

Office of the Health Care Advocate



SFY 2015 Annual Report

July 1, 2014 – June 30, 2015

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BACKGROUND

The Vermont legislature created the Office of Health Care Ombudsman in 1998 to provide advice and advocacy for Vermonters with health care and health insurance concerns. In 2013 the legislature amended the statute and changed the program's name to the Office of the Health Care Advocate (HCA), effective January 1, 2014. The HCA is not a state agency. Rather, the HCA is part of Vermont Legal Aid (VLA), a statewide nonprofit law firm. We provide individual consumer assistance and act as a voice for the Vermont public on policies and matters related to health care and health insurance.

Consumer Assistance

The HCA helps individuals navigate the complexities of health insurance and assists them with health care problems. We advise and assist Vermont residents, regardless of income, resources or insurance status. Our services are free. As part of VLA, we are able to utilize the expertise of the attorneys in the other VLA projects.

Individuals contact us through our Burlington-based statewide helpline (**1-800-917-7787**), the *Vermont Legal Aid* and *Vermont Law Help* websites, and by walking into one of the five VLA offices located around the state. For each case, HCA advocates analyze the situation, provide information, advice and referrals or directly intervene and represent the individual.

One of our main goals is to help individuals get access to care. We give highest priority to individuals who are having difficulty getting immediate health care needs met, who are uninsured or who are about to lose their insurance. We give information and advice about the insurance options in Vermont and assist if there are problems with enrollment. We also educate consumers about their rights and responsibilities and provide information about and assistance with appeal processes.

Our cases can involve any type of insurance, including all commercial plans as well as public programs such as Medicaid, Dr. Dynasaur and Medicare.

Public Advocacy

Part of the HCA's statutory mandate is to act as a voice for Vermont consumers in health care policy matters and as their advocate before government agencies. Our individual cases inform our public policy and public advocacy efforts. The HCA works on behalf of all Vermonters for better access to and improved quality of health care through administrative and legislative advocacy and represents the public in rate review proceedings and other matters before the Green Mountain Care Board (the Board) and other state entities. Pursuant to Act 48 of 2011 and Act 171 of 2012, the Board is required to consult with the HCA about the Board's policies and activities and their impact on consumers.

HIGHLIGHTS

From July 1, 2014, through June 30, 2015, State Fiscal Year (SFY) 2015, the HCA consumer assistance hotline received 4,695 calls.¹ About 34% of these calls came from individuals on Medicaid programs run by the Department of Vermont Health Access (DVHA), 30% from individuals on commercial health plans, 21% involved Medicare² beneficiaries, and 11% were from uninsured individuals.³

Total HCA call volume increased 20% in SFY 2015 and continued to set monthly records.

This year's call volume of 4,695 calls was about 20% more than the 3,907 we received in SFY 2014. This steep rise followed a 23% increase the previous year. We set record call volumes every month except for June, which was the second busiest June.

Annual Call Totals All Cases											
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
January	178	313	280	309	240	218	329	282	289	428	470
February	160	209	172	232	255	228	246	233	283	304	388
March	188	192	219	229	256	250	281	262	263	451	509
April	173	192	190	235	213	222	249	252	253	354	378
May	200	235	195	207	213	205	253	242	228	324	327
June	191	236	254	245	276	250	286	223	240	344	303
July	190	183	211	205	225	271	239	255	271	381	
August	214	216	250	152	173	234	276	263	224	342	
September	172	181	167	147	218	310	323	251	256	374	
October	191	225	229	237	216	300	254	341	327	335	
November	168	216	195	192	170	300	251	274	283	306	
December	175	185	198	214	161	289	222	227	340	583	
Total	2200	2583	2560	2604	2616	3077	3209	3105	3257	4526	3169

¹ The term "call" also includes individuals who come to us through our website or as walk-ins.

² Medicare beneficiaries may also be on DVHA programs, like Medicaid or VPharm.

³ These percentages do not add up to 100% because we do not ask callers what type of insurance coverage they have if it is not relevant to the issue they are calling us about. Also, some individuals have more than one type of insurance.

About 45% of all calls were about Vermont Health Connect which continued to have operational problems for the entire year.

Vermont launched its state-based exchange, Vermont Health Connect (VHC), on October 1, 2013, in compliance with the federal Affordable Care Act. From the beginning there were problems with VHC, which was the only place individuals could purchase and enroll in non-group plans.⁴ We received 2,127 calls involving VHC. Complaints about VHC were the number one issue raised by Vermonters who called us (731 calls).

VHC's problems included premium processing delays and errors, the inability to promptly make changes to consumers' accounts, mistakes and delays in the renewal process, termination of coverage errors, and mistakes in Advance Premium Tax Credit calculations.

We saw steady but slow improvements at VHC during the second half of the 2015 State Fiscal Year. At the end of May VHC had a major technology upgrade, and in June our call volume decreased slightly.

Calls related to eligibility increased 25 %.

Calls about Eligibility for state benefits, including Medicaid and Advance Premium Tax Credits to help pay for plans sold through VHC, increased 25%, from 1,156 to 1,446. This hike came on top of last year's 37% increase in Eligibility calls.

Only 6% of calls involved income tax issues generated by the Affordable Care Act.

This was the first year that Americans' health insurance status had potentially serious tax consequences. The HCA worked in collaboration with the state to educate consumers and tax preparers about premium tax credits and the tax penalty for going without health insurance. We feared that there would be major problems connected to the 1095-A Forms provided to consumers by VHC and as Vermonters completed the new health insurance information required on their tax returns. However, only 303 (6% of all callers) identified their primary problem to be tax related. We provided consumer education about the new tax requirements to many more Vermonters in the course of other calls.

The HCA saved individual consumers \$684,945 in SFY 2015.

As a result of our advocacy efforts, the HCA saved Vermonters more than double the amount saved in SFY 2014 (\$339,827). HCA advocates got claims paid, written off or otherwise

⁴ The HCA only provides assistance to individuals. It does not assist small businesses. Small businesses, defined as companies with 50 or fewer employees, were also supposed to purchase plans through VHC, but that requirement was lifted. Those employers were allowed to purchase exchange plans directly through the two insurers selling plans through VHC.

covered in 323 cases; prevented 42 individuals from losing their insurance; and got 452 individuals onto insurance. We achieved this significant increase in good outcomes even though 24% of our calls (1,097) were complex cases.⁵ The number of complex cases rose almost 40% over last year.

The HCA represented the public before the Green Mountain Care Board in 15 rate review proceedings.

This was the third year that the HCA has been the public's voice in rate review cases. The HCA entered an appearance in 15 of the 16 rate filings during SFY 2015 and filed memoranda in 14. The two most significant rate cases were the VHC filings that were reviewed in the summer of 2014 for the 2015 calendar year plans. The HCA argued for reductions in the increases for both carriers. The Board approved rates that were 2.2% lower than the Blue Cross Blue Shield of Vermont (BCBSVT) request and 4.5% lower than the MVP request. The Board allowed overall rate increases of 7.7% for BCBSVT and 10.9% for MVP.

The HCA appeared as an interested party in six Certificate of Need (CON) proceedings before the Board.

The HCA monitors CON activities and participates as an interested party when we feel there is a significant potential consumer protection issue in the proposed project. We file suggested questions, submit oral and written hearing testimony, and participate in hearings. The most significant CON proceeding in which we participated this year was the University of Vermont Medical Center's Inpatient Bed Replacement Project, which involved a two-day hearing.

As the Board worked to bend the curve on health care costs through various payment reforms, the HCA worked to protect consumers and improve the quality of patient care.

The State of Vermont is currently in year two of a four-year, 45-million-dollar State Innovation Model (SIM) grant from the federal government. The grant funds the Vermont Health Care Innovation Project (VHCIP). The goal of the VHCIP is to expand and integrate innovative health care provider payment and information technology reforms to support a high-performing health care system in Vermont. The VHCIP includes seven work groups, a Steering Committee, and a Core Team. The HCA, coordinating with colleagues in other VLA projects, has been actively participating in VHCIP activities on behalf of consumers, focusing on Accountable Care Organization (ACO) standards, quality measures and consumer involvement.

⁵ A complex case is one that requires more than two hours of an advocate's time.

The HCA's legislative work focused on maintaining and improving access to health care for Vermonters.

