
Vermont Legal Aid
Office of the Health Care Advocate

Quarterly Report
April 1, 2019- June 30, 2019
to the
Agency of Administration
submitted by
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Office of the Health Care Advocate

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Introduction

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, state agencies, and the state legislature.

This quarter the HCA helpline advocates focused on helping Vermonters navigate the end of tax filing season by answering questions about IRS reconciliation and the shared responsibility penalty. There was a significant drop in the number of Vermonters calling with 1095-A problems. The 1095-A is a tax form generated by Vermont Health Connect (VHC) that shows the household's insurance coverage for the year. We had 10 cases in 2019 about issues with 1095 tax form. This number is a drop from the two previous years (18 in 2018, 31 in 2017) and reflects that VHC is now producing much more accurate and timely notices.

The HCA also completed its pilot project, Vermont Health Connect, on the new integrated application for Health Care programs. During the process, HCA helped 11 households get onto insurance using the new application. It also provided substantive feedback on making the new application easier to understand for all applicants. The HCA expects to continue to provide feedback on the new application as it is introduced to consumers.

The HCA also continued to work with VHC on making VHC notices more understandable and readable for all Vermonters. We focus on using plain language whenever possible, and explaining legal rules and rights in a straightforward manner, while avoiding legal jargon. It is especially important that Vermonters understand their appeal rights which are explained with these notices. We had 49 cases this quarter where we advised Vermonters appealing a decision by the state of Vermont.

The HCA represents Vermonters through individual, administrative, and legislative advocacy. Our policy priorities reflect our daily work with Vermonters struggling with a health care system that often does not meet their needs. We work to control unnecessary costs and make the health care system sustainable, and to ensure that Vermont consumers are heard by providers and policy-makers.

Cooper's Story

Cooper had recently enrolled on Medicare, but he was having trouble affording the premiums. His only income was from Social Security, and paying the \$135.50 monthly premium for Medicare Part B was creating a hardship. When the HCA advocate researched his case, she found that Cooper had filled out a health care application with the State of Vermont. The state, however, had failed to screen him for a Medicare Savings Program (MSP). Medicare Saving Programs pay for Part B premiums, and, in some cases, Medicare cost-sharing for eligible Vermonters. Cooper was eligible for an MSP that paid both his Part B premium and all of his Medicare cost-sharing. Being on the MSP meant that the state would pay the \$135.50 Part B premium, and Cooper would have more monthly income. The HCA advocate also discovered that Cooper was not enrolled on a Medicare Part D plan to cover his prescription drugs. Because Cooper was eligible for MSP, it also meant that he was deemed eligible for a program called "Extra Help." Extra Help is a Federal program that helps pay for Part D premiums and keep the Part D copayments low. Being eligible for "Extra Help" meant that Cooper had a special enrollment period to enroll in a Part D plan. With the MSP and "Extra Help," Cooper now had assistance paying for his Part B and Part D premiums as well as his Medicare cost-sharing.

Overview

The HCA provides assistance to consumers through our statewide hotline (**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 835 calls¹ 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:

- **24.79%** (207) about **Access to Care**
- **10.18 %** (85) about **Billing/Coverage**
- **1.92%** (16) about **Buying Insurance**
- **11.14%** (93) about **Complaints**
- **9.70%** (81) about **Consumer Education**
- **29.46%** (246) about **Eligibility** for state and federal programs
- **9.58%** (80) 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 246 of our cases had eligibility for state and federal healthcare programs listed as the primary issue, an additional 436 cases had eligibility listed as a secondary concern.

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. Determining which issue is the "primary" issue is sometimes difficult 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 breakdowns 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.

The full quarterly report for April - June, 2019, 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:** 835 calls (compared to 1018 calls last quarter)
 - **Department of Vermont Health Access (DVHA) beneficiaries:** 307 calls (329 calls last quarter)

¹ The term "call" includes cases we get through the intake system on our website.

- **Commercial Plan Beneficiaries:** 170 calls (237 calls last quarter)
- **Uninsured Vermonters:** 64 calls (77 calls last quarter)
- **Vermont Health Connect (VHC):** 188 calls (259 calls last quarter)
- **Reportable Activities (Summary & Detail):** 105 activities and 17 documents (135 activities, 12 documents)

Individual Consumer Assistance

Case Examples

These case summaries illustrate the types of problems we helped Vermonters resolve this quarter:

Robin's Story:

Robin called the HCA helpline because she was uninsured and needed to fill a prescription for a chronic condition. She had been on Medicaid, but that had closed at the start of the year when she was found to be over-income for the program. After her Medicaid closed, Robin had a two-month Special Enrollment Period (SEP) to enroll in a Vermont Health Connect (VHC) plan. She did not understand that she needed to enroll within the 60-day period. By the time she called the HCA, she had missed her SEP to enroll in a VHC plan. She had also had an unexpected trip to the hospital, and was worried about how she was going to pay for it. When the HCA advocate studied Robin's income, she found that Robin was very close to the Medicaid eligibility cut off. The HCA advocate recommended that Robin make a small monthly contribution to a traditional IRA to reduce her monthly taxable income. Medicaid eligibility is based on a person's "Modified Adjusted Gross Income" (MAGI). Contributing to the IRA lowered Robin's MAGI just enough to make her eligible for Medicaid again. The advocate then helped expedite the application and get the coverage activated, so Robin could get her prescriptions.

Anthony's Story:

Anthony's grandmother called the HCA when she found out that Anthony's Medicaid for the Aged Blind and Disabled (MABD) had been closed. The notice from the State of Vermont said that he was now over income for the program. Anthony was eligible for Medicaid because he was in the special eligibility category called "Disabled Adult Child." He had been disabled before age 22, and he was receiving Social Security benefits based on his parent's work record. When his parent died, those benefits had increased, and his Medicaid had been closed for being over income. However, the advocate pointed out that this was an error and that under the eligibility rules for this category of Medicaid, the benefits based on his parent's record should have not have been counted when determining Medicaid eligibility. The State of Vermont agreed that it had been a mistake to count those benefits and close Anthony's Medicaid, and his coverage was reinstated.

