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Vermont Legal Aid  
**Office of the Health Care Advocate**

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Quarterly Report  
July 1, 2019- September 30, 2019  
to the  
Agency of Administration  
submitted by  
Michael Fisher, Chief Health Care Advocate  
Office of the Health Care Advocate

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October 18, 2019



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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 improving access to dental care in Vermont. Advocates attended the work group on improving dental access (*See Priorities*). Every quarter we have Vermonters who have trouble getting the dental care that they need. This quarter, the Dental Services webpage had 788 page views, which was a 92% increase from previous quarters. Our chart on Vermont Dental Clinics was also downloaded 71 times. We had 22 cases with Vermonters facing barriers to accessing dental services. The expansion of the dental benefits for Medicaid beneficiaries will help Vermonters like Joann in the featured story on this page. Even with the expansion of Medicaid dental benefits, many other Vermonters do not have dental insurance or access to adequate dental care, and are forced to forgo obtaining the care, or go into debt getting the recommended care.

The HCA also worked this quarter to make sure that Vermonters are aware that they can apply for patient financial assistance when they have bills from hospital stays. The HCA is working with hospitals to make sure that the patient financial assistance is accessible, and that the applications are written in plain language that consumers can understand.

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.

### Joann's Story

Joann was in the middle of a dental emergency. She had an infected tooth that she needed to get extracted. She was uninsured. She had a voucher from Vermont's Economic Services Division (ESD) to help pay for the extraction, but she could not find a provider willing to accept it. ESD will issue general assistance vouchers for emergency treatment to relieve pain, bleeding, or infection. The voucher is not dental insurance and cannot be used for routine care or the extraction of non-infected teeth. It also can be difficult to find providers who will accept the voucher. After talking to Joann, the HCA advocate concluded that Joann was eligible for Medicaid. In 2019, Medicaid provides dental coverage up to \$510 per calendar year for beneficiaries age 21 or older. There is no dental cap for pregnant women on Medicaid or individuals under 21. The advocate helped Joann with her Medicaid application—and was able to get the coverage expedited. She also helped her find a provider who accepted Medicaid. Joann was able to make an appointment and get started on her dental work. In 2020, Joann will have increased dental benefits. In 2020, the dental benefit for adults over 21 will be increased to \$1,000 per calendar year, and beneficiaries will be able to have two preventive visits per year and not have those services count towards the cap. Now that she is on Medicaid, Joann plans on using the expanded benefits to address her ongoing dental needs.

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## 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 933 calls<sup>1</sup> 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:

- **27.22%** (254) about **Access to Care**
- **11.04%** (103) about **Billing/Coverage**
- **1.07%** (10) about **Buying Insurance**
- **10.18%** (95) about **Complaints**
- **9.65 %** (90) about **Consumer Education**
- **25.51%** (238) about **Eligibility** for state and federal programs
- **11.90%** (111) 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 238 of our cases had eligibility for state and federal healthcare programs listed as the primary issue, an additional 388 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 July-September 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:** 933 calls (compared to 835 calls last quarter)
  - **Department of Vermont Health Access (DVHA) beneficiaries:** 309 calls (308 calls last quarter)

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

- **Commercial Plan Beneficiaries:** 162 calls (171 calls last quarter)
- **Uninsured Vermonters:** 90 calls (64 calls last quarter)
- **Vermont Health Connect (VHC):** 208 calls (191 calls last quarter)
- **Reportable Activities (Summary & Detail):** 51 activities and 7 documents (105 activities, 17 documents)

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## Individual Consumer Assistance

### Case Examples

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

#### **Ava's Story:**

Ava called the HCA when she found out her Vermont Health Connect (VHC) plan had closed. Ava was getting Advance Premium Tax Credit (APTC) to help her pay the monthly premium for the VHC plan. If you receive APTC, you are entitled to a three-month grace period. This means that if you get behind on your premium payments, you have three months to catch up before the plan will terminate. When the HCA advocate investigated, he found that Ava had been in and out of grace periods all year. Ava had not understood that her premium for the current month needed to be postmarked by the last day of the prior month. This meant that she had been paying late. However, the advocate found that VHC had terminated Ava incorrectly. She was only in the second month of her grace period, not the third and final month. This meant that she had one more month to catch up on her premiums before she could be terminated for non-payment. VHC agreed that it had terminated Ava in error and reinstated the coverage.

