provide or withhold consent on a patient's behalf for a do-not-resuscitate order or clinician order for life-sustaining treatment.

✧ **S.216 / Act 165 of 2016**

The HCA supported language recommended by the Administration which allows the Green Mountain Care Board to permit some bronze plans on Vermont Health Connect in 2018 to use a prescription out of pocket maximum amount that is higher than the maximum amount previously allowed under Vermont law. This will enable plan designs to lower cost sharing for other medical costs. There was concern from the actuary who works with DVHA that without adjustments to the pharmacy out of pocket maximum it may become impossible to design bronze plans to meet federal standards. The proposal for plan design changes will be developed by a stakeholder work group (see **2018 Qualified Health Plan (QHP) Work Group**). The HCA also supported other sections of the bill related to increasing drug cost transparency.

✧ **S. 245 / Act 143 of 2016**

The HCA supported the provision in S. 245, now Act 143 of 2016, to require hospitals to notify patients of provider acquisitions, including disclosure of any new charges resulting from hospital affiliations.

✧ **S.255 / Act 152 of 2016**

The HCA advocated for the provisions in S.255, now Act 152 of 2016, that maintain regulatory protections for consumers in commercial health care plans and require the Department of Financial Regulation to file reports showing how many complaints are filed about violations of these consumer protection standards.

✧ **Other Legislative Advocacy**

The HCA's legislative advocacy this quarter included testifying before the House Health Care Committee (9 times), the House Judiciary Committee, the Senate Appropriations Committee, the Senate Finance Committee (3 times), and the Senate Health and Welfare Committee.

We submitted formal comments to the House Judiciary Committee on the proposed private right of action for HIPAA violations and to the House Government Operations Committee on the need for dental therapists in Vermont. Additionally, we regularly met with legislators and collaborated with state agencies and other advocates on legislative initiatives.

The Chief Health Care Advocate testified on new Health Benefits Eligibility and Enrollment (HBEE) regulations before the Legislative Committee on Administrative Rules.

Collaboration with Other Organizations

The HCA regularly collaborates with other organizations to advance consumer-oriented policy objectives. We worked with the following organizations this quarter:

- American Cancer Society of Vermont
- American Civil Liberties Union (ACLU)

- Association of Africans Living in Vermont (AALV)
- Bi-State Primary Care Association
- Center on Budget and Policy Priorities
- Community Health Accountable Care
- Community Catalyst
- Consumers Union
- Dartmouth-Hitchcock Medical Center
- Families USA
- IRS Office of Chief Counsel
- National Health Law Program (NHeLP)
- National Immigration Law Center
- National Viral Hepatitis Roundtable
- Oklahoma Indian Legal Services
- OneCare Vermont
- State Health Insurance Assistance Program (SHIP)
- Vermont Health Connect
- Vermont Medical Society
- Vermont Oral Health Care for All Coalition
- Vermont Public Interest Research Group
- Voices for Civil Justice
- The University of Vermont Medical Center

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Outreach and Education

A. Website

Vermont Law Help is a statewide website maintained by Vermont Legal Aid and Law Line of Vermont. The site includes a substantial Health section (www.vtlawhelp.org/health) with more than 200 pages of consumer-focused health information maintained by the HCA. We work diligently to keep the site updated in order to provide the latest and most accurate information to Vermont consumers.

Google Analytics Statistics

- The total number of health pageviews increased by 52% in the reporting quarter ending June 30, 2016 (8,125 pageviews), compared with the same quarter in 2015 (5,346 pageviews). This is particularly noteworthy because the total number of pageviews for the entire Vermont Law Help website was only slightly higher (5%) compared with the same period last year.
- The number of people seeking help finding *dental services* increased significantly (189%), as it has **the past five quarters**. (552 pageviews this quarter, compared with 191 in the same period last year). The number of pageviews this quarter (552) is 27% higher than last quarter (435).
- This quarter, like the previous four quarters, we saw a large increase in the number of people seeking information about *Medicaid income limits* (2,722 pageviews this quarter, compared with 1,365 in the same quarter in 2015, an increase of 99%). The consistently high numbers indicate that search engines are delivering this page as a high-ranking source of information about Medicaid income limits, as well as the increasing age of Vermont's population.

- The *health home page* again had the second largest number of pageviews (895), an increase of 13% over last year's 790. The home page tells consumers how we can help them and provides several ways to contact us including an online form that can be filled out and submitted 24/7.
- Eight of the 20 health topics with the largest number of pageviews focused on Medicaid or long-term care Medicaid (Choices for Care), while ACA-related tax topics for consumers occupied two of the top 20 slots.
- Other popular topics included:
 - *Health Insurance, Taxes and You* (275 pageviews, +118%)
 - *Medical Marijuana Registry – Patient Form* (237 pageviews, +1,085%)
 - *Federally Qualified Health Centers (FQHCs)* (147 pageviews, +141%)
- While the numbers are small, these pages showed a significant increase in the number of page views compared with the same period last quarter:
 - *Medical Debt* (39 pageviews, +160%)
 - *BCBSVT 2014 Annual Report* (37, +236%)
 - *Medical Marijuana Registry Caregiver Form* (29, +625%)
 - *How to Get Durable Medical Equipment (DME) through Medicaid* (25, +257%)
 - *Vermont Health Connect Appeals* (18, +800%) [private insurance appeals pageviews decreased slightly]
 - *Ladies First Health Program* (16, +1,500%)

PDF Downloads

Fifty-seven out of 98 or 58% of the **unique PDFs** downloaded from the Vermont Law Help website were on health care topics. Of those unique health-related PDF titles:

