
Vermont Legal Aid
Office of the Health Care Advocate

Quarterly Report
January 1, 2019- March 31, 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 continued to see Vermonters struggle with affordability and access to health care. We saw a jump in cases where affordability was impacting Vermonters' access to care (126 vs. 86 last quarter) and where families struggled to get the prescriptions that they needed (88 vs. 61 last quarter).

The HCA helpline advocates also spent more time educating consumers about Medicare related issues this quarter. The transition to Medicare can be complex and expensive. We had an increase in cases where we provided consumer education about Medicare (80 vs. 53 last quarter). The HCA also had a significant number of cases where Vermonters were looking for help reducing their out of pocket Medicare costs. For example, we had 70 cases on Medicare Savings Programs which help pay for Medicare premiums; 43 on VPharm which reduces Medicare Part D out of pocket costs; and 74 on MABD Medicaid which reduces Medicare cost-sharing for eligible Vermonters.

The HCA is also working with Vermont Health Connect on the new integrated application for Health Care programs. The HCA has been giving feedback on how to make the application more accessible for all Vermonters.

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.

Andrew's Story:

Andrew called because his Vermont Health Connect (VHC) plan was going to close for non-payment. In 2018, Andrew had been getting a substantial Advance Premium Tax Credit (APTC) to help him pay for his monthly premium. In early December 2018, he received his first invoice for 2019, and it did not include the APTC. Without the APTC, Andrew could not afford to make the payment. Andrew's APTC had been removed by VHC because VHC believed that he had not filed his taxes. To be eligible for APTC, you are required to file taxes. However, Andrew **had** filed his federal taxes. He had called VHC in early December of 2018 to report this. He could not get through to VHC because of heavy call volume, but requested a callback. When someone from VHC called back, Andrew tried to communicate that his taxes had been filed. He believed the issue had been resolved, but it was not. When he received his invoice in January, it still showed the full premium amount and his coverage was in danger of closing. The HCA advocate was able to show that Andrew had contacted VHC with his tax filing information and had also filed his taxes. VHC reinstated the APTC, and Andrew was able to make the payments and prevent his coverage from closing.

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 1,018 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:

- **26.57%** (271) about **Access to Care**
- **10.49%** (107) about **Billing/Coverage**
- **2.65%** (27) about **Buying Insurance**
- **12.97%** (132) **about Complaints**
- **11.37%** (116) about **Consumer Education**
- **25.49%** (260) about **Eligibility** for state and federal programs
- **10.31%** (105) 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 260 of our cases had eligibility for state and federal healthcare programs listed as the primary issue, an additional 439 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.

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

The full quarterly report for January 1- March 31, 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:** 1,018 calls (compared to 898 last quarter)
 - **Department of Vermont Health Access (DVHA) beneficiaries:** 328 calls (291 calls last quarter)
 - **Commercial Plan Beneficiaries:** 236 calls (160 calls last quarter)
 - **Uninsured Vermonters:** 77 calls (84 calls last quarter)
 - **Vermont Health Connect (VHC):** 262 calls (209 calls last quarter)
 - **Reportable Activities (Summary & Detail):** 135activities and 12 documents (51 activities, 10 documents)

Individual Consumer Assistance

Case Examples

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

Allister's Story:

Allister called the HCA because his Vermont Health Connect (VHC) plan had been closed. He was confused because he thought that he had renewed his coverage for 2019 and had been paying his premiums on time. When the HCA advocate researched Allister's case, she found that during 2018, the amount of Vermont Premium Assistance (VPA) Allister received to help pay for his monthly premium had decreased by about 5 cents. VPA is a state subsidy that helps income eligible Vermonters pay their monthly premiums. The advocate found out that such a small change should not have been applied by the VHC system, but it had been. The change only showed up in the payment system, where it looked like Allister owed 5 cents more. But Allister's invoices still listed the original amount, so he kept paying that amount and did not realize that he was "behind" on his premium payments. Eventually this caused his coverage to close for non-payment at the end of 2018, which meant that he did not have coverage in place for 2019. Because this change should not have been implemented and was not reflected in his invoices, the HCA advocate was able to get his coverage reinstated for the end of 2018, and activated for 2019.

