
Vermont Legal Aid
Office of the Health Care Advocate

Quarterly Report
October 1– December 31, 2022
to the
Agency of Administration
submitted by
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Office of the Health Care Advocate

January 21, 2023



Summary and Update

The Office of the Health Care Advocate (HCA) advocates for all Vermonters through both individual consumer assistance and systemic advocacy on health care issues. We work to increase access to high quality, affordable health care for all Vermonters through individual advocacy and representing the public before the Green Mountain Care Board (GMCB), state agencies and the state legislature.

This past quarter, Vermont Legal Aid and the HCA implemented a new client management system (CMS). This new CMS has better technical support, increased agility, and enables data capture, management, and security best-practices. The HCA strived to minimize the impact of the CMS implementation on client experience. Currently, frontline HCA advocates are fully trained on the usage of the new CMS, and client experience with the HCA Helpline has not been impacted. Due to this decision, however, the HCA continues to evolve our reporting capacity and the integration of the CMS with HCA management processes. Reported data this past quarter reflects that we changed systems mid-quarter and reporting capacity is currently being increased. The HCA expects that reporting capacity will be fully implemented by the next quarter.

The HCA Helpline now has eight advocates working to resolve issues and answer questions. We opened 821 cases this quarter. This quarter the HCA advocates focused on helping Vermonters navigate open enrollment for Vermont Health Connect Plans and for Medicare Part D. The top issue that consumers called about was Medicaid eligibility. Dental access was also again near the top. Visits to the HCA website reflected our calls. There were over 2,000 visits to the Medicaid income limits page, and our dental page also had over 1,000 visits.

During the Open Enrollment Period, the HCA advocates engaged in outreach to Vermonters about a potentially beneficial rule change. This year the “family glitch” rule changed. Under former regulations employer-based health insurance was defined as “affordable” if the coverage solely for the employee, and not for family members, met the affordability requirements. That meant that affordability was calculated based on what it would cost for the employee to purchase a self-only plan. If the cost of the employee only plan met the current affordability test, the employee *and their family members* were not eligible for Premium Tax Credits (PTC). This is called the “family glitch” because it makes family members ineligible for PTC, even though the cost of a *family plan* with the employer is not “affordable.” The new rule for 2023 allows for two separate calculations: one for the employee and the other for family members. If the cost of covering family members is not affordable, those family members would be eligible to buy a plan on the exchange and receive PTC. The family glitch has been a long-standing problem for Vermonters and it has prevented families from accessing health care coverage.

Henry’s Story:

Henry called the HCA Helpline because he was losing his health care coverage. Henry had been on employer coverage through his spouse. His spouse had left their job and was now on Medicare. But Henry was not eligible for Medicare for a couple more years. He was thinking of going without coverage. He did not think that he could afford a Vermont Health Connect plan. The HCA advocate explained that because Henry had lost his employer sponsored insurance, he would have a special enrollment period to enroll on a plan. Also, most Vermonters are now eligible for more Premium Tax Credit (PTC) to help pay for monthly premiums. When the HCA advocate reviewed Henry’s income, she found that he qualified for a Silver 94 plan. This meant that his premium was only a couple dollars a month and the plan also had cost-sharing help to keep his out-of-pocket costs low. He was able to pick a plan, and his coverage started the next month.

Advocates reached out to consumers who we had advised on this issue over the last several years to alert them to the rule change. Because of the outreach, some consumers called the HCA with more questions and re-applied on VHC. They were found eligible for PTC and were able to enroll on an affordable plan for 2023. The HCA also reached out to consumers who were direct enrolled on plans with insurance carriers. If you are direct enrolled on a plan, you are not eligible for PTC. You must be enrolled with VHC to qualify for PTC. With the expansion of PTC eligibility, many direct enrolled individuals may now be eligible for PTC for the first time. We engaged this group with education about the expansion of the PTC eligibility and advice on how to enroll on VHC and get advance PTC for 2023. This quarter we also continued work with community and state partners on the Immigrant Health Insurance Plan (IHIP). HCA advocates helped individuals apply and get coverage on IHIP. We also worked with community partners to help identify systemic issues in the application process. The HCA is focused on improving the accessibility of the program. It is also focusing on expanding the eligibility for the program to include income eligible adults.