Megan's Story:

Megan called the HCA because she got a bill from her Medicare Part D plan charging her for two prescriptions from the month before. When the HCA advocate investigated, she found that Megan was on VPharm. VPharm is a State of Vermont pharmacy program that reduces Medicare Part D out-of-pocket prescription costs. If you are enrolled on VPharm 1, like Megan, your prescription copayments are \$1 to \$2. When the advocate checked, she found that VPharm had covered over ten prescriptions for that month. Since the Part D plan had been paid by VPharm, it should not have been billing Megan directly, so Megan was not responsible for those bills. The advocate contacted the State of Vermont which confirmed that Megan should not be charged for those prescriptions because VPharm had already paid. The State of Vermont reached out to Megan's Part D plan and told it stop billing Megan. The Part D plan stopped billing Megan, and she was able to continue to fill her prescriptions.

Caitlin's story:

Caitlin called the HCA because she was about to turn 26 and would no longer be able to stay on her parents' health insurance. Under the Affordable Care Act, young adults can stay on their parents' insurance until age 26. Caitlin was on several regular prescriptions and did not want to have a break in coverage when she aged off her parents' plan. The HCA advocate helped Caitlin apply, using VHC's new integrated health care application. With the integrated application, Vermonters can apply for multiple health care programs in one place. (See *Priorities* for more about the new application and the Pilot Project.) Caitlin was able to complete the application in less than 30 minutes and was found eligible for a Qualified Health Plan (QHP) on VHC. She was also eligible for an APTC (Advance Premium Tax Credit) to help lower her monthly premium. Caitlin was able to enroll in a plan on VHC and did not have any lapses in insurance coverage.

Nathan's Story:

Nathan's surgery was scheduled for the spring. He had been on Medicaid, Medicaid had granted a prior authorization approving the out-of-state surgery, and all of his plans were in place to go forward with the surgery. He called the HCA because his Medicaid had closed. This would mean that he did not have insurance and would not be able to have the surgery. When the advocate investigated, she found that the family had been over-income for Medicaid because Nathan had been working some extra shifts for one month. But the extra shifts had ended. She helped Nathan calculate his income for the current month, and found that the family was once again eligible. She helped him apply and expedited the application. Nathan's Medicaid was reinstated, and he was able to go forward with the surgery.

Shannon's Story:

Shannon was enrolled on a plan on Vermont Health Connect (VHC), and called the HCA because she needed VHC to issue a refund so that she could pay her rent. She was entitled to a significant amount of Advance Premium Tax Credit (APTC) to help lower her monthly premiums. With the APTC, Shannon's premium was less than \$10 per month. However, when she paid her monthly premium, she was mistakenly charged the full cost of the plan, about \$500. There had been an error and her APTC had not been applied to that month, so she had been charged for the whole cost of the plan. Shannon needed that money to pay her rent and food. The HCA advocate worked immediately to get the APTC applied to that month and requested an expedited refund. The refund was issued within a week of the request, and Shannon was able to use it to pay her rent.

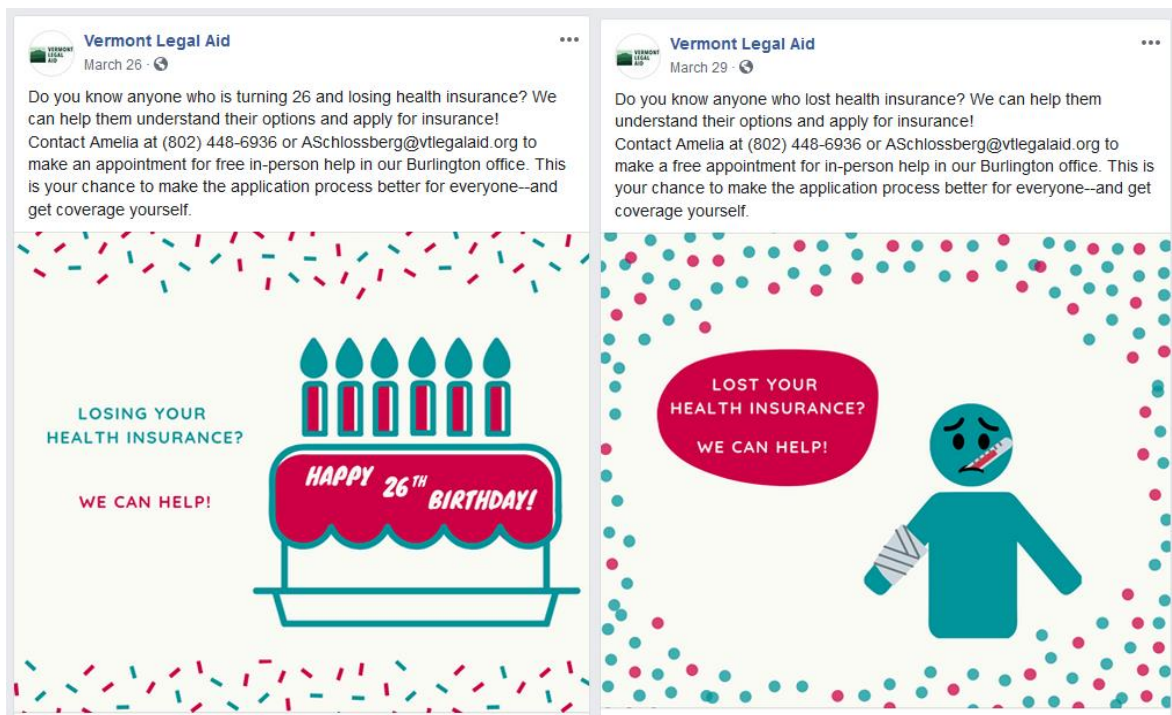
Abigail's Story:

Abigail had been on Medicaid for Aged, Blind and Disabled (MABD). Her Medicaid had closed, however, when she got a part-time job. The income from the job pushed her slightly over the eligibility cut-off for MABD. She called the HCA, wondering whether she should quit the job, so she could maintain her Medicaid coverage. The HCA advocate realized that Abigail was eligible for Medicaid for the Working Disabled, which has a significantly-higher income limit. This meant that Abigail could keep her job, and also stay on Medicaid. The advocate helped Abigail get screened for the program by providing pay checks and other verification to the State of the Vermont. Abigail was approved for the Medicaid for the Working Disabled, and her coverage was activated—and she also kept her job.

