

Vermont Legal Aid

Office of the Health Care Advocate

Quarterly Report

April 1, 2017- June 30, 2017

to the

Agency of Administration

submitted by

Michael Fisher, Chief Health Care Advocate

Office of the Health Care Advocate



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Introduction

The Office of the Health Care Advocate (HCA) provides a key role by combining individual consumer assistance and consumer advocacy on issues related to health insurance and health care. We engage in a wide variety of consumer protection activities on behalf of the public, including appearing before the Green Mountain Care Board, other state agencies and the state legislature to promote improvements in health care access, quality and affordability.

Helping Vermonters navigate Vermont Health Connect (VHC) has been a significant task for the HCA over the last 3 and a half years. This report shows continued improvement and stabilization at VHC. The number of VHC calls dropped by 24% this quarter. VHC calls, however, still represent 35% of the calls to the HCA. VHC cases also tend to be more complicated and time-consuming. This quarter, 44% of VHC cases were “complex interventions” that took more than two hours of an advocate’s time to resolve.

During this time period, the HCA has also seen increased usage of our website, particularly the Medicaid eligibility pages. Medicaid eligibility cases represent 21% of our total cases, and it has been the top issue for the last three quarters.

We have continued to work on our website to make it accessible to more Vermonters. This quarter we also launched a new online health care tool. This tool gives consumers a way to get an answer to their specific health questions. It is clear to us that there are many Vermonters who have real struggles with access to care, but who do not know about our services. This quarter we also reached out to child care workers; small farmers, self-employed workers; and newly-released prisoners.

This continues to be an uncertain time for consumers, health care providers, and carriers, given the ongoing discussions at the federal level of possible repeal and replacement of the ACA, possible cuts to Medicaid funding, and administrative changes that could have a real impact on Vermonters. We regularly receive calls from Vermonters who express anxiety about how these possible changes will impact their families’ access to care. Today’s uncertainty has an impact on Vermont consumers and makes the role of the HCA even more essential.

A key strength of the HCA is our continued support for Vermonters through individual advocacy as well as at the legislative and administrative policy level. We are able to provide policy makers with feedback informed by our daily work with Vermonters facing challenges accessing the care they need, such as Richard’s experience described in the case narrative above. 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.

Richard’s Story

Richard had been hitchhiking to his daily appointments at the substance abuse clinic. He had no insurance coverage and no car, and his only income was from disability payments. He had no friends or family who could help him get to his appointments.

He was afraid he’d miss an appointment and relapse. When Richard called the HCA for help, the HCA advocate realized that Richard was eligible for Medicaid for the Aged Blind and Disabled (MABD). She helped him complete his application, submitted his application for him, and asked for it to be expedited. He was found eligible the same day the application was submitted. This meant that he would be able to get his prescriptions with low copayments and would not have to pay out of pocket for his medical appointments at the clinic.

With this Medicaid coverage, Richard was entitled to transportation to his appointments at the substance abuse clinic. The HCA advocate intervened with the transportation office, and was able to quickly set up rides for him.

Individual Consumer Assistance

Case Examples

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

Evelyn's Story

Evelyn needed to make an appointment for an MRI, but she had no insurance coverage and couldn't afford to pay for it. She had been on Qualified Health Plan (QHP) through Vermont Health Connect (VHC), but it closed even though she was paying her monthly premium. When the HCA advocate investigated, he found that Evelyn was eligible for Premium Tax Credits (PTC) to help pay for her monthly premium, which meant her monthly payment was under \$50 a month. Since she received PTC, she was also eligible for a three month grace period. However, Evelyn was terminated for QHP after only two months. In addition, VHC had not given her PTC for one of the months for which she was eligible. This made it look like she was behind on her payments, even though she had paid her monthly premiums on time. The HCA advocate was able to get Evelyn's PTC applied and her coverage reinstated.

Levi's Story

When Levi went to the emergency room, he found out that he did not have any insurance. He was surprised because he thought that he was on Medicaid. The HCA looked into the issue, and found that Levi's Medicaid had been closed at the end of 2016. This meant that he had been without insurance coverage for nearly six months—an issue because under the Affordable Care Act consumers must pay a penalty for the months they go uninsured unless they qualify for an exemption. The advocate discovered that VHC closed Levi's Medicaid without sending the required closure notice. The advocate worked to get his Medicaid reinstated back to January, meaning that Levi's trip to the emergency room would be covered, and that Levi would not owe a penalty for not having insurance coverage for the first half of the year. Between the hospital claims and the penalty, the HCA saved Levi nearly one thousand dollars.

Spencer's Story

Spencer called the HCA because he couldn't afford a necessary prescription. He'd been on VPharm, the state pharmacy assistance program, which kept his co-payments between \$1 and \$2, but his VPharm closed for nonpayment. Talking with Spencer, the HCA advocate learned that he'd been hospitalized for several weeks after a surgery. While hospitalized, he could not pay his premiums. Under VPharm rules, if non-payment is caused by medical incapacity, it is possible to reinstate the coverage if you can show proof of the incapacity. The HCA advocate intervened and helped Spencer submit a medical incapacity form signed by his doctor. Because the evidence showed that Spencer was incapacitated and unable to send the premium, the state of Vermont agreed to reinstate V-Pharm. He was once again able to pick up the prescriptions he needed.

Emme's Story

Emme called the HCA because her family's monthly premium for her QHP had increased by nearly \$400 per month. She could not afford to pay it, but she needed health insurance because she was pregnant. When the HCA advocate investigated, she found that VHC had calculated the family's income incorrectly, which meant that the family was not getting as much financial help as they were eligible for. This had happened because they reported increased income for only one month, but

VHC believed it was for the full year. Talking with VHC, the advocate was able to get the proper amount of PTC restored. The advocate also discovered that, in the time being, the family's income had decreased even further. When their fully-accurate income was reported to VHC, Emme also became eligible for Dr. Dynasuar for pregnant women.