This past quarter, the HCA was also involved in the stakeholder group working on plan designs for 2024 Qualified Health Plans (QHP) on Vermont Health Connect. The HCA meets with stakeholders from the insurance carriers, DVHA, and DFR to review and give feedback on proposed plan designs for the 2024 year. The HCA works to represent the consumer perspective in the process. The group strives to keep the QHPs as accessible as possible both in terms of premiums and cost-sharing.

During this quarter, the HCA worked with key legislators to lay the groundwork for the coming session. The HCA will continue its work on affordability next quarter in the State House. A key area of focus will be on making Medicare more affordable for Vermonters by increasing the income thresholds for Medicare Savings Programs (MSP). The HCA continues to hear from many Vermonters who struggle with Medicare costs. Vermonters with low incomes who are moving onto Medicare for the first time are especially vulnerable. For people under 65, eligibility for Medicaid for Children and Adults (MCA) extends up to 138% FPL. Above the MCA Medicaid limit help is available with cost-sharing and premiums on VHC. For example, a Silver 94 QHP on VHC has very low premiums and cost-sharing and an income limit of 150% FPL. Once Vermonters turn 65, eligibility for Medicaid for the Aged Blind and Disabled ranges from 76% to 112% FPL depending on household size. Currently, eligibility for QMB, the most generous Medicare Savings Program that pays for both premiums and cost-sharing, ends at 100% FPL. The HCA is working to increase that threshold so more Vermonters can get the help that they need.

Case Stories:

Glenn and Lana's Story:

Glenn and Lana had been enrolled on a couple plan with VHC and been getting PTC to help pay for it. But Glenn called the HCA because VHC sent him a notice saying that he was no longer eligible to get PTC, and he did not understand. Getting a couple plan without Glenn's PTC would be much more expensive. The HCA advocate investigated and found that Glenn had enrolled onto VA health benefits. Because he had VA health benefits, he lost his eligibility for PTC. In general, you cannot get PTC once you have other health care coverage that meets the requirements for "minimum essential coverage." Glenn's VA health coverage met that requirement, so that made him ineligible for PTC. Although Glenn lost his eligibility, Lana still was eligible. They decided that for next year, Glenn would use the VA health benefits while Lana would remain on an individual VHC plan. The HCA advocate helped Lana understand how much PTC she would be eligible for and to review the individual plans. Lana was able to enroll on a new plan for 2023.

Mary Kate's Story:

Mary Kate called the HCA because she could not afford her Medicare Part B premiums. When the HCA advocate spoke with her, she found that Mary Kate had been on Medicare for several years. She was struggling with the Part B premiums, and she had not signed up for a Medicare Part D prescription drug plan. This meant that she had no drug coverage. Because she had failed to sign up for a Part D plan when she was first eligible for Medicare, Mary Kate was also subject to a late enrollment penalty, which would increase her monthly Part D premium. When the HCA advocate reviewed Mary Kate's income, she found that she was eligible for a Medicare Savings Program (MSP). The MSP would pay for her Part B premium. Also, being on an MSP made Mary Kate eligible for Low Income Subsidy (LIS). This program pays for Part D premiums and reduces co-payments. It also waives the late enrollment penalty for Part D. The HCA advocate helped her with the application, and she was approved for an MSP. This meant that Mary Kate had help with her Part B and Part D costs and no longer had an added monthly penalty.

Lionel's Story:

Lionel called the HCA because he was having trouble signing up for a Vermont Health Connect (VHC) plan. He told the HCA advocate that he had applied on VHC, but VHC could not find a record of the application, which meant Lionel still did not have coverage. He needed to make an appointment with a provider, so he was anxious to get his coverage started. The HCA investigated and found out that Lionel had done an application with his case manager. The case manager had submitted the application at a state of Vermont office, but it was never faxed to VHC. No one could find the original application. The HCA advocate helped Lionel do a new application and submit it to VHC. Lionel was found eligible for a Silver 94 plan, and his premium was less than \$1 a month. He also needed dental care, so the HCA advocate helped him sign up for a dental plan through VHC. Lionel was able to make an appointment to see his provider.