- 26 were created for consumers. The top five consumer-focused PDF downloads were the same as last quarter:
 - *Vermont Dental Clinics Chart* (152 downloads)
 - *Advance directive, short form* (60 downloads)
 - *Blue Cross Blue Shield of VT Annual Report 2014* (22 downloads)
 - *Vermont Medicaid Coverage Exception Request – 10 Standards and Provider Request Form* (17 downloads)
 - *Advance directive, long form* (16 downloads)
- 20 were prepared for lawyers, advocates and assisters who help consumers with tax issues related to the Affordable Care Act. The top advocate-focused downloads were:
 - *PTC Allocation Rules Summary (updated 4-18-16)* (9 downloads)
 - *Premium Tax Credit – Marriage, Separation and Divorce 12-8-14* (5 downloads)
- 11 covered topics related to health policy. The top policy-focused downloads were:
 - *Consumer Principles for Vermont's All-Payer Model* (12 downloads)
 - *Vermont ACO Shared Savings Program Quality Measures* (6 downloads)

Our *Vermont Dental Clinics Chart* continues to be the **third most downloaded of all PDFs** downloaded from the Vermont Law Help website.

B. Education

During this quarter, the HCA provided education materials and presentations and maintained a strong social media presence on Facebook, reaching out directly to consumers as well as to individuals and organizations who serve populations that may benefit from the information and education provided. Materials we developed have also been shared directly with health and tax advocates in Vermont and nationwide and posted to our website.

Education/Outreach

Presentations

During this quarter, the HCA provided education directly to approximately 183 individuals, many of whom serve populations that are likely to benefit from the information and education provided.

Vermont Legal Services Staff College (June 3, 2016)

The HCA played a central role in planning, moderating and presenting a full-day program at this year's statewide Legal Services Staff College focused on gaining a better understanding of addiction, increasing awareness of resources for and obstacles to treatment and prevention in Vermont, and the impact addiction has had on the ability to effectively provide civil legal services to clients. Approximately 70 lawyers, paralegal advocates and other staff members who serve people across the state attended.

Vermont Legal Services Staff College (June 3, 2016)

Providing written communications in plain language is essential to ensuring that clients understand both their rights and their responsibilities. The HCA led a workshop, Using Plain Language to Improve Readability (and Understanding), that showed participants how to use tools that measure a document's reading ease and grade level and strategies for writing and designing documents that are easier to read. The presenters provided a plain language checklist to guide both writing and layout of documents to increase readability. Approximately 12 people, including some HCA staff members, attended.

Consumers Union Webinar (May 20, 2016)

The HCA was one of four presenters for a "Spotlight on Vermont" webinar offered by Consumers Union's Health Care Value Hub. The Hub supports and connects consumer advocates across the U.S., providing comprehensive fact-based information to help them advocate for change. The webinar outlined Vermont's long history of pursuing innovative policies that promote better value in health care. There were 51 participants in addition to the four presenters and two Consumers Union staff members.

American Bar Association Tax Section (May 6, 2016)

The HCA's tax attorney presented Litigating Affordable Care Act Cases, along with panelists from the National Immigration Law Center, the IRS' Office of Chief Counsel, and the IRS' Office of the Associate Chief Council. The presentation was sponsored by the ABA Tax Section Diversity Committee. The panelists discussed issues related to the Affordable Care Act (ACA) raised in pending Tax Court cases, including deficiency cases involving the premium tax credit. The panel also addressed issues affecting immigrants who seek to enroll in a health plan and provide strategies to avoid disqualification from enrollment or access to the premium tax credit. Approximately 15 IRS and legal services attorneys attended.

American Bar Association Tax Section (May 5, 2016)

The HCA's tax attorney and a policy analyst from the Center on Budget and Policy Priorities (CBPP) presented *Addressing ACA problems in Non-Tax Fora* as part of the Low-Income Taxpayers Representation Workshop sponsored by the ABA Tax Section's Pro Bono & Tax Clinics Committee. The panel was moderated by an attorney from Oklahoma Indian Legal Services. The presentation focused on tax-related appeals before the federal Health Insurance Marketplace. It was a collaboration with CBPP and Oklahoma Indian Legal Services. There were about 35 attendees, including legal services and IRS Taxpayer Advocate Service attorneys.

Promoting Plain Language in Health Communications

During this quarter, the HCA provided feedback and revisions to promote the use of plain language and increase consumers' accessibility to and understanding of important communications from the state and other health organizations regulated by the state. The HCA:

- Suggested revisions to VHC's on-hold message about a Medicaid renewal notice error
- Suggested extensive revisions to VHC call script
- Provided extensive plain language edits and edits/comments to improve comprehension of message and ability to resolve the problem being addressed in the following notices/letters:
 - EE600-VLMM VHC change request follow-up letters 6-24-16
 - EE701-MM Transitioning MCA Population 6-13-16 Magi Pop
 - EE711-MM Transitioning MCA Population 6-13-16 Non Magi Pop
 - SYS709-MM Dr. D Premium Change Notice VLA 6 2 16
 - ADM708-MM VPharm Annual Review Change Notice 6 2 16
 - VHC Right to Appeal
- Suggested additional extensive revisions to a primary care enrollment agreement prepared by the Vermont Health Care Innovation Project Rostering Workgroup
- Reviewed final version, suggested minor changes to these consumer notices:
 - APTC Correction Notice
 - EMP005 Employee Eligibility for APTC DRAFT

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