Henry's Story

Henry called the HCA because he received a 1095-A from VHC showing that he had coverage for all of 2016. The 1095-A is a tax form that shows what months you had coverage and how much premium tax credit (PTC) you received each month. Henry's problem was that he had been able to sign up for his work insurance earlier in the year, and thought his VHC coverage would close when he stopped making payments. However, VHC did not close the coverage, and kept him on the plan for the entire year. Henry was going to have to pay back all of the PTC he received, as well as his unpaid premiums. When the HCA advocate looked into this, she found that VHC had not followed its own rules that allow for a three-month grace period. After this grace period, if you are not completely caught up, your coverage should be terminated. Instead, VHC had kept Henry's coverage open for well beyond the grace period. The advocate requested that the grace period rules be enforced and that the 1095-A be revised to show that his coverage had ended in June. This saved Henry from having to pay back nearly \$2000 in PTC.

Grace's Story

Grace needed dental work done, but her dentist would not schedule an appointment without a down payment, which she could not afford. When the HCA advocate talked to Grace, he realized that she was eligible for Medicaid. She had already applied, but the coverage was not active because VHC was trying to verify her income. The HCA advocate intervened with VHC to show that Grace did not have any monthly income at all, so she could not produce pay stubs for verification. VHC agreed to activate the coverage immediately. With the Medicaid coverage, Grace was now entitled to some dental coverage. It was unfortunately not nearly enough to cover all of her dental needs, but it allowed her to get started on her dental work.

Elaine's Story

Elaine called because she received a closure notice from the State of Vermont. Elaine had been on the Breast and Cervical Cancer Treatment Program (BCCTP), a type of Medicaid for women undergoing treatment for breast or cervical cancer. The notice didn't explain why the State was closing her coverage—it simply gave a date for when the coverage was supposed to end. The HCA advised Elaine that this was not an adequate notice. When the HCA advocate investigated, she found that the State was closing Elaine's coverage because it believed that Elaine did not meet the coverage criteria that require that the beneficiary be getting treatment for breast or cervical cancer. The advocate spoke to Elaine and her doctor, and confirmed that she was in active treatment. The advocate then intervened with the State and argued that Elaine still met the eligibility requirements for the program. As a result, Elaine's coverage was reinstated.

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 (www.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 861 calls¹ this quarter. We divided these calls into five issue 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:

- **23.93 %** (206) about **Access to Care**
- **12.66%** (109) about **Billing/Coverage**
- **1.16%** (10) about **Buying Insurance**
- **11.85%** (102) about **Consumer Education**
- **27.53%** (237) about **Eligibility** for state and federal programs
- **22.88%** (197) 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 237 of our cases had eligibility for state and federal healthcare programs listed as the primary issue, a total of 454 cases had eligibility listed as a secondary concern.

In each section of this Narrative, we indicate whether we are referring to data based on just primary issues, or primary and secondary issues combined. Determining which issue is the "primary" issue is sometimes difficult when there are multiple causes for a caller's problem. This has proven to be particularly true for Vermont Health Connect (VHC) cases. See the breakdowns of the issue numbers in the individual data reports for a more detailed look at how many callers had questions about issues in addition to the "primary" reason for their call.

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

The full quarterly report for April 1 - June 30, 2017 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:** 861 calls (compared to 979 last quarter)

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

- **Department of Vermont Health Access (DVHA) beneficiaries:** 278 calls (274 calls last quarter)
- **Commercial plan beneficiaries:** 155 calls (224 calls last quarter)
- **Uninsured Vermonters:** 113 calls (111 calls last quarter)
- **Vermont Health Connect (VHC):** 301 calls (394 calls last quarter)
- **Reportable Activities (Summary & Detail):** 74 activities and 27 documents (106 activities, 17 documents)

Highlights

- ✦ The HCA launched a new web tool to help consumers access health care information.
- ✦ The HCA advised on 46 appeals this quarter. Of the 46 appeals, 33 were fair hearings.
- ✦ The HCA saved consumers \$65,688 this quarter.
- ✦ The HCA assembled a stakeholder group of representatives from payers, provider organizations and consumer groups as well as representatives from the Scott Administration, to facilitate better communication for the purpose of understanding each organization's positions on prospective policies on both the State and Federal level. This group met weekly during the second half of the legislative session. We also facilitated a joint statement in opposition to the US House health care bill.
- ✦ The HCA continued to promote the use of plain language in VHC notices, so the information is more accessible and understandable to consumers. The HCA provided comments on plain language and content on 7 different VHC notices.
- ✦ The total number of health pageviews increased by 27% in the reporting quarter ending June 30, 2017 (10406 pageviews), compared with the same quarter in 2016 (8176 pageviews). This is especially noteworthy because traffic to the Vermont Law Help website as a whole was nearly even when compared with the same period last year.
- ✦ The [*Health home page*](#) again had the second largest number of pageviews (1,151), up 29% over last year's 895. The home page tells consumers how we can help them and provides our contact information, including an online form that can be filled out and submitted 24/7.
- ✦ Five of the top 20 health pages with the largest number of pageviews focused on [*Long-Term Care Medicaid \(Choices for Care\)*](#). All of these pages saw increases when compared with the same quarter in 2016.

Priorities & Projects

A. The HCA discovered a problem with a VHC notice and pushed for resolution.

This quarter, the number of calls about terminations more than doubled (48 vs. 22). While advising consumers on the termination cases, HCA advocates noticed that multiple people had received an incorrect and confusing notice. The notice told consumers that VHC had received a partial payment, and that they needed to make another payment to become current. However, the notice also included an incorrect line stating that if you “had sent another payment since October 18, 2016 you can disregard this notice.” Based on this notice, a consumer could reasonably believe that because they sent a payment since October 18, 2016, they were not in danger of termination. That was not the case. The HCA contacted VHC to alert them of the incorrect notice, and requested that VHC take corrective action. VHC corrected the glitch that caused the incorrect statement. Ultimately we learned that 4000 QHP households received the incorrect notice; as a result, over 100 plans were terminated. The HCA worked to reinstate the consumers they were already working with, and advocated that VHC reach out to all terminated households, offering them a chance to reinstate coverage. These efforts and discussions with VHC are ongoing.