Priorities

A. The HCA finished its pilot project with VHC on the new Health Care Application.

The HCA partnered with VHC to provide an evaluation of the new streamlined paper application for Health Care programs. The HCA helped get 11 households onto healthcare using the new application. During the project, the HCA used social media to find Vermonters who did not have insurance and were interested in applying on VHC. The HCA advocates were able to see how Vermonters understood and experienced the application, and what areas were confusing or problematic. The HCA also provided its own assessment of the application, and submitted comments to improve its clarity. The new, integrated application allows Vermonters to apply for multiple health care programs with one application, including both Medicaid for Children and Adults, and Medicaid for the Aged, Blind and Disabled. As the new application is being introduced statewide, the experience from the pilot project will help the HCA advocates assist other Vermonters.



B. The HCA presented a training on state health care programs at Vermont Legal Aid's annual training.

The HCA did a presentation on state and federal health care programs for Vermont Legal Aid and Legal Services Vermont attorneys and paralegals. Besides giving an overview of eligibility rules for state health care programs, the presenters also discussed how Vermonters can be referred to the HCA and how we can help on these cases. The HCA plans to do a follow-up training, specifically for attorneys in the Senior Citizens Law Project at Vermont Legal Aid who have questions about Medicare Savings Programs.

C. The HCA is participating in the Rural Health Services Task Force.

The HCA is participating in the task force on rural health, with the goal of making health care more accessible and sustainable to Vermonters who live in rural areas. Every quarter, the HCA has cases from Vermonters who have transportation barriers to getting the care that they need. We had 11 Medicaid transportation cases this past quarter. We also get many calls from consumers who want to change providers, and are limited in their selection because of their rural location.

D. The HCA kicked off a consumer engagement strategy for the small group and individual 2020 insurance rate review.

The HCA began by developing and distributing an accessible, plain language public comment tool, along with graphics for posters and online outreach. The HCA also began a social media campaign, engaged the press with messaging on the importance of consumer engagement, and met health care policy staff at local non-profit organizations.

E. Overall call volume decreased by 18%, but was similar to call volume for the second and third quarters of 2018.

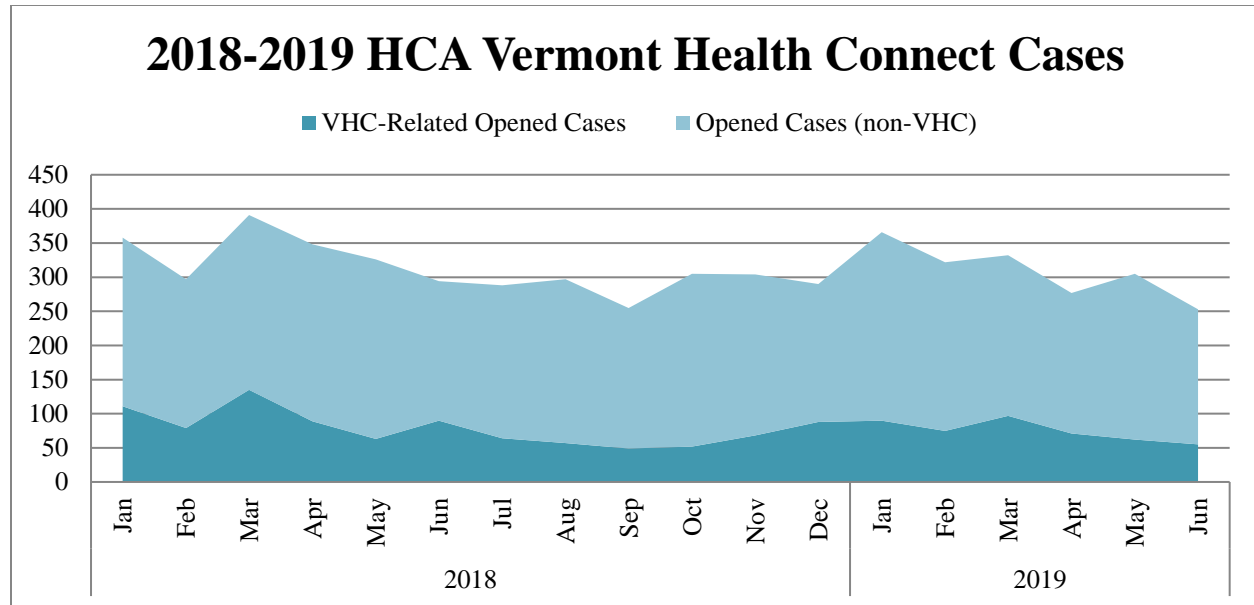
The total call volume decreased by 18% (835 this quarter vs 1018 last quarter). About 12% of those calls involved getting consumers onto new coverage, preventing the loss of coverage, or obtaining coverage for services. We also helped 50 households estimate their eligibility for insurance programs. We saved consumers \$12,468.05 this quarter.

F. Calls concerning Vermont Health Connect decreased by 27% this quarter.

The volume of calls concerning Vermont Health Connect decreased this quarter (188 vs. 259). The top two VHC issues were Eligibility for Medicaid - MAGI (78), and Eligibility for Special Enrollment Periods (64). This quarter, 62 VHC cases required complex interventions that took more than two hours of an advocate's time to resolve, and another 35 cases required a direct intervention to resolve the case.