We advocated for increased state cost-sharing subsidies for VHC customers, a notice requirement for hospital patients placed on observation status, and improved surrogate decision-making. We worked to increase Vermonters' access to dental care by encouraging the legislature to approve the establishment of a new category of licensed dental provider (LDP). The legislature ultimately continued the existing cost-sharing subsidies (after first removing them). The surrogate decision making and LDP bills will be taken up again when the legislature reconvenes in January 2016. The requirement for notices to hospital patients on observation status passed.

The HCA expanded its outreach efforts.

In June 2015, the HCA helped launch, administer and sustain a strong health focus on Vermont Legal Aid's new, highly active Facebook page, which already has gained almost 500 followers. Our outreach presentations have directly reached approximately 1,100 consumers, advocates, and staff members of other organizations serving the public with the potential to benefit several thousand. The HCA's depth and breadth of knowledge about the evolving intersection of health insurance and taxes has benefited thousands of individuals throughout Vermont and has established the HCA as a thought-leader in that area within the U.S.

Trinka Kerr
Chief Health Care Advocate
September 2015

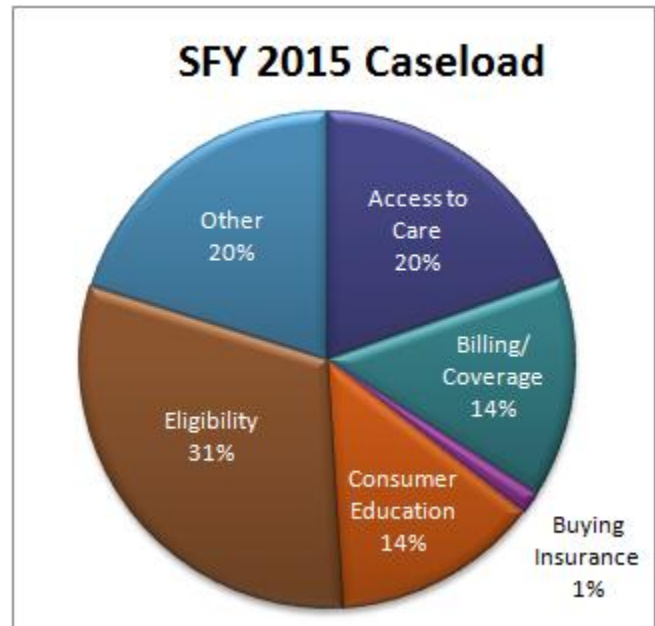
CONSUMER ASSISTANCE

DESCRIPTION OF CASELOAD

In State Fiscal Year (SFY) 2015, we handled 4,695 calls to our statewide hotline, compared to 3,907 in SFY 2014 and 3,167 in SFY 2013. We closed 4,643 cases during this period and had 203 cases pending at the end of June 2015.⁶ A total of 2,127 (45%) of the calls were related to Vermont Health Connect, compared to 31% in the previous year.

We subdivide the issues into six categories: *Access to Care, Billing and Coverage, Buying Insurance, Consumer Education, Eligibility, and Other*. Every case is assigned to one of these categories. While some cases span multiple categories, the case numbers in this section are based on the primary issue identified for each call in order to avoid counting the same case more than once.

The distribution of issues changed slightly this year. The distribution was: Access to Care (20% compared to 21%), Billing and Coverage (14% compared to 15%), Buying Insurance (1% compared to 3%), Consumer Education (14% compared to 10%), Eligibility (31% compared to 30%), and Other (20% compared to 21%).



The pie chart illustrates the comparative volume of calls for each category. Details are provided in the descriptions below.

Access to Care

Access to Care cases are those in which individuals are seeking care. The number of calls reporting difficulties getting access to health care as the primary issue was 922, which is 13% higher than last year’s total of 813. An additional 1,280 callers cited access issues as secondary to their primary problem.

We track 49 subcategories in *Access to Care*. As has been the case for years, Prescription Drugs posed the greatest number of access issues. We received calls from 227 Vermonters unable to

⁶ These numbers do not add up to 4,695 total calls because some unresolved cases from the previous SFY were carried forward into this SFY.

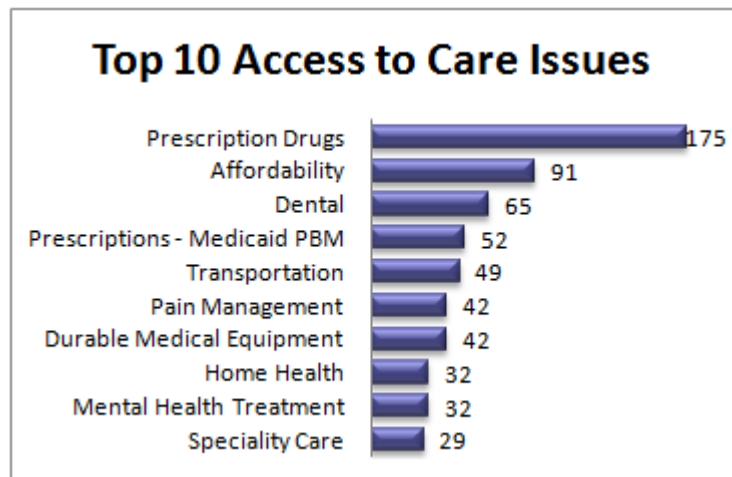
promptly get necessary medications, including 52 related to Medicaid Pharmacy Benefits Management (PBM), compared to 193 total calls last year.

While the issues comprising the top ten *Access to Care* list are similar to those on last year's list, there was some interesting movement within the list. Affordability moved from seventh place to second place this year, with a 133% increase in the number of callers who identified Affordability as their primary issue (91, compared with 39).

Despite the fact that fewer Vermonters are uninsured and a large number of Vermonters who purchased VHC plans qualified for cost-sharing reductions, more people find affordability to be a barrier to health care access. An additional 230 people cited affordability as secondary to their primary access issue. Nursing Home issues fell off the top ten list this year, tying with Prior Approval Denial at eleventh place (with 28 calls each), while Home Health issues rose into the top 10 (with 32 calls). Prescription drug issues and Medicaid PBM issues were the first and fourth most common *Access to Care* issues in 2015; together they increased by 18% compared to SFY 2014. Another 180 callers named prescription access as secondary to their primary issue.

The other top access to care issues were:

- dental care, dentures, orthodontia (65, compared to 69 in SFY 2014)
- transportation (49, compared to 68)
- pain management treatment (42, compared to 26)
- durable medical equipment, supplies and wheelchairs (42, compared to 55)
- mental health treatment (32, compared to 36)
- specialty care (29, compared to 46)

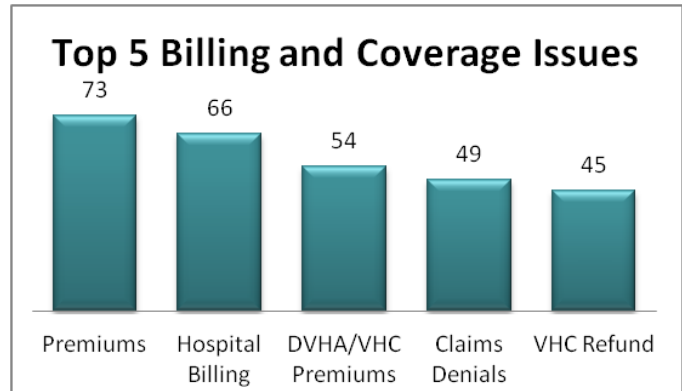


Billing and Coverage

Calls in this category are from Vermonters who received the care they needed, but subsequently experienced problems getting their insurance to pay for that care or had other problems with the billing process. We answered 676 calls in this category, compared to 602 last year. In order to give higher priority to *Access to Care* and *Eligibility* calls, as a general rule we now provide advice on ways to resolve billing problems, rather than providing direct intervention. Additionally, we enhanced the information on our website about resolving

billing problems, and our voice mail message encouraged people to seek billing help on our website first. In spite of that, the number of calls about billing and coverage still increased 12%.

We track 35 subcategories of *Billing and Coverage* calls. While calls relating to Premiums, Hospital Billing and Claim Denials remained among the top 5 billing and coverage issues in SFY 2015, DVHA/VHC Premiums and VHC Refund issues displaced Provider Billing and Medicare Billing in the top five *Billing and Coverage* issues faced by consumers who called the HCA.