B. The HCA introduced a new health care online help tool: Search, Learn & Ask for Help

The HCA developed a new online tool to help consumers get answers to their specific health care questions. The online help tool (accessible by clicking the button on the home page of the Vermont Law Help website, pictured at right) adds a new way to access helpful information – at all hours of the day and night.

The tool asks website visitors a few questions. For example, it will ask if you need help with a Vermont Health Connect, Medicare or Medicaid question. After you answer this, it asks specific questions about your problem. By the end, the goal is that each visitor has more specific information about their issue. For visitors with more complex questions, the tool also offers an online request to get personal help from an advocate. The regular HCA hotline is still active, and will continue to operate as normal. The online tool incorporates all of the HCA’s most frequently asked questions, and uses plain language to make each explanation accessible. The HCA plans to expand the tool in the coming months.



C. The HCA launched outreach efforts to reach vulnerable populations.

The HCA launched outreach efforts to more effectively reach vulnerable populations this quarter. The outreach efforts were aimed particularly at child care workers, self-employed workers, small farmers, and newly-released prisoners. Many individuals in these groups do not have a human resource officer to help with insurance questions. As a result, they may be uninsured, or unaware of all the programs that could help. A new study of farmers from ten states including Vermont also found that health insurance was a significant concern for farmers. (See: <http://digital.vpr.net/post/uvm-study-finds-health-insurance-tops-farmers-concerns#stream/0>) We have already seen an uptick of calls from these groups, and we plan to expand our outreach in the next quarter.

D. Vermont Health Connect calls about grace periods increased significantly (42 cases vs. 12 last quarter).

The HCA received significantly more calls about grace period notices this quarter. Consumers receiving Premium Tax Credit (PTC) are entitled to a three-month grace period. For consumers who started 2017 current with their premiums, the three-month grace period ended on March 31st. Consumers not caught up by March 31st were terminated. Many consumers called when they received the termination notice, or after they were denied a prescription at the pharmacy. We also had a corresponding jump in cases about terminations (48 vs. 22). When we get these calls, the HCA reviews the case to make sure that the individual received the three required grace period notices. It also studies the payment history to make sure all the payments have been applied correctly, and that the person has received accurate and timely invoices. If the HCA finds an error in these areas, it asks for reinstatement. This quarter, the HCA was able to prevent termination of insurance in 31% of these cases. (48 termination cases total/ 15 insurance terminations prevented.)

E. Overall call volume dropped this quarter.

The total call volume dropped slightly this quarter (861 vs. 978). Of those calls, nearly 12% involved the HCA either preventing someone from losing insurance, or helping someone get new insurance coverage. We saved consumers \$65,688 this quarter.

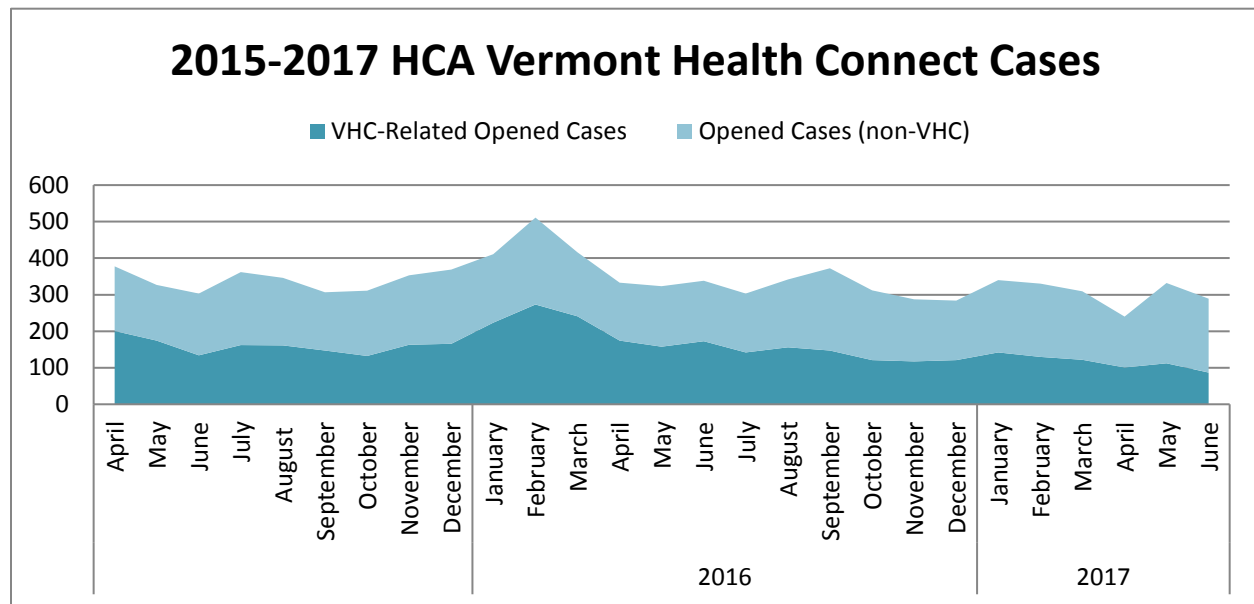
	All Calls (2007-2017)										
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
January	280	309	240	218	329	282	289	428	470	411	340
February	172	232	255	228	246	233	283	304	388	511	330
March	219	229	256	250	281	262	263	451	509	416	308
April	190	235	213	222	249	252	253	354	378	333	240
May	195	207	213	205	253	242	228	324	327	325	332
June	254	245	276	250	286	223	240	344	303	339	289
July	211	205	225	271	239	255	271	381	362	304	-
August	250	152	173	234	276	263	224	342	346	343	-
September	167	147	218	310	323	251	256	374	307	372	-
October	229	237	216	300	254	341	327	335	311	312	-
November	195	192	170	300	251	274	283	306	353	287	-
December	198	214	161	289	222	227	340	583	369	284	-
Total	2560	2604	2616	3077	3209	3105	3257	4526	4423	4237	1839

F. Calls concerning Vermont Health Connect dropped significantly.

The volume of calls concerning Vermont Health Connect decreased by 24%, compared to the previous quarter (301 vs. 394). This decrease in VHC cases reflects that VHC is functioning more consistently and resolving problems more quickly. VHC cases still represent 35% of all HCA calls. Of all VHC cases this quarter, 44% required complex interventions that took more than two hours of an advocate's time to

resolve (132 complex interventions out of 301 total VHC cases). We remain concerned about consumers who are trying to navigate VHC to resolve problems on their own.