#### **Rebecca's Story:**

Rebecca found out that she was pregnant and did not have any health care coverage. She could not afford her prenatal care without coverage. The HCA advocate first investigated if Rebecca was eligible for Dr. Dynasaur for pregnancy. This type of Medicaid covers pregnant women, but Rebecca's income was slightly over the limit. Because she was pregnant, however, Rebecca was entitled to a special enrollment period (SEP) that would allow her to enroll on a VHC plan outside of the open enrollment period. The pregnancy SEP allows an individual who is not enrolled in VHC to enroll when they become pregnant. The SEP is available at any time after the start of the pregnancy. It also allows family members to enroll with the pregnant person. This meant that both Rebecca and her spouse had a special enrollment period to enroll on a VHC plan. They both enrolled on a VHC plan, and also received Advanced Premium Tax Credit to help pay for their monthly premium, which meant that they would have coverage in place for the upcoming appointments and the birth of their baby.

#### **Deidre's Story:**

Deidre was worried that she was going to lose her Advance Premium Tax Credit (APTC) that helped pay for her VHC plan. She had received a letter from her insurance carrier telling her that she needed to enroll in Medicare Part B. Her insurance carrier said that they would not pay claims because she was supposed to be on Part B. Deidre was over 65 years old, but she was not enrolled on any part of Medicare. She was not eligible for free Medicare Part A. Medicare Part A covers hospital stays, and to qualify for free Part A, you (or your spouse) need to have at least 40 calendar quarters of work where you paid Social Security taxes. Deidre had not worked in a job paying Social Security taxes for enough time, so if she wanted to enroll onto Part A, it would cost several hundred dollars per month. Because she was not eligible for free Part A, she could continue to receive APTC for her VHC plan. Normally, when you become Medicare eligible, you are no longer eligible for APTC. But because Deidre fell into

the small group of people who are not eligible for free Part A, she stayed eligible for her VHC plan with APTC. The HCA advocate contacted both VHC and the insurance carrier with documentation showing that Deidre was not eligible for free Medicare Part A, so she did not need to enroll in either Medicare A or B, and she was able to stay on her VHC plan with APTC.

**Ryan's Story:**

Ryan needed to pick up his prescription—and his Medicaid had closed earlier in the year. He had been paying for coverage on his own, but he could no longer afford it. When the HCA advocate investigated, she found that the coverage had closed because he had not completed his annual review. Each year, Medicaid beneficiaries must review their eligibility to see if they still qualify for Medicaid. Ryan had started the review, and had been asked to submit verification of his income. He believed that he had sent in the requested information, but VHC did not have any record of receiving it. The HCA advocate helped Ryan submit a new Medicaid application and find the necessary information to verify his income. She also asked VHC to expedite Ryan's application, so he could pick up his prescription quickly. In addition, the advocate helped Ryan apply for retroactive Medicaid. You can apply for up to three months of retroactive Medicaid from the month that you are found to be eligible. This meant Ryan's providers could submit claims for those months, and he could get reimbursed for his out-of-pocket costs.

**Julian's Story:**

Julian called because his Medicare Part D prescription drug plan had closed. Julian had been hospitalized for a significant amount of time and had not been able to pay for the Part D plan while in the hospital. He had not been receiving his mail while in the hospital, and thus was not aware that his Part D plan had closed. He only found out when he went to the pharmacy to pick up a prescription. The HCA advocate helped Julian request a "good cause" reinstatement for his Part D plan. To be eligible for a Part D good cause reinstatement, you must request reinstatement within 60 days of your Part D plan's closure. You must also have an unusual or unexpected situation that prevented you from making your Part D payments. Because Julian had been unexpectedly hospitalized for much of his Part D grace period, he met the criteria for a "good cause" reinstatement. His Part D plan was reinstated, and he was able to fill his prescriptions at the pharmacy.