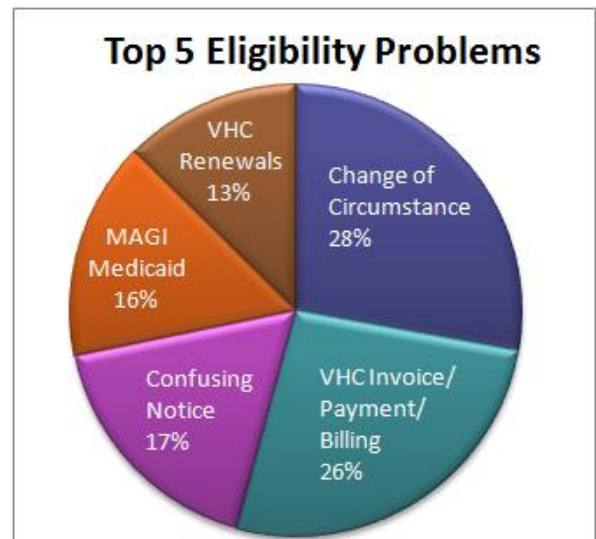


The top 5 issues compared to last year were:

- premiums (73, compared to 81)
- hospital billing (66, compared to 64)
- DVHA/VHC Premiums (54, compared to 14)
- claim denials (49, compared to 47)
- VHC Refund (45, new category this year)

Eligibility

The percentage of calls related to *Eligibility* for health care coverage offered through the state continued to increase: 27% in SFY 2012 and 2013, 30% in SFY 2014 and 31% in SFY 2015. Eligibility was the primary issue for 1,446 callers, and an additional 3,298 callers named eligibility as a secondary issue, for a total of 4,744. The top five subcategories with *Eligibility* changed significantly this year. In SFY 2014 Medicaid, VHAP, Buy-In Programs/MSPs, Medicaid Spend Down Program and MAGI Medicaid were among the top 5 issues, but only MAGI Medicaid remained among the top 5 in SFY 2015. The top five issues this year were:



- Change of Circumstance (218, compared to 48 in SFY 2014)
- VHC Invoice/Payment/Billing (207, compared to 35)
- Confusing Notices (137, new category this year)

- MAGI Medicaid (122, compared to 136)
- VHC Renewals (99, new category this year)

Of the 1,446 calls in which *Eligibility* was recorded as the primary issue, 1,043 (72%) were related to Vermont Health Connect. Specific Vermont Health Connect problems involving technology, application processing, change of circumstance, renewals, and invoice/payment and billing problems accounted for 589 (about 41%) of all *Eligibility* calls. Looking at both primary and secondary issues, the following subcategories provided significant challenges to our callers, even in those cases where they were not the primary issue:

- Change of Circumstance (476)
- MAGI Medicaid (386)
- Premium Tax Credit (388)
- VHC Invoice/Payment Billing (544)

Types of Coverage

The HCA receives calls from Vermonters with all types of health insurance and from the uninsured. The chart below breaks down our calls by the caller's type of coverage. For SFY 2015, state health care programs include Medicaid FFS, Medicaid Managed Care and VPharm. Commercial insurance consists of both individuals with small and large group coverage and those with individual coverage, including those who purchased Qualified Health Plans through Vermont Health Connect. In some cases the caller's insurance status is not relevant to the problem, and the HCA does not get the information.

The breakdown this year, as compared to the previous two years is shown in the table below.

	2015	2014	2013
State Programs	1,313 (28%)	1,180 (30%)	1,053 (33%)
Commercial Insurance	1,185 (25%)	573 (15%)	355 (11%)
Uninsured	517 (11%)	501 (13%)	340 (11%)
Medicare	480 (10%)	539 (14%)	400 (13%)
Dual Eligible ⁷	303 (6%)	415 (11%)	405 (13%)
Dental	18 (<1%)	N/A	N/A
Catamount & Premium Assistance ⁸	N/A	148 (4%)	149 (5%)
Other	228 (5%)	80 (2%)	100 (3%)
Irrelevant/Unknown	651 (14%)	471 (12%)	365 (12%)

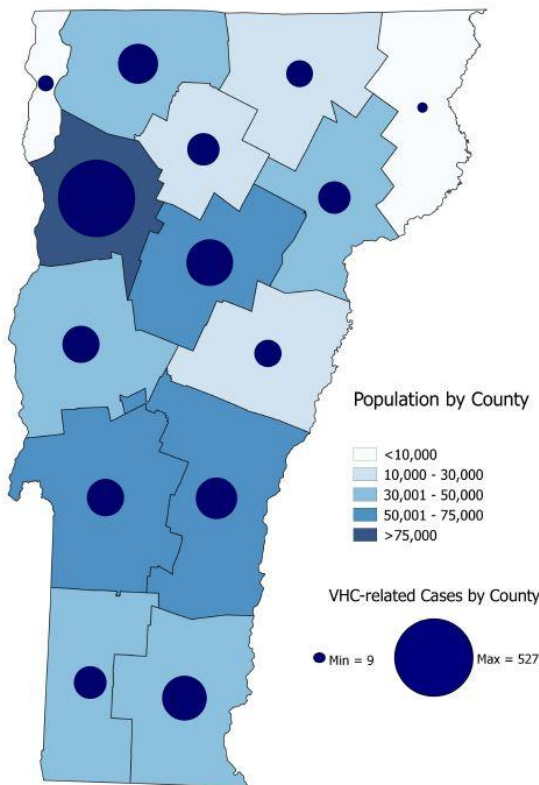
⁷ Dual Eligible is also known as Medicaid plus Medicare.

⁸ The Catamount Health and Catamount Health Premium Assistance (CHAP) programs ended on March 31, 2014.

When beneficiaries who are Dual Eligible or have VPharm coverage are added into the Medicare total, more than 21% of the calls were from Medicare beneficiaries.

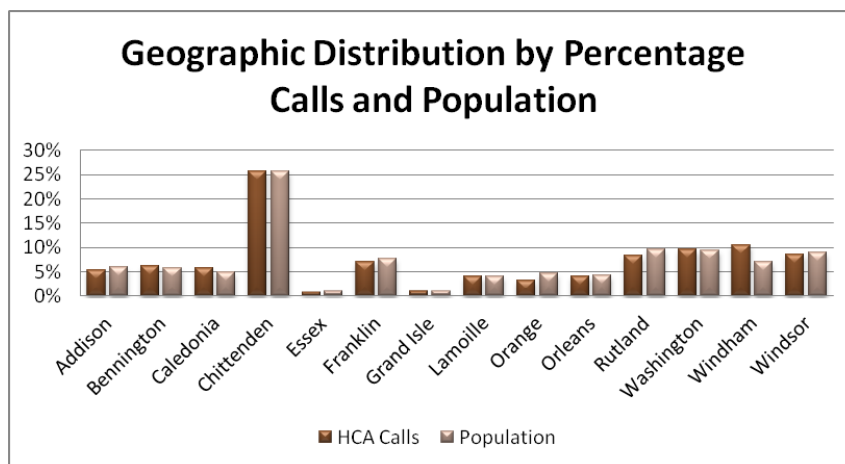
Vermont Health Connect Calls

In SFY 2015 2,127 (45%) of the calls received by the HCA were related to Vermont Health Connect.



Geographic Distribution of Calls

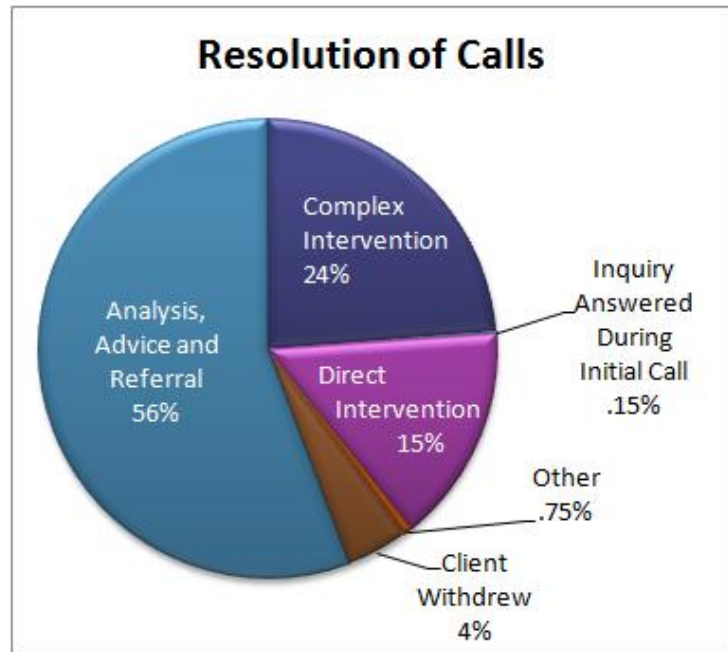
The HCA provides services statewide. While there was some variation by county, our calls are spread across the state in almost direct proportion to the population of the state. The chart below shows the percentage distribution of calls the HCA received in SFY 2015 compared with the general population distribution.