Hanne's Story:

Hanne called because after completing her Medicaid renewal paperwork, she had been found ineligible for Medicaid. VHC had sent her a notice that her Medicaid coverage was going to close at the end of the month, and that she would have a special enrollment period to sign up for a VHC plan. Hanne was worried about a disruption in her coverage and worried about affording her monthly premiums. When the HCA advocate reviewed Hanne's application, however, she found that VHC had made a mistake in counting Hanne's household income. Hanne was contributing to her 401(k) at work, and also purchasing a dental plan. Under the Medicaid eligibility rules, the money that she contributed to her 401(k) and the purchase of the dental plan should not have been included in the countable income for Medicaid eligibility. When the correct amount of income was calculated, Hanne's was found eligible for Medicaid again.

Alina's Story:

Alina called the HCA because she found herself without Medicaid coverage. She had been on a special type of Medicaid while she was getting treatment for breast cancer. This type of Medicaid covers eligible Vermonters who are getting treatment for breast cancer or cervical cancer. She had recently finished treatment for cancer. Since she was no longer in need of treatment, she was no longer eligible for that type of Medicaid. When the HCA advocate investigated, she found that VHC had not sent Alina the required closure notice for Medicaid. Before a Medicaid beneficiary's coverage is closed, they need to be sent a notice explaining the reason why and giving the date of closure. The HCA advocate asked for reinstatement for failure to send the notice, and VHC reinstated the coverage. This allowed Alina time to fill out an application for health care programs, so she could be screened for other health care programs now that her eligibility for Medicaid had ended.

Richard's Story

Richard went to the pharmacy to pick up his inhaler, and found out that he no longer had VPharm. VPharm is the state pharmacy assistance program that helps reduce Medicare Part D out of pocket costs. If you are enrolled on VPharm 1, your copayments are generally \$1 to \$2. Without VPharm, the copayment for Richard's rescue inhaler was nearly \$25, and he could not afford that cost. When the HCA advocate looked into what had happened to Richard's VPharm coverage, she found that it had been closed. He had gotten a notice about the closure, but the notice did not clearly identify what program was closing and why and when it was closing. So Richard had not realized that his coverage was closing. The HCA advocate asked for reinstatement because of the inadequate notice. She also learned that Richard had not done his annual renewal and that is what had triggered the closure. After the coverage was reinstated, the HCA advocate helped Richard complete the annual renewal application. Richard was able to go back to the pharmacy and pick up his inhaler for \$2.