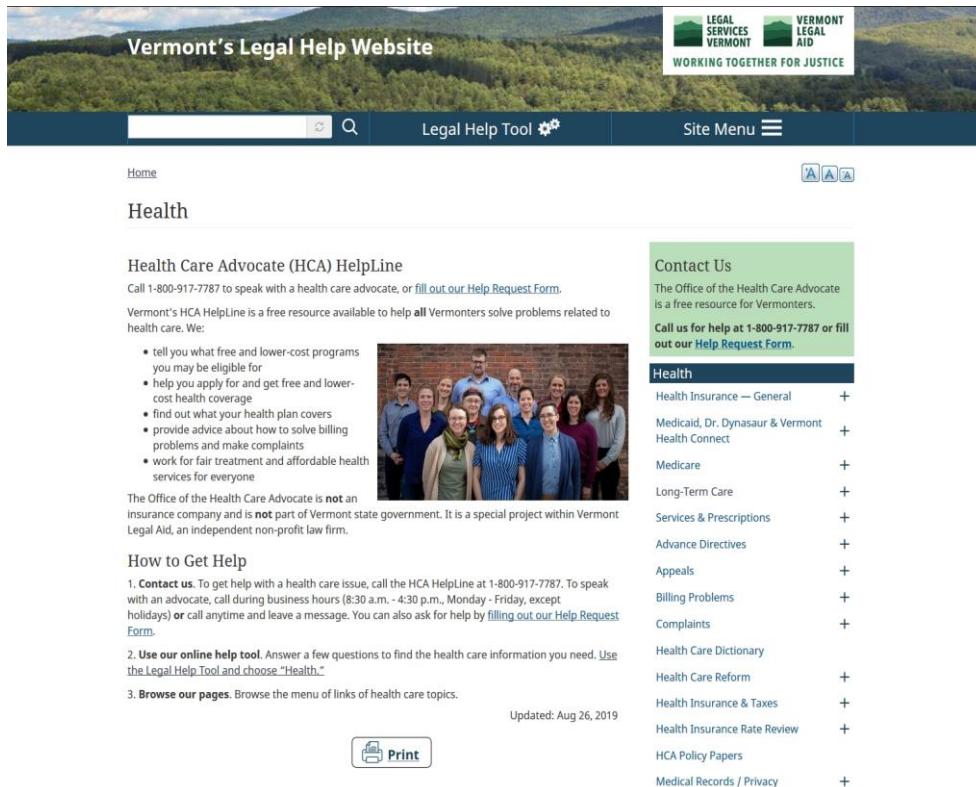
**Holden's Story**

Holden's son has a chronic medical condition that requires medication. Holden's family had moved out of Vermont for a short while and were now returning. Because Holden adopted his son in Vermont through the foster care system, his son was part of a special group that is eligible for Medicaid until age 21, with no income requirement. Holden's son needed to pick up his prescription, but Holden was having trouble re-enrolling his son into Medicaid. The state was telling him that he needed to provide foster care documentation from another state, which did not make sense because Holden's son was adopted here. The HCA advocate was able to connect Holden with the right person and get his son's Medicaid coverage activated again in Vermont. This meant that Holden was able to pick up the prescription for his son

## Priorities

### A. The HCA launched an updated and revamped website.

The HCA has an updated and revamped website. The VTLawHelp website and its Health pages were updated in July to be easier to navigate, more accessible to people who live with disabilities, and easier to use on mobile devices. The upgraded website will make it easier for Vermonters to find the information that they need. This quarter we saw over 15,000 page views of the Health pages of the website, which was a 31% increase from the same quarter in 2018. We are continually updating and revising the website to ensure it has the most accurate information. We also made it easier for community partners to reach us online. Vermonters can submit requests for help on an updated online form, and they can always call the helpline. <https://vtlawhelp.org/health>





**B. The HCA participated in the Dental Access and Medicaid Reimbursement Work Group.**

HCA advocates shared the consumer perspective about the challenges of accessing dental care in Vermont for insured, under-insured, and uninsured individuals. The HCA had 22 cases this quarter on access to dental care. We frequently talk to consumers who cannot afford dental care, or cannot find a dentist. Even those who have dental insurance find that there are limits to their coverage. Medicare does not cover routine dental care. The workgroup was charged with reporting back to the state legislature with proposals for improving access to dental care for Vermonters and expanding the number of dentists in the state who accept Medicaid.