Resolution of Calls

In SFY 2015, the HCA closed 4,643 cases, compared to 3,907 last year. When each case is closed, we document how we resolved the case, where we referred the individual, and what materials we sent. The chart below compares the percentage of call resolutions, while the accompanying text describes how this year’s call resolutions compared with last year’s:

- *Analysis, Advice and Referral* (advice and/or referral after analysis for cases that are slightly more complex): 2,588 calls (56%), compared to 2,119 calls (55%) in SFY 2014
- *Complex Intervention* (direct intervention that took more than two hours to resolve): 1,102 calls (24%), compared to 786 calls (20%)
- *Direct Intervention* (made calls or took other action on behalf of the client, up to two hours of work per case): 712 calls (15%), compared to 683 calls (18%)
- *Client Withdrew*: 199 calls (4%), compared to 141 (4%)
- *Inquiry Answered During Initial Call*: 7 calls (.15%), compared to 63 (2%)
- *Other*: 35 calls (.75%), compared to 24 calls (less than 1%)



Appeals: The HCA helped individuals with 117 appeals, 79 (68%) of which were Fair Hearings, 2 were Expedited Fair Hearings, 16 were Medicaid MCO internal appeals, 6 involved Medicare, and 14 were commercial plan appeals.

Outcomes

The HCA records outcomes whenever we know them. Frequently when we give advice, we do not know the ultimate result of that advice. However, we make every effort to track our outcomes when possible.

The HCA saved individual consumers \$684,944.67 in SFY 2015.

This table provides a summary of the services we provided to clients and the outcomes we obtained on their behalf in 2015, compared with 2014.

Outcome Summary	SFY 2015	SFY 2014
Advice or Education	2,479	1,971
Assisted with Application for Insurance	23	45
Bill Written Off	21	29
Claim Paid as a Result of HCA Intervention	32	35
Client Not Eligible for Benefit	17	32
Client Responsible For Bill	48	43
Estimated Eligibility for Insurance	79	188
Got Client onto Insurance	452	372
Obtained Coverage for Services	175	120
Other Access/Eligibility Outcome	371	274
Other Billing Assistance	204	97
Patient Assistance Provided	13	24
Prevented Termination or Reduction in Coverage	42	67
Reimbursement Obtained	82	63
Service Excluded Under Contract	3	3
Other Outcome	602	453
Grand Total	4,643	3,816

Case Examples

Here are five examples that demonstrate the kind of work we do:

1. Seven months of payments and no insurance results in penalty. In 2014, Ms. A paid for insurance for seven months through VHC, but the coverage was never activated. After many calls, VHC ultimately refunded her 2014 premium payments. When she filed her tax return, Ms. A had to pay a tax penalty for the months that she didn't have insurance. During the open enrollment period for 2015 VHC plans, Ms. A again signed up for coverage. Because she had some issues with the VHC website, she called in March to double check the status of her application and found that, again, she didn't have any coverage. Further, she was told that it was too late to enroll, so she called the HCA. The HCA advocate investigated and found that Ms. A was eligible for a Special

Enrollment Period (SEP) that the IRS had created for individuals who had to pay a tax penalty for not having coverage in 2014. The HCA advocate contacted VHC and argued that Ms. A receive a plan with an April 1 start date, which she would have been eligible for if she had been properly advised when she called VHC in March. VHC agreed, and Ms. A was relieved when she finally got active coverage after trying for more than a year.

2. 90 year old woman denied premium subsidies she qualified for. Although she was 90 years old, Ms. B was not eligible for Medicare or Medicaid. She called the HCA because she couldn't afford to pay the monthly premium for the plan she had purchased through VHC, which was 20% of her monthly income, and VHC had told her she wasn't eligible for any subsidies. The advocate reviewed Ms. B's case with VHC and found that Ms. B didn't qualify for federal subsidies only because she had told VHC that she didn't plan to file a tax return. Her income was so low that she didn't meet the tax filing threshold, but a VHC applicant must agree to file federal taxes in order to qualify for subsidies. When she explained to VHC that she would file a tax return now that she understood its importance, VHC told her it was too late. The HCA advocate intervened and VHC approved Ms. B for Advance Premium Tax Credits, which reduced the cost of her monthly premium by almost 80 percent.
3. Investigation into one VHC mistake leads to the discovery of another. Ms. C contacted the HCA when her providers threatened to send her medical bills to collections because they hadn't been paid, even though Ms. C had paid her Qualified Health Plan (QHP) premiums, with much difficulty, for over six months. When the HCA advocate investigated why the bills weren't being paid, she found that Ms. C's QHP had never been activated. The advocate also figured out that VHC had made a mistake in calculating Ms. C's income. When the income was calculated correctly, Ms. C and her family were eligible for Medicaid. The advocate asked VHC to put the family on Medicaid retroactive to the original application, which it did. This meant that Ms. C's providers would be paid by submitting the outstanding bills to Medicaid. She also received a \$1,600 refund for the premiums she had paid for the QHP coverage she never received.
4. In debt and unable to afford necessary medical and dental care. Mr. D had many medical conditions including a disability. His Medicare plan generally covered 80% of

medical expenses, but he had to pay the remaining 20%. He called the HCA because he was struggling to afford his Medicare Part B premiums of \$104.90 per month, along with his cost-sharing. He was over income for Medicaid for the Aged, Blind and Disabled (MABD), but couldn't afford a supplemental plan. He had been on a state Medicare Savings Program that helped pay for his Part B premium, but he had been terminated from the program because his earned income from his part-time job had increased slightly. The HCA advocate realized that Mr. D would be eligible for Medicaid for the Working Disabled (MWD), which has a higher income limit than MABD. It would cover his cost-sharing, which would make it easier for Mr. D to afford his Part B premiums and give him more complete coverage. The advocate helped Mr. D with the application and requested a rush decision. He was found eligible for MWD within days. Having Medicaid coverage also meant that Mr. D had some dental coverage, which would enable him to go to the dentist again.

5. Insurance carrier denied coverage for treatment of a serious illness. Mr. E needed treatment for a life-threatening condition, but his insurance carrier said the treatment was experimental and unproven for this particular condition and denied payment. Mr. E's doctors believed this treatment was Mr. E's best, possibly only, hope. After Mr. E lost his first level appeal to the insurance company, he contacted the HCA. The HCA advocate helped Mr. E with a second level internal appeal. After he lost that one, the advocate helped him file for external review through the Vermont Department of Financial Regulation. The advocate provided guidance on what evidence should be provided to the Independent Review Organization (IRO), and how it should be submitted. The IRO decided that the treatment had been studied and shown to be effective for Mr. E's condition and that the insurance carrier must cover it. The cost of this treatment was approximately \$175,000.

QUALITY ASSURANCE AND CONSUMER SATISFACTION

The satisfaction of our clients is extremely important to us. To monitor how consumers feel about the way we provide our services, we send a Client Satisfaction Questionnaire (CSQ) to every client on whose behalf we intervene directly. We try to contact every client who requests follow up on the returned CSQ in order to resolve complaints or outstanding issues, but sometimes that is not possible.

This year we sent out 1,809 CSQs and 616 (34%) were returned. Of those returned, 98% said they were Satisfied or Very Satisfied with the service they received from our office. About 90%

reported they were Very Satisfied. Eleven individuals said they were not satisfied. Most of these individuals had cases that lacked sufficient merit to obtain the outcome they desired. Many respondents used the CSQ as an opportunity to vent about their frustrations with Vermont Health Connect.

Here is a sampling of the comments on this year's CSQs:

Vermont tax dollars are well spent with this service. This office gave the answers I should have had six months earlier from VHC.

I am very glad that this service is available for Vermonters. It was a great relief to finally find you.

Great advocacy, thank you for being there and helping me stay sane. I can take care of my baby instead of spending hours on the phone with VHC!

When we got in touch with [the HCA] it finally felt like someone was actually listening to us.

Very satisfied is an understatement. The service I received was effective, timely, concise and kind! [I was told enough about my case] and in a format that allows me now to advocate for my own case. I will be sending the governor a letter stating that my participation in his health care plan for Vermonters was rescued by Vermont Legal Aid.

Thank you so much. You got me enrolled in healthcare when everyone else told me there was no hope!