The HCA continues to resolve its cases by working directly with Tier 3 Health Access Eligibility Unit (HAEU) workers, who are trained to resolve all aspects of complex cases. In addition, the HCA meets with VHC as needed to discuss cases, and has regular email contact with Tier 3. This quarter we had 41 escalated cases (37 last quarter). Of the 41 escalated cases, 30 were resolved within the quarter.

Tier 3 also now works on resolving Green Mountain Care cases (VPharm, Medicaid for Aged Blind and Disabled (MABD), Medicare Saving Programs, and Medicaid Spenddowns). This quarter we continued to receive significant numbers of consumers calling with questions about Medicare Savings Programs (57), MABD (60), Medicaid Spend Downs (22) and VPharm eligibility (420).



E. Medicaid eligibility calls represented 32% of all our cases (268 cases/835 total cases). Consumers need assistance with all types of Medicaid.

Medicaid eligibility was again the top issue generating calls. We had 125 calls about eligibility for Medicaid for Children and Adults (MCA) Medicaid, 60 about eligibility for Medicaid for the Aged Blind and Disabled (MABD), 21 about Medicaid Spend Downs, and 17 about Medicaid for Working Disabled, and 5 about Katie Beckett Medicaid. We also had 39 calls about Long Term Care Medicaid. MAGI Medicaid and MABD Medicaid have different eligibility and income rules, and HCA advocates assess and advise on eligibility for both programs. Consumers frequently have questions about what counts as income, who should be counted in their household, what expenses can be used to meet a Spend Down, how to complete renewal paperwork, and whether their eligibility decision is correct.

F. The top issues generating calls

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

All Calls 835 (compared to 1017 last quarter)

1. MAGI Medicaid eligibility 125 (125)
2. Termination of Insurance 87 (70)
3. Eligibility for Special Enrollment Periods 77 (56)
4. Complaints about providers 76 (92)
5. Information/applying for DVHA programs 74 (79)
6. Information about Medicare 69 (80)
7. Premium Tax Credit eligibility 62 (83)
8. Medicaid eligibility (non-MAGI) 57 (74)
9. Affordability affecting access to care 59 (126)
10. Buy-in programs/Medicare Savings Programs 57 (70)
11. Not health related 54 (60)
12. Access to Prescription Drugs/Pharmacy 47 (88)

13. Nursing Home & Home Health access 42 (42)
14. Fair Hearing - Eligibility 38 (20)
15. Premiums billing 34 (10)

Vermont Health Connect Calls 188 (compared to 259 last quarter)

1. MAGI Medicaid eligibility 78 (91)
2. Eligibility for Special Enrollment Periods 64 (45)
3. Termination of Insurance 62 (37)
4. Premium Tax Credit eligibility 58 (79)
5. Fair Hearing – Eligibility 30 (12)
6. Information about Grace Periods 30 (18)
7. Buying QHPs through VHC 27 (31)
8. Complaints about VHC – Invoices or Payment 26 (33)
9. Information about DVHA 24 (38)
10. IRS Reconciliation 19 (26)
11. Premiums billing 19 (7)

DVHA Beneficiary Calls 307 (compared to 329 last quarter)

1. MAGI Medicaid eligibility 63 (59)
2. Medicaid eligibility (non-MAGI) 35 (36)
3. Information about DVHA 34 (28)
4. Complaints about providers 27 (29)
5. Buy In Programs/MSPs eligibility 23 (26)
6. Access to Prescription Drugs/Pharmacy 21 (34)
7. Information about Medicare 20 (12)
8. Not health related 19 (13)
9. Termination of Insurance 18 (21)
10. Eligibility for Long Term Care Medicaid & Choices for Care 17 (12)
11. Access to transportation 16 (15)
12. Eligibility for Special Enrollment Periods 16 (6)

Commercial Plan Beneficiary Calls 170 (compared to 237 last quarter)

1. Termination of Insurance 32 (20)
2. Premium Tax Credit eligibility 30 (49)
3. Eligibility for Special Enrollment Periods 32 (24)
4. MAGI Medicaid eligibility 22 (21)
5. Premiums billing 22 (5)
6. Affordability affecting access to care 20 (27)
7. Complaints about VHC - Invoices or Payment 20 (28)
8. Fair Hearing – Eligibility 17 (8)
9. Buying QHP through VHC 16 (20)
10. Information about Grace Periods 16 (12)
11. Coverage & Contract Questions 13 (13)
12. Information about DVHA 13 (12)

The HCA received 835 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 eligible”): 36.8% (307 calls), compared to 32.2 % (329 calls) last quarter
- **Medicare² beneficiaries** (Medicare only, Medicare Advantage Plans, Medicare and a Medicare Supplemental Plan aka Medigap, Medicare and Medicaid also known as “dual eligible,” Medicare and Medicare Savings Program also called Buy-In program, Medicare and Part D, or Medicare and VPharm): 32.2% (269 calls), compared to 30.8% (313 calls), last quarter
- **Commercial plan beneficiaries** (employer-sponsored insurance, small group plans, or individual plans 20.4% (170 calls) , compared to 23.2% (237 calls) last quarter
- **Uninsured:** 7.66% (64 calls), compared to 7.56% (77 calls last quarter)

Case Results

A. Dispositions of Closed Cases

All Calls

We closed 816 cases this quarter, compared to 986 last quarter:

- 38% (308 cases) were resolved by brief analysis and advice
- 27% (222) were resolved by brief analysis and referral
- 20% (161) of the cases were complex interventions involving complex analysis, usually direct intervention, and more than two hours of an advocate’s time
- 10% (81) were resolved by direct intervention, including calling an insurance company, calling providers, writing letters, gathering supporting medical documentation, etc.
- In the remaining cases, 44 clients withdrew, resolved the issue on their own, or had some other outcome.