Jannik and Anna's Story:

Jannik called the HCA because he was about to lose his health care coverage. He had coverage through his spouse, Anna, but she was leaving her job. They both needed help getting new coverage. Jannik was eligible for Medicare. He had delayed enrolling on Medicare Part B while he was on his Anna's employer insurance. The HCA advocate explained that Jannik now had a special enrollment period (SEP) for Part B. This SEP starts the month after the employer coverage ends and lasts for eight months. The HCA advocate also helped Jannik understand the process for signing up for Medicare Part D coverage. The HCA advocate explained that he should enroll as soon as possible, so he would not have a gap in coverage. Anna was not Medicare eligible, but she had the option to enroll on COBRA or get a plan on VHC. The HCA advocate discussed how COBRA coverage is often prohibitively expensive. Anna thought that they would be over income for PTC, but the HCA advocate explained that there was no longer an upper income cut off for PTC. This meant households that were formerly ineligible because of their income could possibly now be eligible for PTC. When Jannik and Anna explored the plans on VHC, they discovered that she was eligible. Anna was able to get an individual VHC plan that was much more affordable than the COBRA coverage.

Overview

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

The HCA received 821 calls this quarter. We divided these calls into broad 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:

- **21.48%** about **Access to Care**
- **9.48%** about **Billing/Coverage**
- **6.36 %** about **Buying Insurance**
- **12.48%** about **Complaints**
- **12.24%** about **Consumer Education**
- **24.48%** about **Eligibility** for state and federal programs
- **8.28%** were categorized as **Other**, which includes communication problems with health benefit plans, access to medical records, changing providers or plans, confidentiality issues, and complaints about insurance premium rates, as well as other issues.

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

The full quarterly report for October – December 2022 includes:

- This narrative
- Five data reports, including three based on the caller's insurance status:
 - **All Calls/All Coverages: 821**

The Top Issues Generating Calls

The listed issues in this section includes only the primary issues for All Calls (821 calls this quarter compared to 820 prior quarter).

Top Issues, All Cases:

1. Eligibility Medicaid/ MAGI
2. Provider Complaints
3. Consumer Education Medicare
4. Access to Care Dental
5. Complaints-Hospital
6. Buying Insurance-QHP-VHC
7. Eligibility-Premium Tax Credit
8. Eligibility Medicaid/ Non-MAGI
9. Access to Care Prescription Drugs
10. Access to Care Nursing Home and Home Health

Consumer Protection Activities

Rate Review

The HCA reviews and analyzes all commercial insurance carrier requests to the Green Mountain Care Board (Board) to change premium prices. The Board decided two premium price change requests during the quarter from October 1, 2022, through December 31, 2022. There are no premium price change requests pending at the close of the quarter.

MVP Health Plan, Inc. (MVP) submitted a premium price change request decided by the Board this quarter: the MVP 2023 Large Group HMO filing. MVP's proposed premium price change impacts approximately 1,800 Vermonters. MVP requested a total annual increase of 26.7% for groups renewing in the first quarter of 2023. The HCA filed a Notice of Appearance and a Memo In Lieu of Hearing in this matter. On November 17th, 2022, the Board modified the proposed rate downward and approved the modified rate.

Cigna Health and Life Insurance Company (CHLIC) submitted the other premium price change request decided by the Board this quarter: the Cigna Health and Life Insurance Company – Large Group filing. CHLIC's proposed premium price change impacts approximately 3,760 Vermonters. CHLIC requested an overall rate increase of 7.6%. The HCA filed a Notice of Appearance and a Memo In Lieu of Hearing in this matter. The Board reduced the proposed manual rate change to 6% on December 19th, 2022

Hospital Budgets

The HCA provided feedback to the GMCB through their contractor – Mathematica Research – who is leading an outreach and research project for the GMCB on how to improve the hospital budget review process. Our office highlighted the importance of seeking and incorporating community input in the GMCB's regulatory work. In the forthcoming months, the HCA will work with the GMCB to provide edits and recommendations to the FY24 hospital budget guidance with a focus on improving data standardization, increasing price and cost transparency.