I wish to express my deepest thanks and gratitude to [my advocate] for her hard work, perseverance, professionalism and empathy!

I am so grateful for this service! I was told many untrue things by untrained healthcare workers (which led me to pay for months of health care I did not choose to have) and felt like there was no one to turn to for help! Enter the HCA. In two months of working with them, all wrongs have been righted. I did not ever expect an outcome so good.

The HCA is very much needed... a blessing in a time of need. I love the interaction and communication skills of the advocates and their knowledge is impeccable. I am so grateful to have such a service. The HCA provides so much (1) a buffer between you and the problem with VHC, (2) getting the [problem] resolved quickly, and (3) letting you know what the real situation is... [you] take away the feeling of hopelessness and depression...knowledge is key and very powerful but having somebody in your corner is even better.

I had been wrangling with [my problem] for six months. [My advocate] got more traction on the problem in ten days... she bird dogged this with inspiring tenacity, competence, and good spirits... give that woman a raise!

I can take care of my baby instead of spending hours on the phone with VHC!

I love the interaction and communication skills of the advocates and their knowledge is impeccable.

I had been fighting with VHC for over a year and once [my advocate] got involved everything was corrected within 36 hours! Thank you from the bottom of my heart.

I felt I finally had someone on my side. Thank goodness for your office so you can help people like me.

[My advocate] was exceptional at what she does! Without her I would not have health insurance.

[My advocate] respected my intelligence, while explaining nuances and basics in a way that I could understand (given that some of the aspects of the system defy logic).

[My advocate] did a wonderful job of figuring out what I understood and what didn't understand, and then she explained clearly what I need to know. Very useful, clear information, thorough and friendly.

Before this excruciating experience with VHC, I really didn't know anything about Vermont Legal Aid—nor did I think the services could apply to my family. I'm so thankful you're there and the care was so very much appreciated. Resolution is, of course, quite a relief, as it took three months.

Great work from Vermont Legal Aid. It's free.... Service [that is] Awesome.... Specially for immigrants, who don't know where to go and where to talk. And our voice goes to the right place. Thanks.

Wow! I contacted you after 6+ frustrating weeks of leaving messages and receiving conflicting info from VHC—my issue was resolved quickly and fully thanks to you.

[My advocate] was truly amazing! A lifesaver in an extremely stressful situation. She had the energy and resources to do what I couldn't do. Thank you, thank you, thank you!

I am extremely satisfied (and deeply appreciate) how [my advocate] handled our situation. It was a very stressful and worrisome time for me and my family and we were so lucky to have had [our advocate's] help.

[My advocate] is a very nice person who helped me fix my problem when I had no idea what to do.

The love and compassion was great. I really felt somebody cared about my problem... May God bless you all.

I had already spent four hours on trying to advocate for myself, but with no success. After only one phone call to your agency, progress began and within a week the situation was resolved. Prior to contacting your agency I had placed dozens of phone calls and was repeatedly talked down to and ignored. It was extremely refreshing to be treated like a person by the HCA staff.

I was so happy about [your service] that I told everyone I know. [My advocate] was amazing. She spoke as if we were equals. She explained all the legal jargon. She took a very stressful thing and put me at ease right away in our first conversation. She knew the law and gave me well described routes to take.

My issue was resolved quickly and fully, thanks to you.

A lifesaver in an extremely stressful situation.

It's nice to know there is an advocate for me.

I didn't realize at 86 I would be so disabled. Thank you again for the help.

I never expected a favorable outcome—fighting a big insurance company. I am so glad I contacted the HCA. Everybody was a real pleasure to work with...very professional, polite and upbeat. I didn't think I would get the outcome I got! Thank you!!!

Please thank [my advocate] for ending our NIGHTMARE!

[My advocate] was amazingly helpful. You guys pulled my bacon out of the fire and saved my butt. Amazing. I cannot say enough good things about how this was resolved.

I had been fighting to get coverage for my children for months. I contacted [the HCA] and my issues were solved in days. I was treated with dignity and with the assumption that I knew what I was talking about.

You guys are amazing! We're very lucky to have you!

I was treated with dignity and with the assumption that I knew what I was talking about.

PUBLIC ADVOCACY

GREEN MOUNTAIN CARE BOARD ACTIVITIES

Rate Reviews

The HCA represents the public in insurance carrier requests for new premium rates, which are usually rate increases. Insurance carriers filed 16 new rate cases with the Green Mountain Care Board during SFY 2015. The HCA filed Notices of Appearance in all but one of these new filings. We also filed memoranda in 14 cases including some that were pending at the end of the last fiscal year.

The most significant rate review cases were the two filings for Vermont Health Connect (VHC) filed by Blue Cross Blue Shield of Vermont (BCBSVT) and MVP in June 2014, during the previous SFY. The HCA worked with its independent actuary, Donna Novak of NovaRest, to review these filings and prepare for hearings held in August. The Board issued its decisions on September 2, 2014. These decisions set the rates for the VHC plans in calendar 2015.

A summer intern from the George Washington University Law School worked with HCA staff on policy issues before the Green Mountain Care Board during the summer of 2014. He helped to review and analyze the VHC rate filings.

The public submitted 275 comments to the Board on the proposed 2015 VHC plan rate increases. Most of these comments expressed concerns about the affordability of the plans.

BCBSVT estimated that it would cover about 58,000 lives under its VHC plans in 2015. The company asked for an average 9.8% rate increase for 2015. MVP's VHC plans were expected to cover about 4,800 lives. The company asked for an average increase of 15.3% for 2015.

In the BCBSVT filing, the HCA and the Board's actuary argued and the Board agreed that the requested rate should be lowered by 2% because the federal government had announced that it intended to provide a greater subsidy to insurers under its transitional reinsurance program. This program pays for part of the costs for members who have very large health care claims. The Board further reduced the rate based on a second recommendation from the Board's actuary and the HCA. This change in the rate requires BCBSVT to use different factors developed by the federal government to make sure that members' health status is not used in setting premiums. Finally, the Board made a small adjustment to the amount used to calculate the federal insurance fee BCBSVT must pay. The Board's decision in the BCBSVT filing reduced the average increase for the carrier's VHC plans by 2.2%, resulting in an overall rate increase of 7.7%.

For the MVP filing, the HCA argued that the Board should adjust four parts of the filing which would lower the rate increase by a total of 5.1%: administrative trends, pharmacy trends, family size estimates, age estimates, and MVP's "manual rate" calculation. In addition, the HCA asked the Board to lower MVP's proposed 1.5% contribution to surplus. The Board's decision in the MVP case ordered the insurer to make changes to its pharmacy trend, family size estimates, and age estimates, lowering the rate increase by 4%. The Board also lowered MVP's contribution to surplus by 0.5%. The decision reduced the carrier's average rate increase to 10.9%.

Another significant rate review case during the year was the 2015 MVP Agriservices filing. It covered an "association" plan that offered insurance for 1,371 farmers and dairymen. MVP requested a 16% increase. It appeared that MVP had filed this product as a large group plan when it should have filed it as a small group or individual plan. The HCA was concerned that the group size categorization might prevent current policyholders from having the option to receive subsidies on VHC under ACA rules. After researching the federal and state laws on association plans, submitting a supplemental brief on the issue, and participating in extra meetings on the filing with the hearing officer and MVP, we were able to ensure that Agriservices policyholders had the option to access subsidies on VHC. The HCA also argued that the contribution to surplus should be reduced from 2% to 0%, and the Board reduced it to 1%. The Agriservices plan will not continue in 2016.

The most important pending rate review cases at the end of FY 2015 were the two filings for 2016 plans that will be offered on VHC by BCBSVT and MVP. The carriers filed their requests for rate increases on May 15, 2015. The HCA worked closely with its independent actuary to

analyze the Exchange filings, suggest questions for the Board’s actuaries to pose to the carriers, and to prepare for the contested hearings scheduled for late July.

In addition to its work on rate review filings, the HCA attended a general public hearing on the topic of rate review held by the Board in December.