Appeals: The HCA assisted worked on 63 cases related to appeals: 41 Fair Hearings; 8 Commercial Insurance appeals; 4 Medicare Part A, B, or C appeal; 2 Medicare Part D appeals; 5 Medicaid MCO Internal appeals; and 3 Medicaid Eligibility Internal appeals.

DVHA Beneficiary Calls

We closed 300 DVHA cases this quarter, compared to 321 last quarter:

- 36% (108 cases) were resolved by brief analysis and/or advice
- 23% (68) were resolved by brief analysis and/or referral
- 22% (66) were considered complex intervention, which involves complicated analysis, usually direct intervention, and more than two hours of an advocate’s time
- 13% (40) were resolved by direct intervention on the caller’s behalf, including advocacy with the carrier and providers, writing letters, and gathering medical information
- In the remaining cases, 18 clients resolved the issue on their own, or had some other outcome.

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

Commercial Plan Beneficiary Calls

We closed 172 cases involving individuals on commercial plans, compared to 222 last quarter:

- 39% (67 cases) were resolved by brief analysis and/or advice
- 26% (45) were considered complex intervention, which involves complicated analysis, usually direct intervention, and more than two hours of an advocate's time
- 15% (26) were resolved by brief analysis and/or referral
- 14% (25) were resolved by direct intervention on the caller's behalf, including advocacy with the carrier and providers, writing letters, and gathering medical information
- In the remaining cases, 9 clients withdrew, resolved the issue on their own, or had some other outcome.

B. All Calls Case Outcomes

The HCA helped 413 people with advice and education about health insurance questions about problems. We got 57 households onto insurance. We assisted 8 people with applications for or enrollment in insurance plans and prevented 17 insurance terminations or reductions. We obtained coverage for services for 21 people. We got 9 claims paid, written off, or reimbursed. We estimated VHC insurance program eligibility for 50 more. We provided other billing assistance to 27 individuals. We obtained other access or eligibility outcomes for 78 additional people.

Consumer Protection Activities

A. Rate Review

The HCA analyzes all commercial insurance carrier requests to the Green Mountain Care Board (Board) to change premium prices. Insurers typically request to increase the premium prices that Vermonters must pay.

The Board decided three filings the quarter covering April 1, 2019 through June 30, 2019. Additionally, there are two proposed premium price increases pending at the end of this quarter.

Cigna Health and Life Insurance Company (CHLIC) submitted one of the filings decided by the Board this quarter, namely, the CHLIC large group filing. Approximately 794 Vermonters who obtain coverage through their employers were impacted by CHLIC's proposed premium change. The HCA appeared on behalf of Vermonters and filed a memorandum in lieu of hearing in this matter. The HCA advocated that CHLIC's proposed premium change be reduced by one-and-a-half points due to an excessive profit margin. The Board agreed with this recommendation, and reduced CHLIC's proposed premium change by one-and-a-half points.

Blue Cross Blue Shield of Vermont (BCBSVT) submitted two of the filings decided by the Board this quarter, namely, the consolidated BCBSVT and The Vermont Health Plan (TVHP) large group filing, and the BCBSVT association health plan (AHP) filing. Approximately 14,700 Vermonters who obtain coverage through their employers were impacted by the consolidated BCBSVT and TVHP large group filing. The HCA appeared on behalf of Vermonters, filed questions to the carrier, and submitted a memorandum in lieu of hearing in this matter. The Board reduced BCBSVT's and TVHP's proposed average approximately one point.

Regarding the decided BCBSVT association health plan filing, we are not able to estimate the number of Vermonters affected by the filing as the filing was for a relatively new product. The AHP filing was an unusually complicated and controversial case. In the past, federal rules regarding AHPs have limited their existence. In 2018, the Trump Administration released a rule to make it easier for small groups and individuals to purchase health insurance from an association instead of through the state's health insurance marketplace. The HCA has fought to keep Vermont from implementing the Trump AHP rule, because the cheaper AHP plans create higher prices for Vermont's remaining small group and individual health insurance plan members.

As a result of the Trump AHP rule, BCBSVT began selling AHP plans for 2019 coverage and filed a rate request with the Board in February 2019 for the 2020 plan year. However, in late March of 2019, a federal court declared that the Trump AHP rule was unlawful, stating that it relied on a tortured reading of the Affordable Care Act and that it undermined the market structure that Congress carefully crafted. After significant research, including speaking with national experts on the subject, the HCA filed a motion for summary rate rejection with the Board, asking them to reject BCBSVT's 2020 AHP filing on the basis that it is for an illegal product following the federal court decision. The Board rejected the HCA's motion, but asked the parties to brief the issue as a part of their memos in lieu of hearing. The HCA re-asserted this argument in its memo in lieu submitted in late May. In June 2019, the Department of Financial Regulations issued a statement that it will not allow insurers to sell AHPs formed under the Trump rule in 2020 due to the federal court ruling. The Board then issued a decision, rejecting BCBSVT's AHP filing.

There are two pending filings related to premium price increases for individual and small group health insurance plans. These two proposed premium price increases were filed by BCBSVT and MVP and these two proposed price increases will impact approximately 75,000 Vermont members. These two filings

request a 15.6 percent (BCBSVT) and a 9.4 percent (MVP) increase. The HCA appeared on behalf of Vermonters in these matters, submitted questions to the carriers, and filed various motions. We intend to file all appropriate memoranda and other documents to represent the interests of Vermonters in these matters. Additionally, we intend to represent Vermonters at the public hearings related to these two premium price increases and devote substantial resources to outreach regarding these filings.

B. Hospital Budget Review

The HCA participates in the Board's annual hospital budget review process. This quarter, the HCA attended the Board's enforcement hearings and deliberations for the FY2018 budget year. The Board considered enforcement action for hospitals' who exceeded their FY2018 budget by 2.0% or more (one hospital: Mount Ascutney) and for hospitals who fell below their FY2018 budget by 2.5% or more (five hospitals: Copley, Northwestern, North Country, Springfield, and Gifford). The Board voted not to take any enforcement action against any of the hospitals.