Certificate of Need Review Process

The HCA has statutory authority to assert interested party status in certificate of need (CON) proceedings before the GMCB. In the last quarter, the HCA did not intervene or participate in any proceedings. We continue to actively monitor certificate of need applications as they are submitted and assert party status when the interests of Vermonters are clearly implicated

Oversight of Accountable Care Organizations

The HCA provided written and oral comments as a part of the FY23 OneCare Vermont (OCV) budget hearing process. Our questions and comments (as well as recommendations to the Board) focused on the lack of demonstrated impact of OCV programs on health outcomes for Vermonters or reducing system costs to the state, concerns about the proposed contractual relationships with the University of Vermont Health Network, and the need for objective quantitative and/or qualitative evaluation of their programs. The HCA looks forward to continuing to work with the GMCB ACO Budget team and Board members to provide recommendations to improve their oversight of OCV's budget and programs.

Additional Green Mountain Care Board and other agency workgroups

Over the last quarter, the HCA attended the Board's weekly board meetings, monthly Data Governance meetings, quarterly Prescription Drug Technical Advisory meetings, and several other legislatively established workgroups focused on affordability and access.

H.489 Market Structure and Affordability Workgroup

This workgroup was formed with a particular charge by the legislature to consider what policy options should be evaluated if the ARPA enhanced premium tax credits were not extended. Because the premium tax credits were extended, the pressure was taken off the group for the current year. There is broad agreement between the carriers, the administration, and the HCA to continue the unmerged market structure for an additional 3 years, or as long as the enhanced Premium Tax Credits continue on the Federal level. The HCA will support proposed legislation this year to keep the markets unmerged while the enhanced premium tax credits are available.

The HCA raised additional concerns about the adverse selection dynamics between the self-funded market and the QHP small group. We note that in the current environment, the QHP small group can be used as a safety net for small groups with higher morbidity and that healthier small groups would migrate to the self-funded market. The workgroup recognized the relatively narrow charge of this workgroup, and therefore did not engage in this area of health policy. The HCA will continue to raise this concern in future policy discussions.

S.239 Medicare Supplemental DFR workgroup

This work group was created in response to a policy proposal that the HCA brought to the Legislature last biennium. The HCA participated in these meetings, assisted in the development of a consumer survey. We also intend to submit comments on the group's final report. Next quarter, the HCA will advocate for a set of policy changes to address affordability challenges that low-income Vermonters on Medicare face.

The Medicaid and Exchange Advisory Committee

The Advisory Committee met two times this quarter taking the month of December off. The content of this quarter's meetings included a focus on messaging and planning for the QHP open enrollment period and discussions about the end of the Federal Public Health Emergency and the unwinding process.

Legislative Advocacy

Because this quarter included the November election for the General Assembly, there were fewer legislative activities. The HCA asked candidates for assistance in getting the word out about information that could be of assistance to Vermonters before election day and started the process of engaging with key legislators about the upcoming session during the brief period between election day and the start of the new session.

Collaboration with Other Organizations

The HCA regularly collaborates with other organizations to advance consumer-oriented policy objectives and to conduct outreach and education. We have worked with the following organizations

- American Civil Liberties Union of Vermont
- Bi-State Primary Care
- Bridges to Health
- Blue Cross Blue Shield of Vermont
- Committee on Vermont Elders
- Department of Financial Regulation
- Families USA
- IRS Taxpayer Advocate Service
- Let's Grow Kids
- Migrant Justice
- MVP Health Care
- National Academy for State Health Policy
- NHeLP, National Health Law Program
- New American Clinic/Family Room
- OneCare Vermont
- Open Door Clinic
- Planned Parenthood of Northern New England
- Rights and Democracy (RAD)
- Rural Vermont
- South Royalton Legal Clinic
- SHIP, State Health Insurance Assistance Program
- University of Vermont Medical Center
- University of Vermont Migrant Health, Bridges to Health
- Vermont Association of Hospitals and Health Systems
- Vermont Department of Health
- Vermont Department of Taxes
- Vermont Health Connect
- Vermont Health Care for All
- Vermont Interfaith Action (VIA)
- Vermont Medical Society
- Vermont - NEA
- Vermont Public Interest Research Group (VPIRG)
- Vermont Workers' Center
- You First

Increasing Reach and Education Through the Website

VTLawHelp.org is a statewide website maintained by Vermont Legal Aid and Legal Services Vermont. The site includes a substantial health section (<https://vtlawhelp.org/health>) with more than 180 pages of consumer-focused health information maintained by the HCA.