**C. Overall HCA call volume increased by 12%, this quarter.**

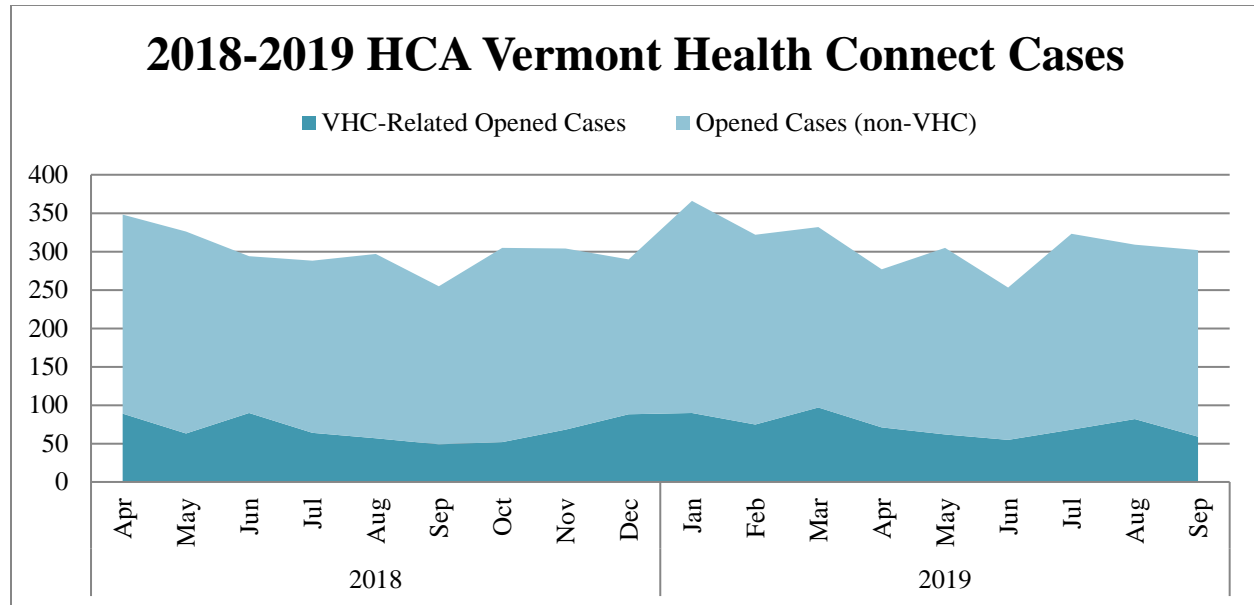
Total call volume increased by 12% (933 this quarter vs 835 last quarter). The HCA expects call volume for the next quarter to also remain high, because Medicare Part D open enrollment and Vermont Health Connect Open Enrollment will start. About 12% of this quarter's calls involved getting consumers onto new coverage, preventing the loss of coverage, or obtaining coverage for services. We also helped 61 households estimate their eligibility for insurance programs. We saved consumers \$30,055.17 this quarter.

**D. Calls concerning Vermont Health Connect increased by 9% this quarter.**

The volume of calls concerning Vermont Health Connect increased this quarter (208 vs. 191). The top three VHC issues were Eligibility for Medicaid - MAGI (80), Premium Tax Credit Eligibility (76), and Eligibility for Special Enrollment Periods (57). This quarter, 73 VHC cases required complex interventions that took more than two hours of an advocate's time to resolve, and another 32 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 39 escalated cases (41 last quarter). Of the 39 escalated cases, 31 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 Spend Downs). This quarter we continued to receive significant numbers of consumers calling with questions about Medicare Savings Programs (57), MABD (68), Medicaid Spend Downs (22) and VPharm eligibility (21)).



**E. Medicaid eligibility calls represented 28% of all our cases (259 cases/933 total cases). Consumers need assistance with all types of Medicaid.**

Medicaid eligibility was again the top issue generating calls. We had 127 calls about eligibility for Medicaid for Children and Adults (MCA) Medicaid, 68 about eligibility for Medicaid for the Aged Blind and Disabled (MABD), 22 about Medicaid Spend Downs, and 14 about Medicaid for Working Disabled, and 3 about Katie Beckett Medicaid. We also had 25 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 933 (compared to 835 last quarter)**

1. MAGI Medicaid eligibility 127 (125)
2. Complaints about providers 107 (76)
3. Premium Tax Credit eligibility 82 (62)
4. Information/applying for DVHA programs 74 (74)
5. Not health related 74 (54)
6. Eligibility for Special Enrollment Periods 73 (77)
7. Access to Prescription Drugs/Pharmacy 70 (47)
8. Medicaid eligibility (non-MAGI) 68 (57)

9. Information about Medicare 67 (69)
10. Buy-in programs/Medicare Savings Programs 57 (57)
11. Nursing Home & Home Health access 43 (42)
12. Affordability affecting access to care 38 (59)
13. Other Health Related concerns 38 (31)
14. Billing Coverage and Contract questions 29 (28)
15. Complaints about VHC – Invoices or Payment 29 (29)

**Vermont Health Connect Calls 208 (compared to 191 last quarter)**

1. MAGI Medicaid eligibility 80 (78)
2. Premium Tax Credit eligibility 76 (58)
3. Eligibility for Special Enrollment Periods 57 (64)
4. Termination of Insurance 42 (62)
5. Information about DVHA 38 (24)
6. Information about Grace Periods 27 (30)
7. Fair Hearing – Eligibility 25 (30)
8. Complaints about VHC – Invoices or Payment 25 (26)
9. IRS Reconciliation 21 (19)
10. Affordability affecting access to care 20 (27)
11. Buying QHPs through VHC 20 (27)