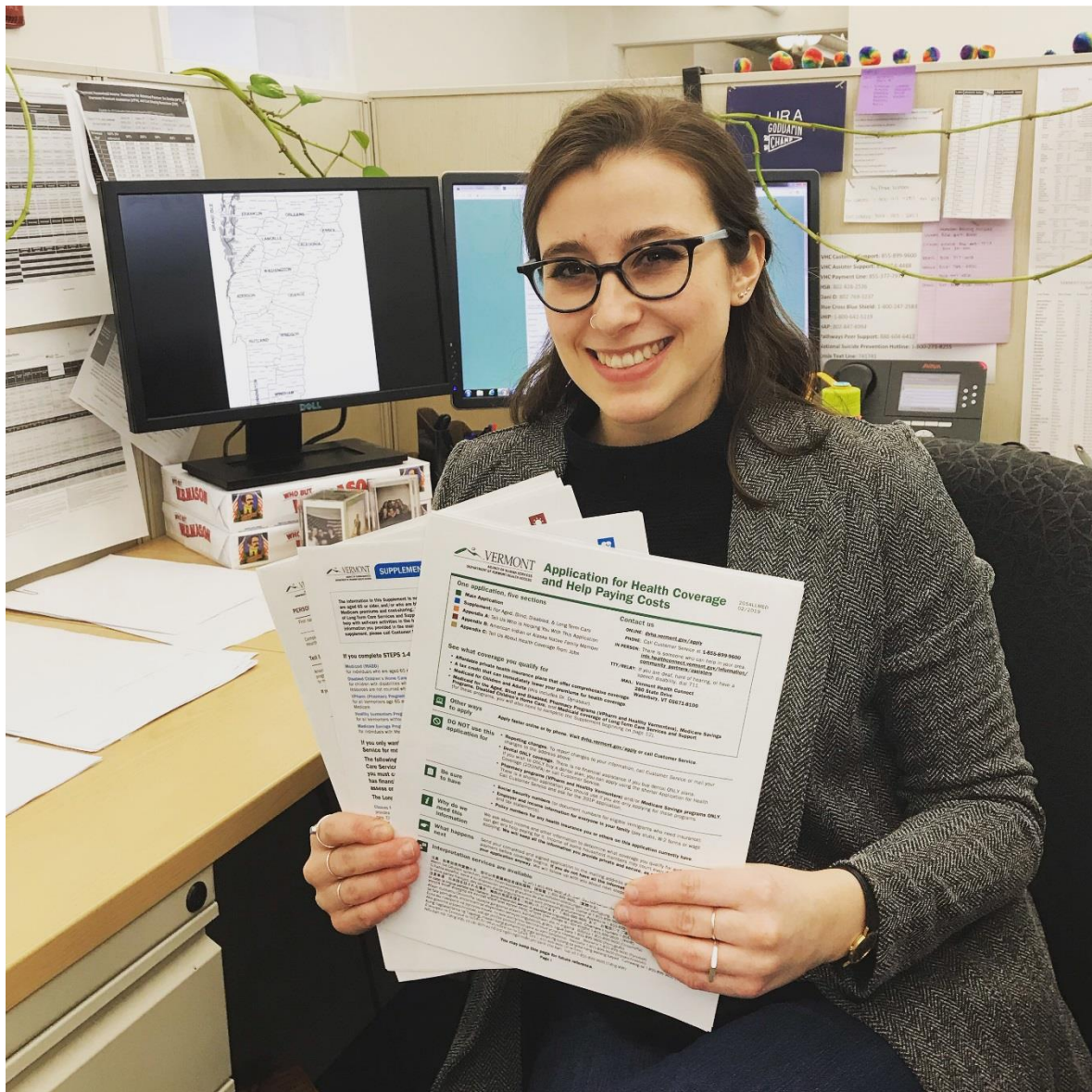
Nora's Story

After taking her son, Will, to the pediatrician, Nora went to the pharmacy to pick up the newly-prescribed medications. At the pharmacy, she found out that Will's Dr. Dynasaur was not active. This meant she had to pay \$180 for three prescriptions. The cost was more than she could afford, but she paid it. When the HCA advocate took the case, she called VHC to find out why the coverage was not active. Will's family was income-eligible for Dr. Dynasaur. The family also had not been sent any closure notices. The advocate found out that the coverage had been closed due to a glitch in the system. There was a discrepancy about Will's birthdate. The system had two different birth dates, and this had caused the coverage to close without generating a notice. The HCA advocate verified Will's correct birthdate and the coverage was immediately reinstated. Nora was able to return to the pharmacy and have the prescriptions re-billed to Medicaid and was refunded the \$180.

Priorities

A. The HCA is working with VHC on the revised Health Care Application.

The HCA is partnering with VHC to provide feedback about its new streamlined paper application for Health Care programs. 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. The advocates are filling out the applications with Vermonters who do not have insurance. The HCA is providing feedback about the application and how applicants experience and understand it. It has also been able to get some Vermonters enrolled in health care coverage.



B. The HCA developed tax messaging encouraging Vermonters to take advantage of Advanced Premium Tax Credits.

The HCA distributed a simple fact sheet to inform consumers and tax preparers of the Premium Tax Credit's benefit cliff at 400% of the federal poverty line. The fact sheet tells consumers they may be able to save significantly on their health insurance and tax credits by contributing money to a retirement plan. The HCA partnered with the Vermont Department of Taxes to distribute the form on their website and social media. The HCA also distributed this tax messaging in a new online HCA newsletter to community partner organizations, including 2-1-1, Disability Rights Vermont, and the Pride Center of Vermont.

C. The HCA participated in the 2020 QHP Benefits planning work-group.

The HCA participated in a workgroup with other stakeholders and Vermont Health Connect (VHC) to discuss and make recommendations for plan designs for 2020 Qualified Health Plans on VHC. The HCA stressed keeping out of pocket costs as low as possible for Vermonters.