HCA advocates work diligently to keep the site updated in order to provide the latest and most accurate information to Vermont consumers.

Popular Web Pages

* means the page moved into the top 20 this quarter

The **top-20 health pages** on our website this quarter:

1. *Income Limits - Medicaid* – 2,462 pageviews
2. *Health* - section home page – 1,790 pageviews
3. *Dental Services* – 1,080 pageviews
4. *Medicaid, Dr. Dynasaur & Vermont Health Connect* – 818 pageviews
5. *Medicaid* – 619 pageviews
6. *HCA Help Request Form* – 593 pageviews and 133 online help requests
7. *Services Covered – Medicaid* – 526 pageviews
8. *Long-Term Care* – 503 pageviews
9. *Resource Limits - Medicaid* – 447 pageviews
10. *Medicare Savings Programs* – 394 pageviews
11. *Choices for Care Income Limits* – 324 pageviews
12. *Medical Decisions: Advance Directives* – 294 pageviews
13. *Dr. Dynasaur* – 287 pageviews
14. *Advance Directive forms* – 275 pageviews
15. *Choices for Care* – 266 pageviews
16. *Choices for Care Giving Away Property or Resources* – 255 pageviews
17. *Choice for Care Resource Limits* – 246 pageviews *
18. *Vermont Long-Term Care Ombudsman Project* – 243 pageviews *
19. *Requirements for Getting Choices for Care* – 234 pageviews *
20. *Buying Prescription Drugs* – 231 pageviews *

This quarter we had these additional new items:

- *Your Benefits and the Public Charge Rule for Immigration* – 65 pageviews
- *You May Be Eligible for New Financial Help for Health Insurance (ARPA)* – 9 pageviews

Outreach and Education

The Office of the Health Care Advocate (HCA) engaged in multiple in-person outreach events this quarter. Some highlights include:

- **VT Professionals of Color Network Webinar:** October 27, 2022. HCA advocate gave an online webinar and answered questions about Open Enrollment Period, the Public Health Emergency, and the Immigrant Health Insurance Plan.
- **Open Enrollment Webinar Rural Vermont:** November 1, 2022: HCA advocate provided consumer education about Open Enrollment.
- **Training on lump sums and Medicaid Eligibility for VTAJ:** November 18, 2022. HCA Helpline director did an in-person and online training on maintaining Medicaid eligibility
- **Front Porch Forum outreach during Open Enrollment:** Posted outreach about important Open Enrollment dates and numbers.
- **Meeting with the UVM Area Health Education Center.** The Health Care Advocate met with this group to discuss plans for their summer courses. AHEC and the HCA are collaborating this year on the research questions that their students will explore.

Office of the Health Care Advocate

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<https://vtlawhelp.org/health>

TOTAL NUMBER OF CASES BY ISSUE CATEGORY

	Q4 2022 Count of Cases
Eligibility	205
Access to Care	179
Complaints	107
Consumer Education	102
Billing	79
Other	65
Buying Insurance	53
Data Issues - Unknown	16
Appeals	14
Medicare	1
TOTAL	821

PRIMARY ISSUE SUMMARY

Primary Issue	Q4 2022 Count of Cases
Eligibility - Medicaid / MAGI	65
Communication/Complaint: Provider	53
Consumer Education - Medicare	41
Access to Care - Dental	34
Other	34
Complaints - Hospital	31
Buying Insurance - QHP - VHC	29
Eligibility - Premium Tax Credit	26
Eligibility - Medicaid/Non-MAGI	26
Access to Care - Prescription Drugs	23
Other - Not Health Related	17
Data issues - Unknown	16
Access to Care - Nursing Home & Home Health	16
Hospital billing	14
Eligibility - Medicare	13
Eligibility - Long Term Care Medicaid & Choices for Care	13
Eligibility - MSPs/Buy-In Programs	12
Access to Care - Nursing Home	12
Buying Insurance - Medicare Supplement Insurance	12
Information about DVHA	10
Info/Applying For DVHA Programs	10
Access to Care -Mental Health Treatment	10
Termination of insurance	10
Claim Denials	10
Access to Care -Transportation	9
Provider Billing	8