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 each week to discuss cases as needed, and has regular email contact with Tier 3. This quarter, the HCA escalated 49 complex cases (compared to 52 last quarter); 44 were resolved within the quarter. This next quarter, the HCA and VHC plan to expand the types of cases that the HCA resolves with Tier 3. Next quarter, Tier 3 will also work on resolving Green Mountain Care cases (VPharm, Medicaid for Aged Blind and Disabled, Medicare Saving Programs, Medicaid Spenddowns). Because of the expansion of these types of cases, we expect that the number of escalated cases we receive will increase. We will continue meeting weekly with VHC to make sure that the cases are resolved quickly and efficiently.



G. Medicaid eligibility calls represented 21% of all our cases (185 calls/ 861 total calls). Consumers need assistance with all types of Medicaid eligibility.

For the third quarter in a row, Medicaid eligibility was the top issue of all calls. We had 84 calls about eligibility for MAGI (expanded) Medicaid, 72 about eligibility for Medicaid for the Aged Blind and Disabled (MABD), and 29 about Medicaid Spenddowns. MAGI Medicaid and MABD Medicaid have different eligibility and income rules, and HCA advocates assess and advise on eligibility for both programs. Consumers frequently have questions about what counts as income, who should be counted in their household, what expenses can be used to meet a Spenddown, how to complete renewal paperwork, and whether their eligibility decision is correct.

Case Results

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 861 (compared to 978 last quarter)

1. MAGI Medicaid eligibility 84 (126)
2. Complaints about providers 78 (103)
3. Medicaid eligibility (non-MAGI) 72 (44)
4. Termination of insurance 63 (38)
5. VHC Premium Tax Credit eligibility 55 (94)
6. Access to prescription drugs 53 (55)
7. Other: Not health related 50 (41)
8. Information/applying for DVHA programs 48 (41)
9. Buy-in programs/Medicare Savings Programs 47 (40)
10. VHC complaints 45 (64)
11. Fair hearing appeals 44 (36)
12. Eligibility for VHC grace periods 43 (12)
13. Special enrollment periods (eligibility) 40 (36)
14. Affordability affecting access to care 39 (37)
15. VHC invoice/billing problem affecting eligibility 39 (36)
16. Consumer education about Medicare 37 (30)
17. Change of Circumstance 34 (64)
18. Information about VHC 31 (34)
19. Medicaid spend down (eligibility) 29 (30)
20. HAEU mistake 28 (50)
21. DVHA/VHC premium billing 27 (35)

Vermont Health Connect Calls 300 (compared to 393 last quarter)

1. MAGI Medicaid eligibility 74 (120)
2. Premium Tax Credit eligibility 55 (92)
3. Termination of insurance 48 (22)
4. VHC complaints 43 (64)
5. Eligibility for VHC grace periods 42 (12)
6. VHC invoice/payment/billing problem affecting eligibility 39 (36)
7. Fair hearing appeals 34 (21)
8. Information about VHC 28 (32)
9. Change of Circumstance 27 (61)
10. Consumer education about IRS reconciliation 26 (39)

DVHA Beneficiary Calls 278 (compared to 274 last quarter)

1. MAGI Medicaid eligibility 36 (44)
2. Medicaid eligibility (non-MAGI) 35 (16)
3. Complaints about providers 25 (41)

4. Access to prescription drugs 21 (17)
5. Buy-in programs/Medicare Savings Programs 20 (10)
6. Information/applying for DVHA programs 17 (21)
7. Consumer education about Medicare 13 (3)
8. Fair hearing appeals 12 (10)
9. PA denial 12 (11)
10. Pain management (access to care) 12 (17)
11. Choosing/changing providers 10 (9)
12. Access to transportation 10 (19)
13. Affordability affecting access to care 10 (7)
14. Medicaid balance billing 9 (13)
15. Medicaid/VHAP Managed Care Billing 9 (12)
16. Provider billing problems 9 (9)
17. Information about VHC 9 (8)
18. Change of Circumstance 9 (18)
19. Long Term Care Medicaid 9 (5)

Commercial Plan Beneficiary Calls 155 (compared to 223 last quarter)

1. Premium Tax Credit eligibility 27 (50)
2. MAGI Medicaid eligibility 18 (27)
3. Change of Circumstance 17 (32)
4. Consumer education about IRS reconciliation 16 (16)
5. VHC complaints 16 (27)
6. VHC invoice/payment/billing problem related to eligibility 15 (26)
7. Information about VHC 13 (10)
8. Eligibility for VHC grace periods 12 (8)
9. Eligibility for special enrollment periods 11 (9)
10. 1095-A problems 11 (27)
11. DVHA/VHC premium billing 10 (20)
12. Affordability affecting access to care 9 (9)

Insurance Status of Callers

The HCA received 861 total calls this quarter. Callers had the following insurance status:

- **DVHA program beneficiaries** (Medicaid, Medicare Savings Program also called Buy-In program, VPharm, or both Medicaid and Medicare also known as “dual eligible”): 32% (278 calls), compared to 28% (274 calls) last quarter
- **Medicare² beneficiaries** (Medicare only, Medicare Advantage Plans, Medicare and a Medicare Supplemental Plan aka Medigap, Medicare and Medicaid also known as “dual eligible,” Medicare and Medicare Savings Program also called Buy-In program, Medicare and Part D, or Medicare and VPharm): 27% (232 calls), compared to 22% (217 calls) last quarter