D. Overall call volume increased by 13% and was similar to the call volume in the same quarter in 2018.

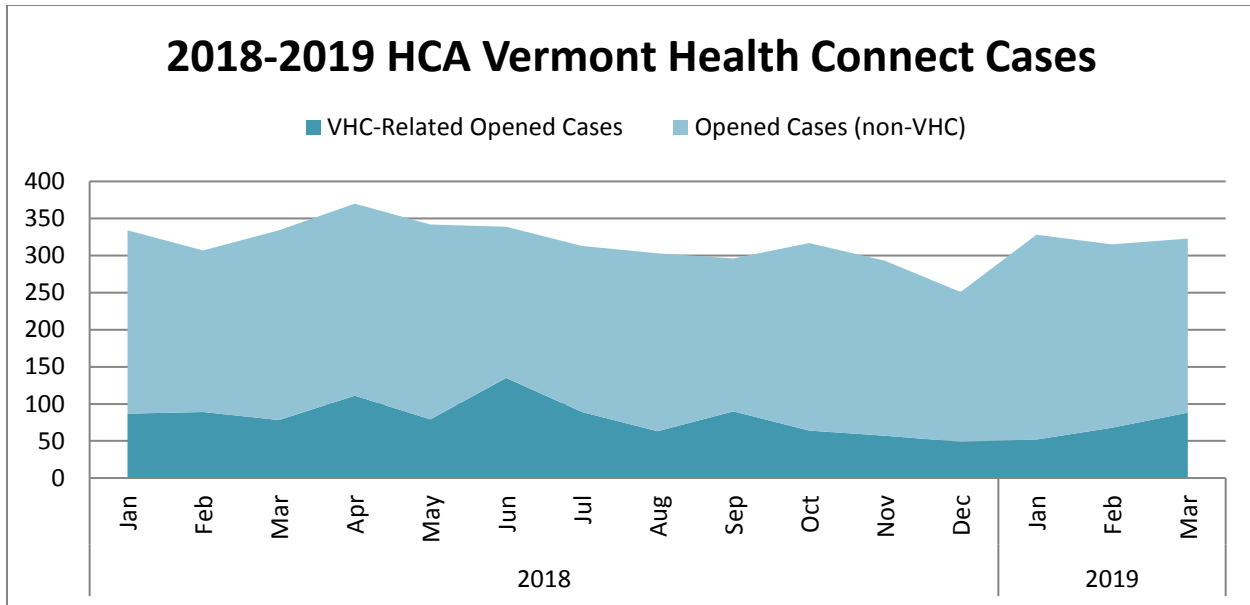
The total call volume increased by 13% (1018 this quarter vs. 898 last quarter). Call volume this quarter is very similar to call volume in the same quarter in 2018. In 2018, the HCA had 1046 calls in the third quarter compared to 1018 in 2019. About 11% of those calls involved getting consumers onto new coverage, preventing the loss of coverage, or obtaining coverage for services. We saved consumers \$149,430.88 this quarter.

E. Calls concerning Vermont Health Connect increased by 25% this quarter.

The volume of calls concerning Vermont Health Connect increased this quarter (262 vs. 209). The top two VHC issues were eligibility for Medicaid - MAGI (91), and eligibility for Premium Tax Credits (79). This quarter, 59 VHC cases required complex interventions that took more than two hours of an advocate's time to resolve, and another 48 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 37 escalated cases (46 last quarter). Of the 37 escalated cases, 32 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 (70), MABD (74), and VPharm eligibility (43).



F. Medicaid eligibility calls represented 28% of all our cases (283 cases/1018 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, 74 about eligibility for Medicaid for the Aged Blind and Disabled (MABD), 21 about Medicaid Spenddowns, and 18 about Medicaid for Working Disabled. We also had 40 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 Spenddown, how to complete renewal paperwork, and whether their eligibility decision is correct.

G. 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 1018 (compared to 898 last quarter)

1. Affordability affecting access to care 126 (86)
2. MAGI Medicaid eligibility 125 (116)
3. Complaints about providers 92 (74)
4. Access to Prescription Drugs/Pharmacy 88 (61)
5. Premium Tax Credit eligibility 83 (91)
6. Information about Medicare 80 (53)
7. Information/applying for DVHA programs 79 (50)
8. Medicaid eligibility (non-MAGI) 74 (78)
9. Buy-in programs/Medicare Savings Programs 70 (56)
10. Termination of Insurance 70 (10)
11. Not health related 60 (50)
12. VPharm Eligibility 43 (43)

13. Nursing Home & Home Health access 42 (3)
14. Long Term Care Medicaid & Choices for Care eligibility 40 (15)

Vermont Health Connect Calls 262 (compared to 209 last quarter)

1. MAGI Medicaid eligibility 91 (78)
2. Premium Tax Credit eligibility 79 (83)
3. Special Enrollment Periods 45 (35)
4. Affordability affecting access to care 39 (25)
5. Information about DVHA 38 (11)
6. Termination of Insurance 37 (4)
7. Complaints about VHC – Invoices or Payment 33 (2)
8. Buying QHPs through VHC 31 (52)
9. Complaints about VHC – Maximus 31 (2)
10. Complaints about VHC – Eligibility Error 26 (1)
11. IRS Reconciliation 26 (15)

DVHA Beneficiary Calls 328 (compared to 291 last quarter)