Certificates of Need (CON)

Pursuant to 18 V.S.A. §9603, the HCA may “represent the interests of the people of the State in cases requiring a hearing before the Green Mountain Care Board.” The HCA continued to monitor the Green Mountain Care Board’s Certificate of Need (CON) process throughout the last State Fiscal Year including letters of intent, requests for jurisdictional determination, CON applications, questions from the Board to the applicant, applicant responses to Board questions, and hearings. When we feel there is a significant potential consumer protection issue in the proposed project, we enter an appearance as an “interested party” in the proceeding. As an interested party, we submit our own questions for the applicant to the Board, participate in all pre-hearing conferences held by the Board, and participate as a party in the CON hearing. We appeared as an interested party in the following CON proceedings between July 2014 and June 2015:

- Copley Hospital Construction of New Surgical Suite, GMCB 15-13con (filed two sets of suggested questions)
- Green Mountain at Fox Run, Outpatient Eating Disorder Treatment Program, GMCB 13-14con (filed suggested questions, submitted oral and written hearing testimony)
- UVMC South Burlington Property Acquisition, GMCB 15-14con (filed suggested questions, attended site visit, met with UVMC to evaluate the hospital’s master facility plan)
- Northwestern Medical Center Renovation/Construction of Single Occupancy Rooms and Centralized Registration, GMCB 22-14con (filed suggested questions)
- UVMC Inpatient Bed Replacement Project, GMCB 21-14con (filed suggested questions, attended pre-hearing conferences, provided information to a Vermont consumer assistance organization on how to apply for interested party status in the proceedings, met with representatives of parties holding amicus curiae status in the proceedings to discuss their concerns with the project, participated in the two-day hearing including cross-examining witnesses, submitted post-hearing memorandum)
- Northwestern Medical Center Construction of New Medical Office Building, GMCB-24-14con (filed suggested questions)

Hospital Budget Review

In August 2014, the Board performed its third annual hospital budget review. We prepared for the hearings by reviewing each hospital's budget materials and Community Health Needs Assessments, researching issues that affect the hospitals' budgets and care quality, meeting with the Board's Director of Health System Finances, and submitting suggested questions for the Board to pose to the hospitals. We attended all 13 of the hearings, submitted post-hearing comments to the Board, and submitted additional comments to the Board about the budget review process after the budget decisions were announced.

Our hospital budget comments focused on increasing consumer engagement and addressing community needs, the risks of excessive consolidation within the health care system, the need for implementation of best practices, ensuring that reform improves access and quality, affordability issues due to high deductible health plans and increased cost sharing, excessive rate increases, and access issues related to mental health care, primary care, dental care, and long term care.

Other Green Mountain Care Board Activities

The HCA is active in the Board's regulatory responsibilities beyond our regular rate review and CON work. Pursuant to Act 48 of 2011 and Act 171 of 2012, the Board is required to consult with the HCA about various health care reform issues. Act 79 of 2013 directs the HCA to "suggest policies, procedures, or rules to the Board in order to protect patients' and consumers' interests." In response to these directives, between July 2014 and June 2015 the HCA completed the following:

- Attended the Board's weekly public meetings (40)
- Attended the Board's monthly Data Governance Council meetings (10)
- Submitted comments to the Board on proposed changes to the standards for Vermont's Commercial Accountable Care Organization Shared Savings Programs, the state's proposed changes to the Vermont Health Insurance Exchange's Qualified Plan designs, the administration's health policy proposal, the VHCIP self-evaluation process, and ways to improve consumer access to information through the Board's
- Met regularly with GMCB staff including the Executive Director, General Counsel, Health Policy Director, Deputy Director of Policy & Evaluation, and Health Care Project Director (10)
- Monitored proposed changes to the Board's legislative duties
- Attended three days of vendor demonstrations for the Board's VHCURES 2.0 procurement and submitted formal comments on consumer protection priorities for the vendor selection process
- Attended the Board's Advisory Committee Meetings (2)

VERMONT HEALTH CARE INNOVATION PROJECT ACTIVITIES

The State of Vermont is currently in year two of a four-year, 45-million-dollar State Innovation Model (SIM) grant from the federal government. The SIM grant funds the Vermont Health Care Innovation Project (VHCIP), which aims to expand and integrate innovative health care provider payment and information technology reforms to support a high-performing health care system in Vermont. The VHCIP governance structure includes seven work groups, a Steering Committee, and a Core Team.

The Chief Health Care Advocate is an active member of the VHCIP Steering committee. In SFY 2015, HCA staff members and the Chief Health Care Advocate participated as active members in five of the seven VHCIP work groups:

- Quality and Performance Measures
- Payment Models
- Population Health
- Health Information Exchange/Health Information Technology
- Care Models and Care Management

Additionally, the HCA monitored the activities of the VHCIP Core Team and the Health Care Workforce Work Group (appointed by the Governor) as an interested party, as well as the Disability and Long Term Services and Supports Work Group, which includes active members from other projects at Vermont Legal Aid. The HCA also participated in regular meetings of the SIM Self-Evaluation Team, and attended a half-day VHCIP Symposium and full-day VHCIP Convening.

VHCIP activities required a significant amount of HCA staff members' time and resources in SFY 2015. Each of the work groups and the two governing bodies met approximately monthly for two to three hours, with many meetings requiring review of substantial materials in advance. Additionally, the HCA produced numerous sets of written comments on myriad topics for the work groups, Steering Committee, and Core Team.

The VHCIP payment reform pilot projects include Vermont's Medicaid and Commercial Accountable Care Organization (ACO) Shared Savings Programs. The HCA has continued to work with Vermont's ACOs to improve consumer engagement, including assisting with development of consumer advisory boards and recruitment of consumer members for governing bodies.

POLICY PAPERS

The HCA researches and writes policy papers about health care issues that affect Vermonters. In SFY 2015, HCA staff members wrote three policy papers and significantly revised and updated a previously published one to reflect changes in interpretation of the law and IRS rulings. All are available on the *health care policy page* of our website:

- *Health Insurance Rate Review: A Critical Part of Health Care Reform* (July 2014)
- *The Limits of Cost Sharing* (September 2014)
- *Low-Income Taxpayers and the Affordable Care Act* (updated November 2014)
- *Health Literacy and Plain Language* (January 2015)

OTHER PUBLIC ADVOCACY

In addition to providing services to individual Vermonters, the HCA works for systemic change on their behalf. Because we talk to consumers every day and track data, we can serve as a sentinel to policy makers. We see trends in problem areas and try to get them fixed. We inform public agencies and the legislature about the health care concerns of consumers, and we make recommendations for changes. We monitor, analyze, and comment on federal and state laws and regulations. We collaborate with federal and state advocacy organizations in order to strengthen the voice of consumers in the public debate. We strive to promote the development of consumer organizations and to educate citizens about their rights and responsibilities.

Legislative Advocacy

HCA staff members frequently speak to state legislators, attend committee hearings, submit reports on the trends and cases we are seeing, and provide written and oral testimony to standing committees. When the legislature is not in session, we report regularly to the Health Care Oversight Committee (2013-2014 session, no longer in existence), the House Health Care Committee, and the Health Reform Oversight Committee.

In the past year the HCA participated in over 200 legislative activities, including attending 165 committee hearings, testifying 25 times, submitting six documents to legislative committees, meeting informally with legislators, and collaborating with other advocates on legislative initiatives. Examples of our collaborative work include participation in the Surrogate Decision Making working group and in the Oral Health Care for All legislative team.

The HCA's legislative work focused primarily on maintaining and improving access to health care for Vermonters. For example, we advocated for increased cost-sharing subsidies for customers of Vermont Health Connect, a notice requirement for patients in the hospital placed on observation status, surrogate decision making, and establishment of a new dental provider

certification to improve access to dental care.

Administrative Advocacy

The HCA works for systemic change through state and federal agencies. This year, our administrative advocacy focused on Vermont Health Connect, including work on the Health Benefit Eligibility and Enrollment (HBEE) regulations, 1095-A tax issues, and VHC notices. We also participated in a number of councils, coalitions, and work groups.

Vermont Health Connect

In the past year, the HCA advocated extensively for improvements to VHC. We submitted 16 sets of comments on notices developed by VHC and submitted numerous questions, complaints, and suggestions to VHC as the program continued to cause problems for consumers. We also submitted multiple sets of comments on VHC regulations.

Medicaid and Exchange Advisory Board

Over the past year the Chief Health Care Advocate has been an active participant in the Medicaid and Exchange Advisory Board (MEAB). This year the chief participated in 11 MEAB meetings, chaired the MEAB work group on Improving Access to Medicaid services (6 meetings), and participated in the MEAB work group on Individuals and Families (9 meetings).

Rule 09-03 Work Group

The HCA is one of the stakeholders participating in Rule 09-03 Work Group which was set up in Act 54 of the 2015 legislative session. The work group will help the Agency of Administration, the Green Mountain Care Board and the Department of Financial Regulation evaluate the necessity of maintaining provisions for regulating insurers in Rule 09-03, which contains consumer protection and quality requirements for managed care organizations, and in other regulations governing quality and consumer protection. The group will also assess which state entity is the appropriate one to be responsible for functions set forth in the regulations (1 meeting in SFY 2015).