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

- **Commercial plan beneficiaries** (employer-sponsored insurance, small group plans, or individual plans): 18% (155 calls), compared to 23% (223 calls) last quarter
- **Uninsured:** 13% (113 calls), compared to 11% (110 calls) last quarter

Dispositions of Closed Cases

All Calls

We closed 898 cases this quarter, compared to 981 last quarter:

- 30% (272 cases) were resolved by brief analysis and referral
- 27% (240) were resolved by brief analysis and advice
- 25% (223) of the cases were complex interventions involving complex analysis, usually direct intervention, and more than two hours of an advocate's time
- 9% (82) were resolved by direct intervention, including calling an insurance company, calling providers, writing letters, gathering supporting medical documentation, etc.
- In the remaining cases (61), clients withdrew, resolved the issue on their own, or had some other outcome.

Appeals: The HCA assisted 46 individuals with appeals: 33 Fair Hearings, 6 Medicaid MCO Internal Appeals, 3 Commercial Insurance – Internal 2nd Level appeals, 2 Medicare Part D Appeals, 1 Commercial Insurance – Internal 1st Level appeal, and 1 Commercial Insurance – External appeal.

DVHA Beneficiary Calls

We closed 273 DVHA cases this quarter, compared to 266 last quarter:

- 31% (84 cases) were resolved by brief analysis and/or referral
- 30% (83) were resolved by brief analysis and/or advice
- 19% (53) were considered complex intervention, which involves complicated analysis, usually direct intervention, and more than two hours of an advocate's time
- 12% (33) 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 clients withdrew, resolved the issue on their own, or had some other outcome.

Appeals: The HCA assisted 14 DVHA beneficiaries with appeals: 7 Fair Hearings, 6 Medicaid MCO Internal appeals, and 1 Medicare Part D appeal.

Commercial Plan Beneficiary Calls

We closed 189 cases involving individuals on commercial plans, compared to 218 last quarter:

- 28% (53 cases) were resolved by brief analysis and/or advice
- 19% (36) were resolved by brief analysis and/or referral
- 34% (64) were considered complex intervention, which involves complicated analysis, usually direct intervention, and more than two hours of an advocate's time
- 13% (24) 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 clients withdrew, resolved the issue on their own, or had some other outcome.

Appeals: The HCA assisted 37 commercial plan beneficiaries with appeals: 29 Fair Hearings, 3 Commercial Insurance – Internal 2nd Level appeals, 2 Medicaid Part D appeals, 1 Commercial Insurance – External appeals, 1 Commercial Insurance – Internal 1st Level appeal, and 1 Medicaid MCO Internal Appeal.

All Calls Case Outcomes

The HCA helped 89 people get enrolled in insurance plans and prevented 15 insurance terminations or reductions. We obtained coverage for services for 19 people. We got 23 claims paid, written off, or reimbursed. We estimated VHC insurance program eligibility for 32 more. We provided other billing assistance to 13 individuals. We provided 514 individuals with advice and education. Twelve people were not eligible for the benefit they sought, and six were responsible for the bill they disputed. We obtained other access or eligibility outcomes for 66 more people.

Consumer Protection Activities

Rate Reviews

The HCA monitors all commercial insurance carrier requests to the Green Mountain Care Board for changes in premium rates. These are usually requests for rate increases.

Two new cases were filed during the quarter, and the HCA has entered appearances in these cases. In addition, five cases were pending at the beginning of the quarter.

The pending cases involve rates for MVP's small group grandfathered plans, MVP's large group PPO plans, Blue Cross and Blue Shield of Vermont (BCBSVT)'s large group manual rates, The Vermont Health Plan (TVHP)'s large group manual rates and MVP's Large Group HMO plans.

The BCBSVT and TVHP filings affected 15,908 members (8,159 subscribers) in 67 groups. Because of the impact of these filings on many Vermonters, the HCA worked with an independent actuary to review the filings. The HCA submitted suggested questions for BCBSVT and TVHP at the end of the January to March quarter. During the last quarter, the HCA and the carrier submitted memoranda and the Board issued decisions on the filings. The HCA argued for reductions in the requested rates. The Board modified the requested medical and pharmacy trend leading to a reduction in the manual rate increase from approximately 10.7% to 9.4%. BCBSVT requested reconsideration of the decision, but the Board denied this motion.

The HCA also argued for rate reductions in the three MVP cases. The Board approved the rate increases requested in the Small Group and Large Group PPO filings except that it disapproved MVP's proposed manual rate cap for use in Vermont. MVP was also ordered to adjust its rates if the 2018 Health Insurer Fee is reduced. The Board modified the Large Group HMO proposed rates by the amount of the increase attributable to its proposed age and gender factors, resulting in a rate change modification from 8.2% for members enrolling in the first quarter of 2017 and a modification from 9.3% to 5.3% for those enrolling in the second quarter of 2017.

The two new rate review cases filed during the quarter on May 12, 2017 are the filings for plans to be offered on Vermont Health Connect (VHC) in 2018 by BCBSVT and MVP. BCBSVT, which expects to insure more than 70,000 Vermonters through VHC in 2018, is requesting a 12.7% average annual rate

increase. MVP, which expected to insure approximately 6800 Vermonters through VHC, is requesting a 6.7% average annual rate increase.

The HCA worked closely with its independent actuary to analyze the VHC filings and to suggest questions that the Board's actuaries, Lewis and Ellis, should pose to the carriers. The hearings on the filings will be held in the Vermont State House on July 19 and July 20, 2017.