C. Oversight of Accountable Care Organizations

The HCA participates in the Board's annual ACO budget review process. This quarter, the Board developed its ACO budget guidance for the 2020 budget year. The HCA reviewed the Board's draft guidance and provided written feedback to Board staff. We subsequently met with Board staff to review our concerns. Board staff incorporated some of our suggestions into the draft they presented to the Green Mountain Care Board for approval. The HCA submitted formal comments to the Board outlining our remaining concerns. We asked for clear information on the community initiatives funded or otherwise supported by OneCare, and for year-over-year quality information. We also asked questions of Board staff and made general suggestions for the ACO budget process, including improved transparency. The Board partially incorporated our suggestion about community initiatives into its approved budget guidance, but did not ask for year-over-year quality information. The HCA will request this information in our questions to the ACO. By the end of the quarter, the HCA had not received a response from the Board to our written questions.

D. Certificate of Need Applications

This quarter, the HCA participated in two Certificate of Need (CON) review proceedings before the Green Mountain Care Board.

GMCB 001-19con University of Vermont Medical Center Adult Primary Care Facility Replacement Project

The HCA submitted comments supporting the project and noting that our helpline hears from a significant number of Vermonters who have trouble finding a primary care provider in Chittenden County. We also asked the Board to require UVMHC Essex Family Care practitioners to certify that they will accept patients without regard to payer type, insurance status, or their ability to pay for services.

GMCB-010-15con Green Mountain Surgery Center Multi-Specialized Ambulatory Surgical Center

In 2017, the Board approved a Certificate of Need (CON) for this project. The CON required the GMSC to submit regular updates on the project. The CON also required the GMSC to appear before the Board to prove that it had satisfied several conditions prior to commencing operations. The HCA participated in this hearing which took place on April 17. Following the hearing we submitted a request for policy modifications including that the GMSC bring its financial assistance policy into line with those of the University of Vermont Medical Center (UVMHC) and Northwestern Medical Center, and that the GMSC

work with the HCA to ensure that its financial assistance policy, eligibility information, and application are clear, complete, and readable for consumers. The Board issued a Statement of Decision and Order on June 4th.

E. Other Green Mountain Care Board Activities

The HCA continues to attend the weekly Green Mountain Care Board meetings. This quarter we also participated in the Board's Rate Review 101 presentation. The HCA attended two meetings of the Board's Data Governance Council and one meeting of the Board's Advisory Group. We also met and communicated with Board staff about various topics including the ACO budget review process and bad debt and free care.

F. Other Activities

Administrative Advocacy

❖ Comments on Proposed Change to Federal Poverty Level Calculation

This quarter, the HCA submitted comments to the Office of Management and Budget (OMB) on its notice regarding differences among various consumer price indexes (CPIs) and their influence on the estimation of the Official Poverty Measure. OMB's notice proposed lowering the poverty line by applying a smaller cost-of-living adjustment each year, using either the chained CPI or the Personal Consumption Expenditures Price Index in place of the Consumer Price Index for All Urban Consumers. The HCA's comments strongly opposed this proposal, noting that the official poverty measure is already too low, that there are other significant problems with the poverty line, that low-income households experience higher inflation, and that in-depth analysis is needed before making any changes to the poverty threshold.

❖ Access to Treatment for Hepatitis C Virus

The HCA continues to advocate for increased access to hepatitis C virus (HCV) treatment. This quarter the Chief Health Care Advocate testified at the Joint Legislative Justice Oversight Committee about our ongoing concerns with HCV treatment practices at the Department of Corrections (DOC). These concerns include length of stay restrictions for treatment eligibility that exclude large numbers of people in custody, and significant delays in treatment access for people eligible under DOC's current guidelines.

❖ University of Vermont Medical Center Mental Health Program Quality Committee

The HCA continues to participate in the UVMHC Mental Health Program Quality Committee (PQC). The PQC meets monthly and discusses mental health quality, programs, infrastructure, and planning.

❖ Vermont Health Information Exchange Consent Policy

The HCA advocated for meaningful informed consent for patient participation Vermont's Health Information Exchange. The HCA commented about this issue at a Green Mountain Care Board meeting this quarter. Given that the legislature has decided to move to an opt out consent policy, the HCA is engaged with state partners to assure that there is a robust outreach and communications plan to ensure that Vermonters understand how and why their health information will be shared. We

participated in a preliminary meeting with DVHA regarding the stakeholder input process for the change from an opt-in consent policy to opt-out.

❖ **Vermont Crisis Standards of Care Work Group**

The HCA participated in two meetings of this workgroup in this quarter, in order to review and provide feedback on the state's Crisis Standards of Care plan.

❖ **Hospital-Associated Infections Advisory Committee**

The HCA provided a health care consumer perspective during the June meeting, regarding surveillance of antimicrobial resistance and WHONET.

❖ **Global Commitment Register Comments**

The HCA continues to monitor Global Commitment rule and policy changes. This quarter we reviewed several proposed rule and policy changes.

❖ **Vermont Health Connect Escalation Path**

The HCA and VHC continue to collaborate to resolve complex VHC issues. The VHC escalation path now also works to resolve issues regarding Medicaid for Aged, Blind and Disabled (MABD), Medicare Savings Programs, Medicaid Spend Downs and V-Pharm. We communicate with VHC multiple times a day and meet as needed to discuss the most difficult cases.

❖ **Comments on Vermont Health Connect Notices**

At VHC's request, the HCA commented on 5 notices, in an effort to make them more readable and consumer-friendly. See **Promoting Plain Language in Health Communications** below.