**DVHA Beneficiary Calls 309 (compared to 308 last quarter)**

1. MAGI Medicaid eligibility 56 (63)
2. Medicaid eligibility (non-MAGI) 31 (35)
3. Access to Prescription Drugs/Pharmacy 27 (21)
4. Complaints about providers 26 (27)
5. Information about DVHA 25 (34)
6. Information about Medicare 23 (20)
7. Access to transportation 21 (16)
8. Balance Billing 19 (14)
9. Information about HCA 19 (11)
10. Buy In Programs/MSPs eligibility 19 (23)
11. Not health related 19 (19)

**Commercial Plan Beneficiary Calls 162 (compared to 171 last quarter)**

1. Premium Tax Credit eligibility 38 (30)
2. Eligibility for Special Enrollment Periods 21 (32)
3. MAGI Medicaid eligibility 19 (22)
4. Complaints about VHC - Invoices or Payment 18 (20)
5. Affordability affecting access to care 17 (20)
6. Information about Grace Periods 16 (16)
7. Access to Prescription Drugs/Pharmacy 14 (##)
8. Coverage & Contract Questions 14 (13)
9. Premiums billing 13 (22)
10. Information about ACA (13) (11)

The HCA received 933 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”): 33.1% ( 309 calls) compared 36.8% (307 calls)last quarter
- **Medicare<sup>2</sup> 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): 26.7% (250 calls) compared to 32.2% (269 calls), last quarter
- **Commercial plan beneficiaries** (employer-sponsored insurance, small group plans, or individual plans 17.3% (162 calls), compared to 20.4% (170 calls)last quarter
- **Uninsured:** 9.6% (90 calls) compared to 7.66% (64 calls last quarter.

## Case Results

### A. Dispositions of Closed Cases

#### All Calls

We closed 973 cases this quarter, compared to 816 last quarter:

- 38% (371 cases) were resolved by brief analysis and advice
- 28% (273) were resolved by brief analysis and referral
- 20% (191) of the cases were complex interventions involving complex analysis, usually direct intervention, and more than two hours of an advocate’s time
- 11% (106) were resolved by direct intervention, including calling an insurance company, calling providers, writing letters, gathering supporting medical documentation, etc.
- In the remaining cases, 32 clients withdrew, resolved the issue on their own, or had some other outcome.

**Appeals:** The HCA worked on 64 cases related to appeals: 32 Fair Hearings; 8 Commercial Insurance appeals; 7 Medicare Part A, B, or C appeals; 4 Medicare Part D appeals; and 13 Medicaid MCO Internal appeals.

#### DVHA Beneficiary Calls

We closed 324 DVHA cases this quarter, compared to 300 last quarter:

- 36% (116 cases) were resolved by brief analysis and/or advice
- 23% (76) were considered complex intervention, which involves complicated analysis, usually direct intervention, and more than two hours of an advocate’s time
- 22% (70) were resolved by brief analysis and/or referral
- 17% (56) 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, 6 clients resolved the issue on their own, or had some other outcome.

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<sup>2</sup> 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 180 cases involving individuals on commercial plans, compared to 172 last quarter:

- 43% (77 cases) were resolved by brief analysis and/or advice
- 27% (49) were considered complex intervention, which involves complicated analysis, usually direct intervention, and more than two hours of an advocate's time
- 16% (28) were resolved by brief analysis and/or referral
- 10% (18) 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, 8 clients withdrew, resolved the issue on their own, or had some other outcome.

**B. All Calls Case Outcomes**

The HCA helped 530 people with advice and education about health insurance questions or problems. We obtained insurance for 72 households. We assisted 9 people with applications for or enrollment in insurance plans and prevented 18 insurance terminations or reductions. We obtained coverage for services for 22 people. We got 4 claims paid, written off, or reimbursed. We estimated VHC insurance program eligibility for 61 more. We provided other billing assistance to 27 individuals. We obtained other access or eligibility outcomes for 78 additional people.

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## 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 an increase in the premium prices that Vermonters must pay.

The Board decided two filings during the quarter from July 1, 2019 through September 30, 2019. Additionally, there was one proposed premium price increase pending at the end of this quarter.