Certificate of Need

In the last quarter, the HCA participated in the two-day Certificate of Need (CON) hearing for the proposed Green Mountain Surgery Center (GMSC) before the Green Mountain Care Board. As a party to the proceeding on behalf of Vermonters, the HCA asked the GMSC about its cost and quality management policies. We also asked the other interested parties in the proceeding, who wanted the Board to deny the CON (Northwestern Vermont Medical Center and the Vermont Association of Hospitals and Health Systems), about their abilities to address concerns of unsustainable cost increases and lack of patient choice in Vermont's healthcare system. We submitted a post-hearing memo in the proceeding where we asked the Board to approve the GMSC's CON with strong conditions to ensure access to care and accountability to Vermonters. We also supported GMSC's request for additional hearing time to answer questions from the new Board Chair and member.

Additionally, the HCA also participated in the Brattleboro construction and renovation project CON. A consumer contacted us expressing concern that the project had not accurately incorporated the cost of fuel into its choice of a new boiler in the project. We submitted questions to the applicant, requesting in part that the applicant submit a new energy efficiency assessment on the project.

This quarter the HCA also participated in a stakeholder meeting with the Board on ways to improve the certificate of need process through statutory changes. We submitted written comments after the meeting with suggestions to improve the process. In our comments we asked the Board to simplify the timeline for applying for interested party status to ensure that potential interested parties have a clear and efficient process by which to apply.

Other Green Mountain Care Board Activities

In the last quarter, the HCA attended seven weekly Green Mountain Care Board meetings. In addition, we participated in the Green Mountain Care Board's bi-weekly stakeholder meetings to develop the Board's proposed Rule 5.000: Oversight of Accountable Care Organizations (ACOs) (see below) and to provide feedback on other topics related to ACOs and Vermont's All-Payer Model (APM).

This quarter we also attended a meeting with Board staff to discuss the certificate of need expedited process, a meeting with Board staff to discuss the timeline for the ACO budget review process, and a Board meeting on the upcoming hospital budget process.

Hospital Budget Review

The HCA continues to participate in the Green Mountain Care Board's Hospital Budget Review process. In the last quarter, we attended one Green Mountain Care Board meeting related to the hospital budget review process.

Accountable Care Organization Rule

The Board continues to hold bi-weekly meetings with a stakeholder group including the HCA to develop the Accountable Care Organization Rules required by Act 113 of 2016. We submitted four separate sets of written comments on the rule and one on the associated ACO budget guidelines asking for stronger oversight and consumer protections. A significant number of changes were made to the proposed rule in response to our comments, including requiring ACOs to allow the HCA to meet yearly with the ACO's consumer advisory committee to learn whether the ACOs are effectively utilizing their consumer advisers to improve health care cost and quality.

During the last quarter the Board submitted its proposed Rule 5.000: Oversight of Accountable Care Organizations to the Secretary of State. The HCA began reviewing the final proposed rule and drafting comments, which are due next quarter.

All-Payer Model

As noted above, the Board continues to hold its bi-weekly stakeholder meetings on the proposed ACO rule and other topics related to the All-Payer Model. In addition to soliciting feedback on the proposed rule, the Board requested feedback on All-Payer Model quality measures during the last quarter. The HCA submitted comments with suggestions for the measure set. We then reviewed a proposed set of measures and submitted comments asking the Board to add additional quality measures on areas including patient experience, pediatric care, and maternity care. The HCA continues to advocate strongly for robust quality measurement as health care providers begin to accept financial risk for patient care.

Earlier this year, the Department of Vermont Health Access (DVHA) entered into a contract with OneCare Vermont, the state's largest Accountable Care Organization, to manage the care of approximately 30,000 Medicaid beneficiaries. DVHA and OneCare are now negotiating a similar contract for 2019. This quarter the HCA reviewed the 2018 contract and submitted comments to DVHA advocating for the inclusion of additional consumer protections in the 2019 contract, such as stronger quality measures and a robust ACO grievance and appeal process. We met with DVHA staff to review the topics covered in our comments and answer questions.

Vermont Health Care Innovation Project (SIM Grant)

This quarter, activities of the Vermont Health Care Innovation Project (VHCIP) came to a close. During the quarter we continued to monitor the activities of the VHCIP Core Team and attended one Core Team meeting as an interested party.

Affordable Care Act Tax-related Activities

This quarter saw the end of the third tax season since ACA implementation. In general, VHC handled its tax reporting obligations smoothly. However, the HCA did get a significant number of calls related to the tax season. The HCA helped consumers who had trouble obtaining Form 1095-A, trouble understanding what the form meant, or who had disputes about the form. Although for most VHC consumers the tax reconciliation process has greatly improved, some consumers still had problems getting a Form 1095-A that accurately reflected their coverage for the year. Some consumers also had to delay filing their taxes while they waited to get a revised Form 1095-A.

The HCA continued to employ a half-time tax attorney, who also staffs the Low-Income Taxpayer Clinic at VLA. This arrangement has allowed the HCA to stay up to date on tax law developments, and enables our staff to effectively field calls related to the ACA and VHC.

As in prior quarters, the HCA's tax attorney consulted with HCA advocates when particularly difficult IRS-related issues arose in HCA cases. During this quarter, the tax attorney advised the HCA on 18 technical assistance questions. She also responded to 43 technical assistance questions from nonprofit tax assisters, Vermont tax preparers, and legal services attorneys in other states. Question topics included IRS audits, appeals, and amended returns, shared responsibility exemptions, reconciliation of advance premium tax credits, and Modified Adjusted Gross Income.

The HCA continued its outreach to Vermont tax professionals this quarter, attending the Vermont Tax Practitioners Association annual tax season wrap-up meeting. The HCA offered information about when and how to refer consumers to the HCA for help with Form 1095-A and other health insurance issues. Further information is below in the **Outreach and Education** section.