2017 Qualified Health Plan Work Group

The HCA is participating in the 2017 Qualified Health Plan Work Group, which is a stakeholder group convened by the Department of Vermont Health Access to help DVHA develop any recommended changes to benefit design for Qualified Health Plans offered on Vermont Health Connect in 2017 (3 meetings).

Additionally, this year the HCA:

- Submitted comments to VHC on ACA tax outreach and education materials, and on Special Enrollment Period rules
- Submitted questions to VHC regarding open enrollment period processes
- Met with VHC multiple times about tax outreach and education, complaints and suggestions, Optum, implementation of 2015 federal poverty levels, and the escalation path for cases
- Met and corresponded with DVHA on multiple occasions about notices of decision for prior authorizations, Medicaid exceptions, the VPharm annual notice, and the MEAB
- Met and corresponded with SHIP/CVAA about VHC and Medicare
- Raised three substantive legal issues with AHS regarding proposed final VHC regulations in Bulletin B15-02FP
- Met with Vermont’s Congressional delegation about potential consumer problems related to ACA tax issues
- Participated in weekly 1095-A phone calls (3rd and 4th quarters)
- Attended a 1095-A press round table
- Corresponded with AHS policy analysts about the proposed HBEE rule and successfully advocated for changes to the rule
- Advocated for policy changes on VHC tax issues
- Discussed VHC policies and practices regarding plan reinstatement and IRS reporting (1095-As) for certain 2014 QHPs
- Submitted comments on proposed IRS Premium Tax Credit regulations
- Submitted comments to the Taxpayer Advocate Service on its Shared Responsibility Payment estimator
- Signed on to a letter from First Focus to Congress regarding renewal of CHIP funding
- Submitted comments to Visiting Nurse and Hospice for VT and NH

Other Activities

This year, the HCA:

- Participated in the Governor’s Consumer Advisory Council on implementing a single-payer health care system in Vermont (3 meetings)
- Participated in the Unified Pain Management System Advisory Council, created by Act 75 of 2013, which advises the Commissioner of the Vermont Department of Health (VDH) on matters relating to the appropriate use of controlled substances in treating chronic pain and addiction and in preventing prescription drug abuse (1 meeting)
- Participated in the VHC Consumer Experience Work Group (8 meetings)
- Participated in VHC Customer Support meetings with Maximus, VHC, DVHA and HAEU (11 meetings)

- Participated in the Oral Health Care for All Coalition (1 meeting)
- Participated in the Gateways national consumer advocacy group for state-based marketplaces (2 meetings)

Additionally, HCA staff participated in the following staff training activities:

- Center on Budget and Policy Priorities
 - Webinar: ‘Income and Household Composition for Premium Tax Credits and Medicaid’
 - Webinar: ‘Premium Tax Credit Reconciliation and the Marketplace Renewal Process’
- Centers for Disease Control and Prevention (CDC)
 - Online training: ‘Health Literacy for Public Health Professionals’
- Community Catalyst
 - Learning Community Conference Call: ‘Introducing New Resources for Community Benefit’
 - Webinar: ‘Meaningful Engagement in Community Health Needs Assessments’
 - Webinar: ‘Final IRS Rules for Tax-Exempt Hospitals’
 - Webinar: ‘Hospital Billing Rules’
- Consumers Union
 - Webinar: ‘Protecting Consumers from Surprise Out-of-Network Bills’
 - Webinar: ‘Provider Payment Reform’
 - Conference calls on rate review issues (3)
- Families USA
 - Advocates call on SIM and other health care reform
- Federal Office of the National Coordinator for Health IT
 - Annual Consumer Health IT Summit on Patient Engagement
- Green Mountain Care Board/Mark Painter
 - 2 Webinars: Claims Edits
- Legislative Council
 - Vermont Legislative Review
- National Academy for State Health Policy (NASHP)
 - Annual conference: ‘Innovations Ripe for the Picking’ (3 days)
 - Webinar: ‘Identifying Value in Multi-Payer Payment Reform: The Nuts and Bolts of Quality Measurement’
- National Consumer Law Center (NCLC)
 - Webinar: ‘Medical Debt – Overview of New IRS Regulations and Industry Best Practices’
- Ohio Poverty Law Center and the Committee on Regional Training

- Webinar: ‘The ACA and Family Law Cases: First Do No Harm, Then Do Good Things’
- University of Vermont Medical Center (formerly Fletcher Allen Health Care)
 - Community Rounds Program (2 days)
- Vermont Information Technology Leaders (VITL)
 - Health IT Summit (2 days)
 - Webinar: ‘Vermont Information Technology Plan’
- Vermont Legal Aid Staff College
 - Legislative Advocacy Training

AFFORDABLE CARE ACT TAX-RELATED ACTIVITIES

The federal Patient Protection and Affordable Care Act (ACA) made tax law newly important to effective health advocacy. It imported tax concepts into Medicaid, created a new federal tax credit to subsidize private health insurance purchased through health benefit exchanges, and created a tax penalty for failure to have insurance coverage. In SFY 2015, the HCA worked hard to help Vermonters sort through many health insurance-related tax problems as the tax consequences of the Affordable Care Act went into effect. The HCA also engaged in substantial education, outreach, and administrative advocacy related to the ACA.

Beginning in October 2014 the HCA employed a half-time tax attorney, who also staffs the Low Income Taxpayer Project at VLA. Having a tax attorney on staff allowed the HCA to stay up to date on IRS’s ACA implementation efforts and educate our advocates to effectively field calls related to the ACA and Vermont Health Connect. The tax attorney consulted with HCA advocates when particularly difficult tax issues arose in HCA cases, and accepted HCA case referrals for representation before the IRS.

To its credit, VHC increased its tax-related training, outreach, and education efforts in late 2014 and partnered with the HCA in many of these efforts. VHC staff worked very hard to prepare for the 2015 tax filing season. However, it was still a rocky tax season for many Vermonters, and a very busy time for the HCA. For the first time, Americans’ health insurance status over the course of the previous year had serious tax consequences. Many consumers did not understand how Advance Premium Tax Credits (APTC) worked when they applied for 2014 coverage. Some consumers and assisters erroneously believed that there were exemptions from the reconciliation process, particularly for errors made by VHC.

At tax time, some consumers discovered they had received too much APTC in 2014 and owed money to the IRS because of the overpayment. The APTC overpayment was frequently caused because the consumer earned more in 2014 than anticipated. Other times it was caused by a VHC mistake in its APTC calculations, or because VHC had not been able to process a reported change in income in a timely manner.

HCA advocates provided a significant amount of consumer education to Vermonters, particularly in the third and fourth quarters of SFY 2015 when consumers were filing tax returns, struggling to understand IRS letters, and confronting their tax bills. Many consumers who owed money on their taxes were still receiving too much APTC for 2015. This meant that the issue had to be resolved very quickly, or they would owe money again next year.

HCA remained in frequent contact with VHC throughout the filing season, and frequently raised both practical and legal issues with VHC.

To address the widespread confusion and misunderstanding of the tax implications of the Affordable Care Act, the HCA engaged in a significant number of outreach and education activities. They are detailed below in the Outreach and Education section.

COORDINATION

The HCA works closely with the Long Term Care Ombudsman and other VLA attorneys. In addition, we coordinate our efforts with many consumer and advocacy groups to expand access to health care. The HCA worked with the following organizations this year:

- American Bar Association Section of Taxation, Individual and Family Tax Committee
- AARP Vermont
- Alliance for a Healthier Vermont
- American Cancer Society of Vermont
- American Civil Liberties Union (ACLU)
- American Heart Association Vermont Chapter
- Bi-State Primary Care Association
- Blue Cross Blue Shield of Vermont
- Center on Budget and Policy Priorities
- City of Burlington
- Community Catalyst
- Community of Vermont Elders
- Consumers Union
- Disability Rights Vermont
- Families USA
- Howard Center
- Iowa Legal Aid
- IRS Affordable Care Act Office
- IRS Office of Chief Counsel
- IRS Taxpayer Advocate Service
- Main Street Alliance
- National Health Law Program

- Peoples Health and Wellness Clinic
- Planned Parenthood of Northern New England
- Springfield Area Public Access Television
- University of Vermont Medical Center
- Valley Health Connections
- Vermont Association of Hospitals and Health Systems
- Vermont Campaign for Health Care Security
- Vermont Dental Hygienists' Association
- Vermont Developmental Disabilities Council
- Vermont Family Network
- Vermont Health Connect
- Vermont Information Technology Leaders
- Vermont Interfaith Action
- Vermont Low Income Advocacy Council (VLIAC)
- Vermont Medical Society
- Vermont National Education Association (NEA)
- Vermont Oral Health Care for All Coalition
- Vermont Public Interest Research Group (VPIRG)
- Vermont Technical College
- Vermont Workers' Center
- Villanova Law School
- Voices for Vermont's Children

OUTREACH AND EDUCATION

The HCA engaged in direct outreach and used a variety of communication channels to inform and update the public as well as health, social services, and other partner organizations that assist the public with health issues. The HCA helped launch Vermont Legal Aid's Facebook page and sustained a strong health focus; reached out to the public through television; published and distributed a series of flyers to inform consumers on specific and timely health topics; and worked diligently to keep the website updated to provide the latest and most accurate information to Vermont consumers.