Blue Cross Blue Shield of Vermont (BCBSVT) submitted one of the filings decided by the Board this quarter, namely, the BCBSVT Individual and Small Group Rate Filing (BCBSVT “Exchange” filing). Approximately 43,900 Vermonters who obtain coverage through their small employers, Vermont Health Connect, or directly through BCBSVT were impacted by this filing. BCBSVT filed for an average increase of 15.6% for this book of business. The HCA appeared on behalf of Vermonters, filed questions to the carrier, filed various motions, represented the interests of Vermonters at the public hearing for this filing, and submitted a post-hearing memorandum in this matter. As we discuss below, the HCA engaged in multiple strategies to facilitate public comment on this filing including, but not limited to, the development and implementation of a web public comment tool. The Board reduced BCBSVT’s average rate increase to approximately 12.4%.

MVP Health Plan, Inc. (MVP) submitted the other filing decided by the Board this quarter, namely, the MVP Individual and Small Group Rate Filing (MVP “Exchange” filing). Approximately 30,887 Vermonters who obtain coverage through their small employers, Vermont Health Connect, or directly through MVP were impacted by this filing. MVP originally filed for an average increase of 9.6% for this book of business and it subsequently amended its proposed increase to 11.0%. The HCA appeared on behalf of Vermonters, filed questions to the carrier, filed various motions, represented the interests of Vermonters at the public hearing for this filing, and submitted a post-hearing memorandum in this matter. As discussed below, the HCA engaged in multiple strategies to facilitate public comment on this filing including, but not limited to, the development and implementation of a web public comment tool. The Board reduced MVP’s average rate increase to approximately 10.1%.

The HCA engaged in substantial efforts during the reporting quarter to facilitate increased public comment on the two filings decided this quarter. Activities included direct outreach, development and deployment of a web public comment tool, media public awareness campaigns, and outreach to consumer interest organizations. The number of submitted public comments on the two “Exchange” filings increased substantially this year. In 2016, Vermonters submitted 120 written comments on the “Exchange” filings. Vermonters submitted 114 written comments in 2017 and 168 written comments in 2018. This year, the Board received roughly 620 written public comments on the “Exchange” filings. Of the roughly 620 written public comments submitted to the Board on the “Exchange” filings approximately 440 spoke the lack of affordability of premium prices. Roughly 128 of the 620 written comments made explicit reference to the unaffordable out-of-pocket costs associated with health insurance plans.

There is one premium price increase request pending at the end of this quarter (the combined MVP Large Group and POS Rider filings). The HCA appeared on behalf of Vermonters in this matter and submitted questions to the carrier. We intend to file all appropriate memoranda and other documents to represent the interests of Vermonters in this matter.

**B. Hospital Budget Review**

The HCA participates in the Board's annual hospital budget review process. This quarter, the HCA reviewed the fourteen hospital budgets submitted to the Board. These submissions included answers to our first set of written questions which were included in the Board's budget guidance. After reviewing the materials, we submitted a set of follow-up questions for the hospitals to be discussed during the hearings. The HCA participated in each hospital budget hearing, including asking questions of each hospital. Our questions were focused on affordability, free care, bad debt, and patient financial assistance. Following the hearings, we submitted written comments outlining our concerns about the budgets and asking the Board not to approve a rate increase for UVM Medical Center. HCA staff attended all the public meetings at which the Board deliberated and then voted on each hospital's budget. The Board approved a lower rate increase for UVM Medical Center than the hospital had requested, but did not accept the HCA's recommendation to forego a rate increase entirely.

**C. Oversight of Accountable Care Organizations**

The HCA participates in the Board's annual ACO budget review process. This quarter, the HCA submitted questions for OneCare to respond to along with its 2020 budget submission to the Board. These questions included asking for year-over-year quality data and for any lessons OneCare learned based on its 2017 and 2018 quality and financial outcomes. We are also meeting regularly with Board staff to discuss ACO budget oversight as the regulatory season progresses.

**D. Certificate of Need Applications**

This quarter, the HCA continued to monitor new certificate of need applications and updates from previously approved certificate of need projects submitted to the Board. We will intervene for any projects where we have significant consumer protection concerns.

**E. Other Green Mountain Care Board Activities**

The HCA continues to attend the weekly Board meetings. The Chief Health Care Advocate met individually with board members late in the quarter to touch base about our work on the Board's regulatory processes.