Other Activities

Administrative Advocacy

✧ Access to Screening Mammography

During the last quarter the HCA became aware that Act 25 of 2013, which requires first dollar coverage of screening mammography including additional views, has largely not been implemented. We believe that hundreds of women have been and continue to be charged cost-sharing and deductibles for call-back mammograms that should be fully covered under Vermont law. This quarter, the HCA met and communicated with representatives from the American Cancer Society, Central Vermont Medical Center, the University of Vermont Medical Center, Blue Cross Blue Shield of Vermont, and the Department of Financial Regulation to try to identify where problems are occurring and rectify them. This law had an implementation date of over three and a half years ago, and yet it continues to not be followed. We are actively pursuing full implementation, which would save many Vermont women hundreds of dollars each year.

✧ Access to Treatment for Hepatitis C Virus

This quarter the HCA continued to monitor access to treatment for hepatitis C. The HCA had one meeting this quarter with the Vermont Department of Health's Hepatitis Coordinator.

✧ Controlled Substance and Pain Management Advisory Council

Act 173 of 2016 created this council to advise the Commissioner of Health on matters related to the Vermont Prescription Monitoring System, the appropriate use of controlled substances in treating pain, and preventing prescription drug abuse, misuse, and diversion. This quarter the HCA attended one Legislative Committee on Administrative Rules (LCAR) hearing for the Department of Health's proposed Rule for Medication-Assisted Treatment for Opioid Dependence. The rule expands capacity for the treatment of opioid dependence by allowing advanced practice registered nurses and physician's assistants to prescribe buprenorphine to individuals requiring and seeking treatment for opioid dependence. The rule also increases the number of patients a provider may treat.

✧ Health Care Administrative Rules (HCAR)

The Department of Vermont Health Access (DVHA) has begun a multi-year revision of Medicaid rules. Eventually all Medicaid rules will be amended and adopted under the title of Health Care Administrative Rules (HCAR). In January, the HCA submitted formal comments on three proposed HCAR Rules describing coverage for dental and orthodontic services. We asked for changes to the proposed rules

that would clarify providers' responsibility to explain the patient's financial responsibility for non-covered services, and would use the existing definition of the clinical criteria for coverage of orthodontic services. During the previous quarter, DVHA made changes to address our concerns in the final proposed version of the regulations. These rules were approved by the Legislative Committee on Administrative Rules (LCAR) during the quarter.

DVHA also proposed new HCAR rules covering augmentative communication devices. The Disability Law Project (DLP) of Vermont Legal Aid and other advocates commented extensively on these regulations because they made substantive changes in coverage criteria for the devices. The HCA endorsed the DLP comments. As a result of the large number of public comments, DVHA rewrote the rule and held a new public comment period. The DLP and HCA agreed with the new version of the rule which was adopted by LCAR during the quarter.

✧ **Vermont Health Connect Escalation Path**

The HCA and VHC continued to collaborate on improving the State's escalation path for HCA cases involving complex VHC issues. We communicate with VHC multiple times a day and meet as needed to discuss the most difficult cases.

✧ **Comments on Vermont Health Connect Notices**

At VHC's request, the HCA commented on 7 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 remained actively involved in Vermont's Medicaid and Exchange Advisory Board (MEAB) and was appointed to co-chair the MEAB. The Chief attended 3 meetings of the MEAB during the quarter, chairing his first meeting in June.

✧ **Proposed Rule CMS-1677-P**

This quarter, the HCA and Vermont Legal Aid submitted comments on proposed rule CMS-1677-P, in particular on proposed regulations related to the Measure of Quality of Informed Consent Documents for Hospital-Performed Elective Procedures. We supported strong informed consent requirements, quality measurement related to informed consent, and shared decision-making.

Legislative Activities

This quarter included the end of the 2017 session of the Vermont Legislature, which was extended by a disagreement related to school employee health care issues. The HCA responded to a number of legislator requests for education about the complex relationships between premiums, out of pocket costs, and potentials for behavior change. The HCA also advocated for legislation that would benefit health care consumers and monitored the activity of legislative committees that took up issues related to health care. We worked on legislation to improve Accountable Care Organization transparency to the public as well as reporting on ACO activities to the Legislature. The HCA also responded to legislative requests for comment on a number of additional issues.

Our Chief Health Care Advocate testified twice before legislative committees this quarter, including the Senate Committee on Health and Welfare and the House Committee on Health Care.

Collaboration with Other Organizations

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

- American Cancer Society
- American Civil Liberties Union of Vermont
- Bi-State Primary Care Association
- Blue Cross Blue Shield of Vermont
- Central Vermont Medical Center
- Department of Financial Regulation
- MVP Health Care
- OneCare Vermont
- Planned Parenthood of Northern New England
- Southeastern Vermont Community Action
- South Royalton Legal Clinic
- University of Vermont Medical Center
- Vermont Association of Hospitals and Health Systems
- Vermont CARES
- VT Coalition of Clinics for the Uninsured
- Vermont Health Connect
- Vermont Medical Society
- Voices for Vermont's Children

Outreach and Education

A. Website

Vermont Law Help is a statewide website maintained by Vermont Legal Aid and Law Line of Vermont. The site includes a substantial Health section (www.vtlawhelp.org/health) with more than 225 pages of consumer-focused health information maintained by the HCA. We work diligently to keep the site updated in order to provide the latest and most accurate information to Vermont consumers.

Google Analytics Statistics

- The total number of health pageviews increased by 27% in the reporting quarter ending June 30, 2017 (10,406 pageviews), compared with the same quarter in 2016 (8,176 pageviews). This is noteworthy because the total number of pageviews for the entire Vermont Law Help website increased by only about 5%.
- The number of people who visited our [*Resource Limits - Medicaid*](#) page increased by 234% this quarter, with 367 pageviews compared with 110 during the same quarter in 2016.
- Views for our [*Services Covered by Medicaid*](#) page increased by 92% this quarter, with 248 pageviews compared to last year's 129.
- [*Medicaid Income Limits*](#) continues to be our most popular page, with 2,748 pageviews – up 1% over last year.
- The [*Health home page*](#) again had the second largest number of pageviews (1,151), up 29% over last year's 895. The home page tells consumers how we can help them and provides our contact information, including an online form that can be filled out and submitted 24/7.