1. MAGI Medicaid eligibility 59 (53)
2. Medicaid eligibility (non-MAGI) 36 (44)
3. Affordability affecting access to care 35 (29)
4. Access to Prescription Drugs/Pharmacy 34 (21)
5. Complaints about providers 29 (19)
6. Information about DVHA 28 (17)
7. Buy In Programs/MSPs eligibility 26 (21)
8. Termination of Insurance 21 (3)
9. Balance billing 19 (18)
10. Provider billing 18 (10)
11. Access to transportation 15 (16)
12. Hospital billing and financial assistance 15 (12)

Commercial Plan Beneficiary Calls 236 (compared to 160 last quarter)

1. Premium Tax Credit eligibility 49 (53)
2. Complaints about VHC - Invoices or Payment 28 (2)
3. Affordability affecting access to care 27 (13)
4. Eligibility for Special Enrollment Periods 24 (18)
5. IRS Reconciliation issues 21 (11)
6. MAGI Medicaid eligibility 21 (18)
7. Buying QHP through VHC 20 (27)
8. Termination of Insurance 20 (3)
9. Access to Prescription Drugs/Pharmacy 19 (8)
10. Information about Medicare 19 (8)
11. Complaints about VHC – Eligibility Error 16 (not tracked)
12. Complaints about VHC - Maximus 15 (1)

The HCA received 1018 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”): 32.2% (328 calls), compared to 31.8 % (284 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): 30.8% (313 calls), compared to 32.6% (291 calls), last quarter
- **Commercial plan beneficiaries** (employer-sponsored insurance, small group plans, or individual plans 23.2% (236 calls) , compared to 18.0% (161 calls) last quarter
- **Uninsured:** 7.56% (77 calls), compared to 9.40% (84 calls last quarter)

Case Results

A. Dispositions of Closed Cases

All Calls

We closed 986 cases this quarter, compared to 915 last quarter:

- 37% (363 cases) were resolved by brief analysis and advice
- 29% (287) were resolved by brief analysis and referral
- 19% (184) of the cases were complex interventions involving complex analysis, usually direct intervention, and more than two hours of an advocate’s time
- 11% (109) were resolved by direct intervention, including calling an insurance company, calling providers, writing letters, gathering supporting medical documentation, etc.
- In the remaining cases, 43 clients withdrew, resolved the issue on their own, or had some other outcome.

Appeals: The HCA assisted worked on 45 cases related to appeals: 21 Fair Hearings, 10 Commercial Insurance appeals; 6 Medicare Part A, B, or C appeal, 3 Medicare Part D appeals, and 5 Medicaid MCO Internal appeals.

DVHA Beneficiary Calls

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

- 34% (109 cases) were resolved by brief analysis and/or advice
- 25% (81) were considered complex intervention, which involves complicated analysis, usually direct intervention, and more than two hours of an advocate’s time
- 25% (80) were resolved by brief analysis and/or referral
- 13% (42) 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 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 222 cases involving individuals on commercial plans, compared to 151 last quarter:

- 45% (101 cases) were resolved by brief analysis and/or advice
- 28% (62) were considered complex intervention, which involves complicated analysis, usually direct intervention, and more than two hours of an advocate's time
- 11% (25) were resolved by direct intervention on the caller's behalf, including advocacy with the carrier and providers, writing letters, and gathering medical information
- 11% (24) were resolved by brief analysis and/or referral
- In the remaining cases, 10 clients withdrew, resolved the issue on their own, or had some other outcome.

B. All Calls Case Outcomes

The HCA helped 561 people with advice and education about health insurance questions about problems. We got 61 households onto insurance. We assisted 17 people with applications for or enrollment in insurance plans and prevented 9 insurance terminations or reductions. We obtained coverage for services for 23 people. We got 24 claims paid, written off, or reimbursed. We estimated VHC insurance program eligibility for 52 more. We provided other billing assistance to 25 individuals. We obtained other access or eligibility outcomes for 107 additional people.

Consumer Protection Activities

A. Rate Review

The HCA monitors all commercial insurance carrier requests to the Green Mountain Care Board (Board) for changes to premium prices. These requests are typically requests to increase the premiums that Vermonters must pay for commercial health insurance.

MVP Health Plan, Inc. (MVP) submitted the single filing decided this quarter, the MVP 2019 Large Group HMO and Large Group POS Riders. Approximately 2,171 people are covered by products affected by this filing. MVP proposed increasing the average annual premium price paid by Vermonters for these products by 13.7 percent. The HCA appeared on behalf of Vermonters in this matter, filed questions for the carrier, file a response to an objection by the carrier to the questions asked, and filed a memorandum in lieu of hearing. The Board reduced MVP's proposed price increase from 13.7 percent to an average of 11.5 percent. This premium price reduction translates into approximately \$250,000 of savings for Vermonters.