**F. Other Activities****Administrative Advocacy****Rural Health Task Force**

The Rural Health Task Force was formed as directed by Act 26 of 2019. This taskforce is made up of a broad range of provider groups who focus on rural health care delivery in Vermont. After organizing itself, and selecting a chair, the group defined a number of areas of focus including: workforce, distribution of health care infrastructure, and care management/integration. The task force will report its recommendations to the legislative committees of jurisdiction by January 15<sup>th</sup> of 2020

## Definition of Primary Care Work Group

The HCA participated in the Primary Care work group defined in Act 107 of 2019. The work group's membership includes Vermont Association of Hospitals and Health Systems, BiState primary Care, Green Mountain Care Board, the Agency of Human Services, Department of Vermont Health Access, the Blueprint for Health, OneCare Vermont, Vermont Medical Society, Blue Cross/Blue Shield, MVP Healthcare, and the office of the Health Care Advocate. This work group first reviewed both state and national definitions of primary care. It then compared those standards to determine the best standard for Vermont. The group reached significant consensus around a broadly-inclusive definition of primary care. This standard may not be particularly useful as a tool to compare Vermont primary care spending to other states or countries, due to significant variations in the definition of primary care. It will, however, provide a useful benchmark to measure expansion or contraction of primary care spending in Vermont over the years.

### ✧ **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 in Vermont's Health Information Exchange. The HCA 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 two meetings to discuss the outreach and communication plan.

### ✧ **Hospital-Associated Infections Advisory Committee**

The HCA provided a health care consumer perspective during the September 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 per 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 9 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). This quarter, the MEAB membership had a particular focus on Medicaid budget priorities. After hearing a presentation by the Department of Health Access, the MEAB discussed the values and priorities that they believe should be the underpinning of Medicaid budget development. These values and priorities were expressed in a letter to the Commissioner. The MEAB also focused on telemedicine and Success Beyond Six this quarter. 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. 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 and the LCAR hearing in October 2019. The HCA attended the public hearing and also submitted additional written comments during this comment period. 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 participated in various legislatively-defined work groups including, the Rural Health Services Task Force, Vermont Health Information Exchange Opt-Out Consent Policy implementation, Definition of Primary Care work group, Dental Access and Reimbursement Working Group and the Price Transparency Billing Processes stakeholder group. Other legislatively-defined stakeholder groups were not formed or did not meet during the quarter including the Health Insurance Affordability Report and the Merged Insurance Markets report.

The HCA was available and responsive to numerous legislator inquiries about policy issues and constituent access to care issues during this quarter. In addition, the Chief Health Care Advocate initiated meetings with various key legislators to discuss the coming session.

## **Collaboration with Other Organizations**

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

- American Civil Liberties Union of Vermont
- Bi-State Primary Care
- Blue Cross Blue Shield of Vermont
- Burlington School District
- Community Catalyst
- Families USA
- IRS Taxpayer Advocate Service
- 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
- You First

## Outreach and Education

### Quarterly report – website stats – July - Sept 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 180 pages of consumer-focused health information maintained by the HCA.

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

#### Popular Web Pages

- The total number of **health pageviews increased by 31%** in the reporting quarter ending September 30, 2019 (15,128 pageviews), compared with the same quarter in 2018 (11,534 pageviews). A reason for some of the increase is that the website was upgraded in July and more pages were viewed after the upgrade to be sure everything was working well.
- The **top-20 health pages** on our website this quarter with change over last year:
  - *Income Limits – Medicaid* – 2,451 pageviews (23% ↓)
  - *Health* – section home page – 1,491 (1% ↓)
  - *Dental Services* – 788 (92% ↑)
  - *Buying Prescription Drugs* – 673 (175% ↑)
  - *Medicaid* – 462 (105% ↑)
  - *Services Covered by Medicaid* – 439 (2% ↓)
  - *Choices for Care* – 354 (20% ↓)
  - *Resource Limits – Medicaid* – 351 (17% ↓)
  - *Medicare Savings / Buy-In Programs* – 309 (55% ↑)
  - *Medicaid, Dr. Dynasaur & Vermont Health Connect* – 308 (170% ↑)
  - *Medical Decisions: Advance Directives* – 284 (122% ↑)
  - *HCA Help Request Form* – 283 pageviews (47% ↑) and 75 online help requests (56% ↑)
  - *Long-term Care* – 270 (60% ↑)
  - *Supplemental Plans Medicare* – 262 (608% ↑)
  - *Advance Directive Forms* – 228 (21% ↑)
  - *Federally Qualified Health Centers* – 204 (42% ↑)
  - *Choices for Care Requirements* – 197 (40% ↑)
  - *Prescription Help – State Pharmacy Programs* – 192 (160% ↑)
  - *Choices for Care Income Limits* – 192 (9% ↑)
  - *Medicaid and Medicare Dual Eligible* – 188 (9% ↑)
- Besides the pages listed above, other **spikes in interest** in our pages included:
  - *Dr. Dynasaur* – 181 pageviews (69% ↑)