- Five of the top 20 health pages with the largest number of pageviews focused on [Long-Term Care Medicaid \(Choices for Care\)](#). All of these pages saw increases when compared with the same quarter in 2016.
- The number of people viewing our [Dental Services](#) page decreased (21%) compared with the previous year. However, this page continues to be one of our most-viewed health pages. (434 pageviews this quarter, compared with 552 in the same period last year.)
- We saw a 63% increase in pageviews for our [Medicare Savings / Buy-In Programs](#) page (157 pageviews versus 96 last year).
- Our page on [Prescription Assistance State Pharmacy Programs](#) saw an increase in pageviews of 1033% - with 68 pageviews compared to 6 in the same period last year.
- There were spikes in interest in our pages on [How the Public Can Participate in Insurance Rate Reviews](#) (up from 0 last year to 60 pageviews this year); the [Ladies First Health Program](#) (up from 0 to 59 pageviews); [Immigrants, Health Coverage and Penalties](#) (up from 2 to 45 pageviews); and [Medicaid Transportation](#) (up from 16 to 81 pageviews).
- The top-12 health pages on our website this quarter with change over last year:
 - Income Limits – Medicaid – 2,748 pageviews (1% ↑)
 - Health section home page – 1,151 (29% ↑)
 - Vermont Choices for Care – 608 (167% ↑)
 - Dental Services – 434 (21% ↓)
 - Resource Limits – Medicaid – 367 (233% ↑)
 - Services Covered by Medicaid – 248 (92% ↑)
 - Health Insurance, Taxes and You – 230 (16% ↓)
 - Choices for Care Resource Limits – 221 (99% ↑)
 - Medical Marijuana Registry Patient Form – 204 (14% ↓)
 - Choices for Care Income Limits – 197 (86% ↑)
 - Medicare Savings / Buy-In Programs – 157 (63% ↑)
 - Federally Qualified Health Centers – 157 (7% ↑)

PDF Downloads

- 37 out of 119 or **31% of the unique PDFs downloaded** from the Vermont Law Help website were on health care topics. Of those unique health-related PDF titles:
- 26 were created for consumers. The top five consumer-focused PDF downloads were:
 - [Vermont Dental Clinics Chart](#) (108 downloads)
 - [Advance Directive, short form](#) (86 downloads)
 - [Advance Directive, long form](#) (45 downloads)
 - [Moving from Catamount/VHAP to Medicaid](#) (19 downloads)
 - [Vermont Medicaid Coverage Exception Request - 10 Standards and Provider Request Form](#) (18 downloads)
 - The advance directive forms were accessed more often this year as compared to the same period last year (131 downloads versus 76 last year).
- 5 were prepared for lawyers, advocates and assisters who help consumers with tax issues related to the Affordable Care Act. The top advocate-focused downloads were:
 - [PTC Rule Allocation Summary](#) (6 downloads)
 - [Low-Income Taxpayers and the Affordable Care Act – November 2014](#) (3 downloads)
 - [Getting MAGI Right presentation](#) (2 downloads)
- 6 covered topics related to health policy. The top policy-focused download was:
 - [Vermont ACO Shared Savings Program Quality Measures](#) (3 downloads)

Our [Vermont Dental Clinics Chart](#) is the **fifth most downloaded of all PDFs** downloaded from the Vermont Law Help website.

The [Advance Directive, short form](#) is the **sixth most downloaded of all PDFs** downloaded from the Vermont Law Help website.

B. Education/Outreach

The HCA increased its advertising this quarter in an effort to make more consumers aware of our services. It ran the following advertisements:

- Front Page Forum in Washington and Lamoille Counties, May 21 to May 28, 2017. (33,000 ads and 50 unique clicks)
- Seven Days, May 31, 2017. (print circulation of 36,000 copies)
- Facebook, June 20, 2017. (reached 5,200 people)

In addition to increased advertising of the HCA's services, we engaged in several in-person outreach and educational events during the quarter.

Bristol Health Activists (April 12, 2017)

The Chief Advocate gave a presentation to a group of activists on how consumers and advocates can engage in health policy issues. He also gave information about HCA services.

Rights and Democracy (April 20, 2017)

The HCA conducted outreach at a "Rights and Democracy" public event at Montpelier High School. Approximately 50 individuals attended.

Vermont Tax Practitioners Association (May 16, 2017)

The HCA distributed brochures and hotline cards at the annual tax season wrap-up meeting of the Vermont Tax Practitioners Association. Several tax preparers requested HCA materials to provide to their clients.

Here to Help Clinic (May 20, 2017)

The HCA attended this event targeted at helping homeless individuals access services, and distributed brochures and hotline cards.

Community in Action (May 25, 2017)

The HCA attended an outreach and community mobilization event hosted by Southeastern Vermont Community Action in Brattleboro. The HCA staffed a table and distributed brochures, hotline cards, and other materials to consumers and to other organizations in attendance. Approximately 20 nonprofit organizations and nearly 100 individuals attended.

Vermont Legal Services Staff College (June 2, 2017)

The HCA co-presented on a panel on immigrant legal issues, including health care issues and ACA complications for non-citizens. The presentation was a collaboration with the South Royalton Legal Clinic. Approximately 70 lawyers, paralegal advocates and other staff members who serve people across the state attended.

UVM Pediatric Community Resource Fair (June 23, 2017)

The HCA attended and handed out 94 HCA brochures and 56 hotline cards and answered questions about the HCA.

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 extensive plain language edits and edits/comments to improve comprehension of message and ability to resolve the problem being addressed in the following notices/letters:
 - EEE200-MNT QHP APTC Redetermination Notice
 - ADM600-MM Direct Enrollment Notice
 - EMP717
 - EMP 718
 - Medicare Equitable Relief notice
 - Macro Rewrites for Access Notices
 - Direct Enrollment Script

Office of the Health Care Advocate

Vermont Legal Aid
264 North Winooski Avenue
Burlington, Vermont 05401
800.917.7787

<http://www.vtlegalaid.org/health>