Facebook and Blogs

In early June 2015, Vermont Legal Aid launched a highly active Facebook page. In just three months, the page attracted almost 500 followers – and we are working to continue to grow that number. Approximately 26% of the posts focused on a broad range of health topics including informing consumers about the kinds of assistance the Office of the Healthcare Advocate provides and publicizing events such as Green Mountain Care Board hearings on proposed

Vermont Health Connect plan rates and free dental clinics. The Facebook page enjoys a good level of engagement among our followers including post likes, shares and comments. In addition several people have reached out to VLA for assistance via private message.

The HCA also wrote two guest blog posts for *Procedurally Taxing*, a widely read national blog covering issues related to tax procedure and administration.

Presentations

The HCA participated in panels or provided presentations at 24 meetings and events that enabled us to directly reach approximately 1,100 consumers, advocates, and staff members of organizations that serve the public across Vermont and, in some cases, across the U.S. Our outreach events included the People with Aids Coalition retreat, an Association of Africans Living in Vermont staff meeting, case managers from the Committee on Temporary Shelter, the National Health Law Program (NHeLP) Conference, Low Income Taxpayer Clinic network, health assisters and navigators, the Vermont Workers' Center, and tax professionals, among others.

Print Materials

The HCA created three flyers aimed at informing consumers about the important new tax implications of health care reform. The first flyer encouraged those who did not have insurance to apply during open enrollment and provided a clear chart showing the steep increases in penalties for not having health insurance in 2015. The second flyer explained IRS Form 1095-A and what consumers should do if they didn't receive a form or if it had incorrect information. The third flyer explained why consumers who received APTCs should file a tax return and what would happen if they were paid too much or too little APTC. Electronic versions of the flyers were emailed to more than 150 partners and assisters; almost 500 print copies of each flyer were distributed to organizations and partners for redistribution to consumers; and the flyers were available to download and print from our website.

The HCA tax attorney co-authored a chapter on the Affordable Care Act that was published in the American Bar Association's 6th edition of its manual, *Effectively Representing Your Client before the IRS*. Building on a policy paper the HCA originally published on our public website, the chapter outlines the main components of the ACA that are relevant to low-income taxpayers and provides practice tips and information about important ACA tax issues such as Individual Shared Responsibility Payments and Premium Tax Credits. A free copy of the manual was furnished by the ABA to the 132 Low Income Taxpayer Clinics nationwide, giving more than 1,300 advocates access to the information to use when assisting clients.

We developed simple, easy-to-understand **template advice letters** telling clients how to claim IRS penalty relief for specific circumstances. The materials we developed for advocates have been shared with health and tax advocates in Vermont and nationwide.

In collaboration with the Champlain Valley Agency on Aging, the HCA created a handout to inform seniors and people with disabilities about Moving from Vermont Health Connect to Medicare.

The HCA also created a VPharm fact sheet to accompany notices the state sends to VPharm recipients. The fact sheet explains about eligibility and costs of VPharm, as well as benefits.

Email Outreach

The HCA wrote five articles for Vermont Legal Aid’s newsletter *Justice Quarterly*, which is distributed directly to approximately 330 subscribers and averages more than 370 total opens per campaign. The articles reminded readers about the 2015 Open Enrollment Period for Vermont Health Connect plans; explained the new intersection between health insurance and taxes; clarified the requirement to pay back excess Advance Premium Tax Credits (APTCs); linked to template letters consumers can use to request abatement of late payment penalties; and informed assisters that incorrect income limits had been used by the state to determine Medicaid eligibility.



In addition, we sent a separate HCA email to 95 Vermont Health Connect navigator and HCA partner organizations to explain the new tax ramifications of the Affordable Care Act. The email provided links to the three flyers described in the print materials section of this report. About 30 percent of the initial recipients opened the email; many forwarded it to others leading to a total count of 171 opens.

Television

The HCA collaborated with Valley Health Connections to record *two Public Service Announcements* (PSAs) on Springfield Area Public Access Television to help the public prepare for the tax filing season. The first PSA explained what *everyone* needs to know about health



insurance and taxes, including the individual shared responsibility provision. The second PSA was aimed at individuals who had a Qualified Health Plan (QHP) through Vermont Health Connect. It explained the process to reconcile Advance Premium Tax Credits. Both PSAs were available to a statewide network of 26 public access stations.

Other Outreach

We collaborated with VHC staff in several outreach and educational efforts this quarter. The HCA had two tax outreach planning meetings with VHC outreach staff, and was in frequent communication with VHC regarding tax outreach events and materials.

Health Website

The *Health section* of our Vermont Law Help website offers more than 200 pages of consumer-focused information maintained by the HCA. The health section also provides easy access to an online intake form that allows Vermonters across the state to submit a request for assistance 24/7.

Overall the health section pageviews increased this year by more than 33 percent compared with last year. (21,465 pageviews, compared with 16,059 in 2014) We added two new, well-received pages that helped both consumers and assisters better understand the tax implications of the affordable care act: ACA for Assisters accounted for 652 pageviews, and Health Insurance, Taxes and You attracted close to 500 visits.

Other pages that had significant increases in the number of pageviews include:

- Medicaid income limits (3,784 views in 2015, compared with 204 in 2014)
- Medical decisions, advance directives and living wills had almost twice as many pageviews as last year (665, compared with 384 in 2014)
- Vermont Choices for Care (481, compared with 145 last year)
- Dental Services (470, compared with 175 last year)

More than twice as many PDFs (3,760) were downloaded from the Vermont Law Help website, compared with last year (1,214). Of the 114 unique PDFs that were downloaded, more than half (67) were health related. Most of the health-related PDF downloads were presentations, white papers and supporting materials prepared by the HCA tax lawyer and other members of the policy team.

Notably, the Vermont Dental clinics chart was in the top 25 downloads.

INCOME**Vermont Legal Aid, Inc.**

HCA ANNUAL REPORT SFY 2015

July 1, 2014 to June 30, 2015

Department of Vermont Health Access

Medicaid Funds (part Federal)	\$	426,594
Federal Exchange Funds		156,418

Vermont Department of Financial Regulation

Federal CAP Grant		341,275
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Green Mountain Care Board

Rate Review Grant		127,977
State Bill Back Funds		369,715

TOTAL SFY 15 INCOME

\$ 1,421,979

EXPENDITURES**Vermont Legal Aid, Inc.**

HCA ANNUAL REPORT SFY 2015

July 1, 2014 to June 30, 2015

Personnel

Project Director	\$	92,553
Attorneys		269,535
Lay Advocates and Para Professional Staff		274,793
Management Professional Staff		116,871
Clerical and Support Services		43,590
Total Salaries		<u>797,342</u>
Fringe Benefits		<u>379,211</u>
Total Personnel		<u>1,176,553</u>

Operating Costs

Occupancy		78,052
Office Supplies and Other Office Overhead		16,005
Equipment Rental, Repair and Maintenance		6,765
Computer Services and Support		29,949
Total Operating		<u>130,771</u>

Grant or Contract Specific Expenses

Travel		13,554
Training		6,495
Law Library		4,719
Other Specific Costs		8,291
Professional Actuarial Services		52,035
Total Specific Expenses		<u>85,094</u>

Administrative Overhead

Administrative Support Expenses		14,774
Depreciation		14,787
Total Overhead		<u>29,561</u>

TOTAL GRANT EXPENDITURES	\$	<u>1,421,979</u>
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