❖ **Medicaid and Exchange Advisory Board**

This quarter, the Chief Health Care Advocate continued to co-chair and actively participate in Vermont's Medicaid and Exchange Advisory Board (MEAB). The MEAB focused on the Medicaid budget in DVHA as well as other key parts of the Agency including DAIL, DCF, and DMH. We also focused on the administration's legislative agenda as well as general functioning of open enrollment and health care IT projects. The Chief attended and co-chaired two meetings of the MEAB this quarter.

❖ **Gender Affirming Surgery**

The HCA continues to advocate for increased access to medically necessary gender affirming surgery for gender dysphoria. Last quarter, the Chief Health Care Advocate submitted comments during the informal rulemaking comment period. This quarter, the HCA continued coordinating outreach to transgender and non-binary consumers, as well as local and regional stakeholder organizations on the topic of gender affirming treatment for gender dysphoria in preparation for DVHA's July 2019 public hearing. In our comments and outreach, the HCA's priorities are ensuring that Medicaid is accurately determining medical necessity while decreasing onerous barriers to access to care for Vermonters with gender dysphoria.

Legislative Activities

The HCA was active in the State House this quarter with a number of legislative projects. We represented the consumer perspective in various legislative discussions including open enrollment, silver loading, transparency in medical billing, abortion access, HIE consent policy, and various other issues discussed in the Legislature this year.

The most significant legislative project this this year for the HCA was to protect consumers from federal efforts to undermine the Affordable Care Act.

Association Health Plans (H. 524): The HCA took a lead role in pushing back on the Trump Administration push to divide our community rated risk pool. The legislature chose to limit association health plans beginning in 2020, allowing existing AHPs to enroll current (2019) employer members (dependent on the results of a federal court case), but prohibiting existing AHPs from enrolling new employer members and prohibiting the formation of new AHPs. This bill ensures that there will not be a growing AHP marketplace that would further destabilize Vermont's individual and small group insurance risk pool.

Affordable Care Act Consumer Protections (H. 524): The legislature codified in state law a number of important consumer protections from the ACA, including guaranteed issue, the ban on preexisting condition exclusions, annual limits on cost sharing, the ban on annual and lifetime limits, no cost sharing for preventive services, and a requirement to allow for coverage of dependents up to age 26. Adding these provisions to state law will help protect Vermonters from potential changes at the federal level.

Other Health Care Bills: The legislature passed a number of other health care-related bills this session, which the HCA tracked and engaged in as-needed. These included abortion legislation (H. 57 and Proposal 5) and bills on integration of social services with Vermont's all-payer model (S. 7), informed health care decision-making (S. 31), regulation of health reimbursement accounts and other tax-advantaged accounts for health spending (S. 41), licensure of ambulatory surgery centers (S. 73), structural changes to Vermont Health Connect premiums if there are changes at the federal level (S. 89/Act 19), increasing the Medicaid dental cap (H. 542/originally S. 95), and restoring the Vermont tax deduction for medical expenses (H. 541).

Health Care Stakeholder Work Groups: The legislature created a number of stakeholder work groups related to health care policy that the HCA will engage in. These include a health insurance affordability report (H. 524) a health insurance market study (H. 524), a rural health services task force (H. 528), a price transparency report (S. 31), implementation of an opt-out consent policy for the Vermont Health Information Exchange (S. 31), a primary care spending report (Act 107), and a dental access and reimbursement work group.

Collaboration with Other Organizations

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

- Altarum Health Care Value Hub
- American Civil Liberties Union of Vermont
- Bi-State Primary Care
- Blue Cross Blue Shield of Vermont
- Burlington School District
- Community Catalyst
- Dartmouth College Pathways to Medicine Scholars Program
- Families USA

- IRS Taxpayer Advocate Service
- Ladies First
- MVP Health Care
- National Center for Transgender Equality
- NHeLP, National Health Law Program
- OneCare Vermont
- Out in the Open (formerly Green Mountain Crossroads)
- Outright Vermont
- Pride Center of Vermont
- Planned Parenthood of Northern New England
- Rights and Democracy Vermont
- SHIP, State Health Insurance Assistance Program
- University of Vermont Medical Center
- Vermont Association of Hospitals and Health Systems
- Vermont Businesses for Social Responsibility
- Vermont Care Partners
- Vermont CARES
- Vermont Department of Health
- Vermont Department of Taxes
- Vermont Developmental Disabilities Council
- Vermont Health Connect
- Vermont Medical Society
- Vermont Program for Quality in Health Care
- Vermont Workers' Center

Outreach and Education

Quarterly report – website stats – April - June 2019

Note: Office pageviews of the health web pages are included in the numbers here. The **only** numbers where office traffic is **excluded** are the Online Help Tool numbers.

A. 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 200 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

- The total number of **health pageviews increased by 6%** in the reporting quarter ending June 30, 2019 (11,745 pageviews), compared with the same quarter in 2018 (11,080 pageviews).
- The **top-20 health pages** on our website this quarter with change over last year:
 - *Income Limits – Medicaid* – 2,652 pageviews (10% ↓)
 - *Health* – section home page – 1,885 (33% ↑)
 - *Dental Services* – 453 (3% ↑)
 - *Choices for Care* – 415 (10% ↑)
 - *Services Covered by Medicaid* – 353 (23% ↓)
 - *Resource Limits – Medicaid* – 309 (31% ↓)
 - *HCA Help Request Form* – 305 pageviews (33% ↑) and 67 online requests (33% ↑)
 - *Medicare Savings / Buy-In Programs* – 271 (70% ↑)
 - *Medicaid* – 248 (21% ↑)
 - *Buying Prescription Drugs* – 209 (30% ↓)
 - *Health Insurance, Taxes and You* – 168 (40% ↑)
 - *Advance Directive Forms* – 159 (11% ↓)
 - *Medicaid and Medicare Dual Eligible* – 148 (23% ↑)
 - *Health Insurance* – 147 (41% ↑)
 - *Federally Qualified Health Centers* – 142 (19% ↓)
 - *Choices for Care Income Limits* – 138 (3% ↓)
 - *Choices for Care Resource Limits* – 136 (8% ↓)
 - *Long-term Care* – 134 (22% ↓)
 - *Medical Decisions: Advance Directives* – 133 (16% ↓)
 - *Prescription Help – State Pharmacy Programs* – 129 (54% ↑)
- In addition to the pages listed above, such as *Medicare Savings / Buy-In Programs* (70% ↑), other **spikes in interest** in our pages included:
 - *Supplemental Medicare Plans* – 121 (1000% ↑)
 - *Complaints* – 113 (82% ↑)