B. Hospital Budget Review

The HCA participates in the Board's annual hospital budget review process. This quarter, the HCA continued to participate in the Board's work group, which also includes hospital Chief Financial Officers, Board staff, and the Hospital Association. The purpose of the group was to provide input prior to the Board's fiscal year 2020 hospital budget review process. The HCA participated in 5 meetings of the work group this quarter and submitted written feedback to Board staff on the draft budget guidance.

In February, Board staff presented the draft FY2020 hospital budget guidance to the Board. The HCA submitted written comments expressing concern about the Board's proposed 2 year 3.5% hospital net patient revenue (NPR) cap. We noted that NPR increases disproportionately affect commercially insured Vermonters and asked the Board to consider affordability and implement a cap more in line with inflation and wage growth. We also expressed concern about the state's ability to meet the all-payer model growth target of 3.5% if the Board allows the regulated hospitals to build their budgets around 3.5% revenue growth.

This quarter the HCA also submitted our first set of FY2020 hospital budget questions, which were included with the Board's hospital budget guidance.

C. Oversight of Accountable Care Organizations

The HCA participates in the Board's annual ACO budget review process. This quarter, the Board reviewed OneCare Vermont's December 2018 request to amend its 2018 budget. The HCA reviewed OneCare's budget amendment request and submitted written comments to the Board. We expressed concern about OneCare's request to reduce the percentage of its budget that pays for population health management and payment reform programs.

In January, the Department of Vermont Health Access solicited comments on its Vermont Medicaid Next Generation (VMNG) ACO program. The HCA submitted comments expressing concern about discrimination against transgender individuals codified in DVHA's proposed policy. We also outlined concerns about the attribution methodology used, quality measurement and accountability, grievance and appeals processes, and case management.

This quarter, the HCA also provided feedback to the Department of Vermont Health Access on its patient notice for a St. Johnsbury region ACO pilot program being implemented in the St. Johnsbury region. We met with DVHA staff and suggested edits related to clarity, readability, and accuracy.

D. Certificate of Need Applications

In 2017, the Board approved a Certificate of Need (CON) for the Green Mountain Surgery Center, an ambulatory surgery center. The CON required the center to submit regular updates on the project. The CON also required the center to appear before the Board to prove that it had satisfied several conditions prior to commencing operations. During the last quarter, the Board began preparing for this phase in the process. As an interested party in the proceeding, the HCA has been reviewing the submissions by the surgery center and preparing for the hearing which will take place on April 17. The HCA has requested and been granted time to question the surgery center at the hearing.

E. Other Green Mountain Care Board Activities

The HCA continues to attend the weekly Green Mountain Care Board meetings and the Board's bi-monthly Data Governance Council meetings.

F. Other Activities

Administrative Advocacy

✦ Comments on Proposed Federal Exchange Program Integrity Rules:

In January, the HCA submitted comments to the Centers for Medicare and Medicaid Services on their Exchange Program Integrity Rule. The rule proposed to require carriers who sell insurance on health insurance exchanges to separately bill consumers monthly for the portion of their premiums that pay for abortion services. We argued that this change would increase administrative burden and costs for both insurers and the state. Most significantly, the change would create significant confusion and put Vermonters at risk for losing their insurance if they were to miss the second monthly bill.

✦ Comments on Proposed HHS Notice of Benefit and Payment Parameters for 2020

In February, the HCA submitted comments to the U.S. Department of Health and Human Services on their 2020 Notice of Benefit and Payment Parameters for health insurers selling on state exchanges. We opposed a number of proposed rule changes including loosening the federal standards for essential health benefits required to be included in exchange plans; altering the premium tax credit methodology, which would reduce these subsidies; encouraging mid-year pharmacy formulary changes; and requiring all insurers selling exchange plans that include abortion services to sell identical plans on the exchange except excluding the abortion services.

❖ **Individual Mandate Working Group**

The HCA was named in the statute forming this group. Its purpose was to consider pros and cons and potential structure for a Vermont individual mandate penalty to replace the federal penalty that was removed by congress in the 2017 Tax Cuts and Jobs Act. The removal of the federal penalty resulted in a premium increase of \$7.9 million in 2019 rates. The Chief Advocate testified before legislative committees of jurisdiction to report on the process and the outcome of the work group and the HCA's position on and individual mandate penalty.