- *Medicare* – 177 (354% ↑)
- *Vermont Health Connect main page* – 155 (96% ↑)
- *Health Insurance main page* – 150 (63% ↑)
- *Medicare Part D Costs* – 119 (440% ↑)
- *Health Insurance Premium Increases 2019* – 108 (100% ↑)

### **Popular Downloads**

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

- The top five consumer-focused downloads were:
  - *Advance Directive, short form* (152 downloads)
  - *Advance Directive, long form* (94 downloads)
  - *Vermont Dental Clinics Chart* (71 downloads)
  - *Vermont Medicaid Coverage Exception Standards flyer* (55 downloads)
  - *Fair Hearing Flyer* (22 downloads)
- The top advocate-focused download was:
  - *PTC Rule Allocation Spreadsheet* (13 downloads)

The *Advance Directive Short Form* is the **fourth 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 **tenth 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](https://vtlawhelp.org/triage/vt_triage). *This tool was recognized in an article by the Pew Charitable Trusts in October 2019.*

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 **127 times** during this quarter. That's down from the same quarter last year as well as the previous quarter of this year.

Of the **44** 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.
- 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 – How do I know if I can get Choices for Care Long-Term Care Medicaid?

## B. Other Outreach and Educational Activities

- **Rate Review Outreach, July, 2019.** The HCA completed in-person outreach to small businesses and organizations in Montpelier and distributed information by email to organizations and business networks across the state.
- **Racial Equity Meeting, July 11, 2019.** The HCA participated in discussions about equity in health care access and affordability. Three HCA staff also distributed business cards and info about HCA services and policy advocacy.
- **The Old North End Ramble, July 27, 2019.** The HCA tabled at the festival and distributed information about health care legal services. HCA reached 50 families, parents of young children, and other community members.
- **Department of Mental Health Burlington Forum, July 20, 2019.** The HCA participated in discussions about improving Vermont's mental health systems, shared information about the HCA's services with attendees, and distributed business cards.
- **Parent University Community Partner Organization Meeting, August 22, 2019.** The HCA handed out business cards and shared information on referring clients to the HCA and which services the HCA provides.
- **Northern Counties Health Care Outreach, August 23, 2019.** The HCA discussed trends in patient health insurance issues, how the HCA can be a resource for Assisters, and how to refer clients to the HCA. The HCA also provided general information about health insurance resources and applications.
- **Vermont Pride, September 9, 2019.** The HCA distributed information about health care access, answered general health insurance questions, and handed out letter openers and business cards with HCA helpline information. The HCA also shared updates about legislative advocacy. The HCA reached 60 members of Vermont's LGBTQ community.
- **Bennington Medical Site Visits, September 25, 2019.** The HCA Chief met with the Bennington Free Clinic and the Southwestern Vermont Medical Center, to discuss referrals, trends in health care issues, and how the HCA can be a resource for patients.
- **Social Media Outreach.** The HCA published 13 posts on Facebook, with a total of 4,612 views. The HCA published 25 posts on Twitter. The HCA published outreach information on Front Porch Forum reaching approximately 187,000 Vermont households.



**Vermont Legal Aid** @VTLegalAid · Jul 15

Will you join us at the Montpelier City Hall next week? On Tuesday July 23 from 4:30-6:30pm, the Green Mountain Care Board will hear public comments on the 2020 premium prices. If you can't make the hearing, you can also share your thoughts online: [bit.ly/SubmitAPublicC...](https://bit.ly/SubmitAPublicC...)

**SHOW UP**  
Tuesday, July 23  
4:30 PM to 6:30pm

**CITY  
HALL**  
Montpelier

### **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:

- Open Enrollment October Stuffer RE002
- Open Enrollment Notice
- Open Enrollment Notice : regarding whether Vermonters need to enroll in health insurance
- OE202: Open Enrollment Notice
- EE515-MNT: Exceptional Circumstance SEP Denial
- EE718-MNT: Exceptional Circumstances SEP, more information requested,
- Notice on Pursuit of Unearned Income
- Follow up Notice on Pursuit of Unearned Income
- EE002-Request for Additional Information

**Office of the Health Care Advocate**

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<https://vtlawhelp.org/health>