- *Dr. Dynasaur* – 123 (52% ↑)
- *Form 1095-A* – 86 (69% ↑)
- *Vermont Health Connect main page* – 91 (67% ↑)
- *Resources for Vermonters Who Don't Have Insurance* – 86 (54% ↑)
- *Medicaid/Green Mountain Care* – 120 (29% ↑)

Popular Downloads

29 different health care-related PDF, Word or other files were downloaded from the VTLawHelp.org website. Of those unique health-related PDF titles:

- The top five consumer-focused PDF downloads were:
 - *Advance Directive, short form* (111 downloads)
 - *Vermont Dental Clinics Chart* (106 downloads)
 - *Advance Directive, long form* (71 downloads)
 - *Vermont Medicaid Coverage Exception Standards & Form* (27 downloads)
 - *Fair Hearing Flyer* (15 downloads)
- The top advocate-focused PDF download was:
 - *PTC Rule Allocation Summary* (20 downloads)
- The top policy-focused PDF download was:
 - *VT ACO Shared Savings Program Quality Measures* (5 downloads)

The *Advance Directive Short Form* is the **third most downloaded of all PDFs** downloaded from the entire VTLawHelp.org website. The *Long Form* is the **sixth most downloaded**. The *Vermont Dental Clinics Chart* is the **fourth most downloaded**.

Online Help Tool Adds to Our Reach

Health is one of the topics in the online help tool on our website. It can be accessed from most pages of our website https://vtlawhelp.org/triage/vt_triage. The website visitor answers a few questions to find specific health care information they need. The tool addresses some of the most popular questions that are posed to the HCA. In addition to our deep collection of health-related web pages, the online help tool adds a new way to access helpful information — at all hours of the day and night. The website user can also call us or fill in our online form to get personal help from an advocate.

Website visitors used this tool to access health care information **156 times** during this quarter. That's slightly up from the same quarter last year as well as the previous quarter (January – March 2018).

Of the **41** health care topics that were accessed using this tool, the top topics were:

- Dental Services – I need help finding a low-cost dentist and paying for dental care.
- Long-Term Care – How do I know if I can get Choices for Care Long-Term Care Medicaid?
- Medicaid – I want to apply for Medicaid or Dr. Dynasaur for myself or for my children.
- Complaints – I want to file a complaint against a doctor or hospital.
- Long-Term Care – I want to go over my long-term care options (nursing homes, in-home care and more).

B. Other Outreach and Educational Activities

- **Planned Parenthood of Northern New England Meeting, April 4, 2019.** The HCA met with the Senior Operations Manager to discuss the HCA HelpLine services, policy advocacy, and introduce the health care application pilot program. After the meeting, Planned Parenthood's Burlington office distributed HCA business cards to uninsured Vermonters needing help with a Medicaid application
- **Community Health Centers of Burlington Meeting, April 4, 2019.** The HCA met with the Patient Support Services department to discuss trends in patient health insurance issues and how the HCA can be a resource to patients and navigators at CHCB. The HCA also introduced the health care application pilot program and established a streamlined referral process for Medicaid application support.
- **Bi-State Member Meeting, April 9, 2019.** The HCA gave a 55-minute presentation to nine Bi-State members and staff from across the state. Along with sharing information on HelpLine services, the HCA updated Bi-State on our policy advocacy.
- **Community Wellness Fair, April 16, 2019.** The HCA tabled at the fair and distributed information about health care legal services. HCA reached 12 families, parents of young children, and high schoolers.
- **Dartmouth College Pathways to Medicine, April 27, 2019.** The HCA presented on Vermont's health care system, the HCA's HelpLine, policy advocacy, and how to resolve health insurance issues to 25 pre-med students. The HCA also distributed brochures and business cards.
- **Multicultural Youth Leadership Conference Resource Fair, May 5, 2019.** The HCA participated in an outreach event at Champlain College for attendees of the conference. HCA advocates educated attendees about HelpLine services, distributed business cards, and met with representatives from 20 other non-profit organizations in health and human services.
- **Policy in Plain English Podcast, May 28, 2019.** The HCA supervising attorney and health care communications coordinator appeared on-air for a Bi-State podcast episode about editing notices for accessibility and plain English.
- **Parent University Class, May 30, 2019.** The HCA presented to 15 adult learners with interpreters in several languages. Attendees learned how to access health care advocate services, discussed language accessibility concerns of state health care programs, and received HCA outreach materials.
- **Vermont Coalition of Clinics for the Uninsured, June 7, 2019.** The HCA presented on the HCA HelpLine, health care policy advocacy, and health care access issues to eight board members of the VCCU, each representing one of the clinics for uninsured Vermonters.
- **Parent University Graduation, June 19, 2019.** The HCA tabled at the graduation of students in Parent University, distributing business cards and information about health insurance advocacy to 20 families and community members who attended in support of the graduates. The HCA also distributed a set of HCA outreach materials to each of the 25 student graduates.
- **Social Media Outreach.** The HCA published 12 posts on Facebook, with a total of 5,817 views. The HCA published 18 posts on Twitter.



C. 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 made plain language edits and edits/comments to improve comprehension of message and ability to resolve the problem being addressed in the following notices/letters:

- EE1167 for individuals who need to submit a new 202 Med
- Residency Notice (#1)
- RE 001, request for authorization
- GMC Uploader Macro
- Residency MNT Notice (#2)

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