❖ **Access to Treatment for Hepatitis C Virus**

The HCA continues to advocate for increased access to hepatitis C virus (HCV) treatment. This quarter, we met with the Department of Corrections (DOC), UVMHC, and AHS to discuss HCV treatment procedures in Corrections. Subsequently, we sent two letters to the Vermont Department of Corrections (DOC) asking for more information about the state's treatment of people with HCV within the correctional system. We received a partial response to our first set of questions and have reached out to DOC asking for a meeting to discuss the information that DOC has not yet provided. We are encouraged that DOC is now treating some people in custody with hepatitis C, but remain concerned that the vast majority of people in need of treatment are still not receiving it.

❖ **Health Care in the Department of Corrections**

In addition to the hepatitis C advocacy described above, this quarter the HCA submitted a letter to the Department of Corrections outlining our concerns about the payment model used in the Department's health care contract with Centurion of Vermont. We described our concerns about using a capitated payment model in the context of corrections, where people do not have provider choice and there is little accountability for quality of care and access to care.

❖ **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 Crisis Standards of Care Work Group**

The HCA participated in three 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 January 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 Spenddowns 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 6 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 administrations legislative agenda as well as general functioning of open enrollment and health care IT projects. The Chief attended and co-chaired three meetings of the MEAB this quarter.

❖ **Federal Issues Work Group: Silver Stacking Contingency Planning**

The HCA participated in legislative testimony on the outcome of the narrow focus of silver stacking contingency planning. This work group resulted in a legislative proposal to allow for broad loading if the Feds expressly disallow the continuation of silver loading. The HCA also advocated for continued funding of Vermont Cost Sharing Allowance monies in the state budget.

Legislative Activities

The HCA has been 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 has been to protect consumers from federal efforts to undermine the Affordable Care Act. It has been a priority for the HCA to inform policy makers as well as the public about the potential impact on rates due to the creation of Association Health Plans that will move participating small businesses out of the QHP risk pool and separately rate their risk in the large 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 Institute for Health Policy & Clinical Practice

- Families USA
- IRS Taxpayer Advocate Service
- Ladies First
- MVP Health Care
- NHelp, National Health Law Program
- OneCare Vermont
- Outright Vermont
- Pride Center of Vermont
- Planned Parenthood of Northern New England
- SHIP, State Health Insurance Assistance Program
- University of Pennsylvania Leonard Davis Institute of Health Economics
- University of Vermont Medical Center
- Vermont Association of Hospitals and Health Systems
- 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

Outreach and Education

Quarterly report – website stats – Jan - March 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.

G. 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 225 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 4.5%** in the reporting quarter ending March 31, 2019 (12,442 pageviews), compared with the same quarter in 2018 (11,910 pageviews).
- The **top-20 health pages** on our website this quarter with change over last year:
 - *Income Limits – Medicaid* – 3,238 pageviews (2% ↓)
 - *Health* – section home page – 1,847 (22% ↑)
 - *Choices for Care* – 420 (2% ↓)
 - *Dental Services* – 418 (13% ↑)
 - *Services Covered by Medicaid* – 396 (20% ↓)
 - *Resource Limits – Medicaid* – 383 (23% ↓)
 - *HCA Online Help Request Form* – 379 (33% ↑)
 - *Health Insurance, Taxes and You* – 278 (28% ↑)
 - *Medicaid* – 258 (74% ↑)
 - *Medicare Savings / Buy-In Programs* – 207 (25% ↑)
 - *Advance Directive Forms* – 180 (22% ↑)
 - *Federally Qualified Health Centers* – 164 (2% ↓)
 - *Medicaid and Medicare Dual Eligible* – 160 (22% ↑)
 - *Choices for Care Income Limits* – 155 (5% ↑)
 - *Health Statement Form 1095* – 148 (63% ↑)
 - *Choices for Care Resource Limits* – 142 (24% ↓)
 - *Long-term Care* – 140 (26% ↓)
 - *Prescription Help – State Pharmacy Programs* – 137 (4% ↓)
 - *Dr. Dynasaur* – 136 (147% ↑)
 - *Medicaid Transportation* – 133 (5% ↑)
- Besides the pages listed above, other **spikes in interest** in our pages included:
 - *Supplemental Medicare Plans* – 120 (650% ↑)
 - *VHC Coverage for Small Employers* – 63 (385% ↑)
 - *Vermont Health Connect* – 107 (53% ↑)
 - *Health Insurance* – 126 (38% ↑)
 - *Green Mountain Care* – 126 (35% ↑)