Medical Malpractice	8
Eligibility - Medicaid for Working People with Disabilities	8
ACA Family Glitch	8
Eligibility - VPharm	8
Access to Care - Specialty Care	8
Hospital Billing & Financial Assistance	7
Access to Care - Primary Care	7
Access to Care - Pain Management	7
Consumer Education - HIPAA	7
Choices for Care	5
Eligibility - Special Enrollment Period	5
Consumer Education - Advance Directive	5
Coordination Of Benefits	5
Appeals - Fair Hearing - Eligibility	4
Delay in Obtaining Care	4
Billing - Ambulance	4
Copayments & Coinsurance	4
Other - Health Related	4
Access to Care - DME & Supplies	4
Information about HCA	4
Access to Care - Home Health	4
Consumer Education - Family Law Interface w/ Health Ins	3
Billing - Nursing Home	3
Complaint - Carrier	3
Complaints - Insurance Scam	3
Access to Care - Hearing Aids	3
Care Coordination	3
Billing	3
Balance Billing	3
Employer Sponsored Insurance	3
Complaints	3
Other -Power of Attorney	3
Eligibility	3
Eligibility - Part D Plan	3
Appeals - Medicare A, B, or C	3
Collections	2
Billing - Preventive Services	2
Buying Insurance - COBRA	2
Buying Insurance - QHP - Direct Enrollment	2
Appeals - Private Insurance - Covered Service	2
Billing - Mental Health Treatment	2
Buying Insurance: Medicare Part C	2
Consumer Education	2
Diabetic Meds & Supplies	2
Eligibility - Citizenship & Identity	2
Access to Care	2
Access to Care - Autism Treatment	2

Out of Network Billing	2
Medicare Billing	2
Medical Marijuana	2
Emergency Care	2
Access To Medical Records	2
Access to Care - Prior Authorization Delay	2
Access to Care - Urgent Medical Need	2
Developmental Services	2
Access to Care - PT/OT/ST	2
General Questions About Insurance	2
Access To Medical Records, HIPAA	1
Billing - Mammography	1
Billing - Dental	1
Access to Care - Dentures	1
Access to Care - Quality of Care	1
Access to Care - Hospice & End of Life Care	1
Access to Care - Hospital	1
Access to Care - Medicaid/MAGI	1
Complaints - VHC – Website	1
Access to Care - Naturopathy	1
Access to Care - Preventive Care	1
Access to Care - Prior Authorization Criteria	1
Access to Care - Nutritional Supplements	1
Access to Care - Orthodontics	1
Appeals - VHC APTC Reconciliation	1
Access to Care - Prescriptions-Medicaid PBM	1
Appeals - Medicare Part C	1
Access to Care - Imaging	1
Medicare	1
Disability Insurance	1
DVHA/VHC premium billing	1
Education -Medicaid/MAGI	1
Eligibility - Act 48	1
Eligibility - Act 49	1
Eligibility - Act 50	1
General Billing Questions	1
HIPAA General	1
Complaints - Primary Care	1
IRS Reconciliation	1
Coverage & Contract Questions	1
Other - Access to Care	1
Other - Internet Insurance Scams	1
Other - Mental Health Court Order	1
Other - Severe MI plus other problems	1
Out of State Billing	1
Premium Too High	1
Provider Error/Med Mal	1

Surprise bills in VT (PARE, OON problem, etc.)	1
Internal Appeal - Medicaid Eligibility	1
Complaints - VHC - 1095 Problems	1
Billing - Prior Authorization Criteria	1
Billing - Third Party Liability	1
Buying Insurance	1
Buying Insurance In Another State	1
Communication/Complaint: Provider	1
Complaint - Discriminatory Practices	1
Complaint - DME & Supplies	1
Complaint - HIPAA	1
Disability Determination	1
Complaints - Nursing Home Complaint	1
Debt Collection	1
Consumer Education - ARPA	1
Consumer Education - Medicare Part D	1
Consumer Education - Notice - Confusing	1
Consumer Education - Other Insurance Laws and Regulations	1
Consumer Education - Public Charge	1
Consumer Education - VPharm	1
Consumer Education - COBRA	1
Consumer Education - Dental	1
Billing - Premiums (non-VHC)	1
Complaint about State Worker	1
TOTAL	821