Popular Downloads

31 out of 123 or 25% of the unique PDF, Word or other files downloaded from the VTLawHelp.org website were on health care topics. Of those unique health-related PDF titles:

- The top five consumer-focused PDF downloads were:
 - *Advance Directive, short form* (117 downloads)
 - *Advance Directive, long form* (85 downloads)
 - *Vermont Dental Clinics Chart* (77 downloads)
 - *Vermont Medicaid Coverage Exception Standards & Form* (53 downloads)
 - *5-Step Guide to Getting DME from Medicaid* (11 downloads)
- The top advocate-focused PDF download was:
 - *PTC Rule Allocation Summary* (21 downloads)
- The top policy-focused PDF download was:
 - *VT ACO Shared Savings Program Quality Measures* (3 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 **fourth most downloaded**. The *Vermont Dental Clinics Chart* is the **fifth most downloaded**.

Online Help Tool Adds to Our Reach

In 2017 we added a new Health section to the online help tool on our website. It is found at https://vtlawhelp.org/triage/vt_triage and it can be accessed from most pages of our website. The website visitor answers a few questions to find specific health care information they need. The new feature 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 new tool to access health care information **140 times** during this quarter. That's slightly down from 151 in the previous quarter (October – December 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 – I want to go over my long-term care options (nursing homes, in-home care and more).
- 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.
- VHC – When can I enroll in Vermont Health Connect?
- Complaints – I want to file a complaint against a doctor or hospital.

H. Other Outreach and Educational Activities

- **State House Card Room Tabling, January 11, 2019.** The HCA answered health care program questions and distributed information on constituent services to senators, representatives, constituents, and State House employees.
- **Spectrum Multicultural Youth Program, January 22, 2019.** The HCA presented on the HCA, how to resolve health insurance issues, and distributed brochures to seven Spectrum staff members.
- **State House Legislative Day, January 27, 2019.** The HCA participated in an outreach event at the Statehouse. HCA advocates talked about constituent services and distributed brochures.
- **Vermont Family Network, January 29, 2019.** The HCA presented to ten staff members on the HCA, answered questions about health care access and resources for children with disabilities.
- **Community Health Centers of Burlington, February 1, 2019.** The HCA presented on the HCA, civil legal issues, health care program issues, and health insurance tax issues to seven social workers, nutritionists, patient services staff members.
- **NFI Vermont's Youth and Family Resource Expo, February 9, 2019.** The HCA tabled and distributed information and brochures to 38 people.
- **Vermont Health Connect Program Assister Meeting, February 14, 2019.** The HCA met with the Assister Program Manager to share information about the HCA and evaluate how to improve client referrals from the assister program.
- **LGBTQ Older Adults Needs Assessment Focus Group, February 27, 2019.** The HCA presented on common Medicare issues, general health insurance resources, and the services that the HCA provides to an audience of 27 adults that are LGBTQ+ and over 60 years old.
- **2-1-1, March 1, 2019.** The HCA presented to seven Information and Referral Specialists about the services that HCA provides on the HelpLine and with the legislative/policy advocacy team. HCA answered questions about Medicaid transportation, billing, appeals, and taxes.
- **Vermont Family Network, March 13, 2019** The HCA returned to the Vermont Family Network in March to deliver a webinar to an additional 16 staff, community partners, and clients of the Vermont Family Network. The webinar was recorded and published on Vermont Family Network's website, YouTube channel, and Facebook page.
- **Brattleboro Senior Center, March 20, 2019.** The HCA presented general information about HCA services, Medicare, and Medicaid to seven attendees over the age of 50. HCA also answered questions and completed intake for attendees who needed individual HCA help.
- **Brattleboro Senior Meals—Meals on Wheels, March 20, 2019.** The HCA met with the Executive Director of the program to share information about the HCA and answer general questions about referrals for participants in the Meals on Wheels program.
- **Parent University Kick-Off, March 27, 2019.** The HCA met and distributed general HCA materials to four fellow presenters, two interpreters, and five adult learners.
- **Medicare Training, March 28, 2019.** The HCA met fellow attendees and distributed HCA brochures and business cards to four SHIP staff members and four health insurance brokers.
- **Social Media Outreach.** The HCA published eight posts on Facebook, with a total of 5,132 views.

I. 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:

- MEC Medicare Verification Notice
- MEC Verification Notice
- Final MEC Verification Notice
- Notice for Approval for an SEP for Exceptional Circumstances
- Notice of Denial for an SEP for Exceptional Circumstances
- RTA language for GMC notices

Office of the Health Care Advocate

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