

Office of the Health Care Advocate



SFY 2020 Annual Report

July 1, 2019 – June 30, 2020

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A Special Project of



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Introduction

The Vermont Legislature created the Office of Health Care Ombudsman in 1998 to advocate for Vermonters with health care questions and concerns. In 2013 the Legislature amended the statute and changed the program's name to the Office of the Health Care Advocate (HCA). The HCA is not a state agency. Rather, it is part of Vermont Legal Aid (VLA), a statewide, nonprofit law firm.

Every day we talk to Vermonters who can't afford to pay their monthly health care premiums, can't find a doctor, or who are unable to pick up their prescriptions. Vermonters often feel overwhelmed by an unresponsive and unaffordable system. The HCA is working to make that system less overwhelming and more affordable for Vermonters by providing individual consumer assistance to thousands of Vermont families each year. The HCA worked on over 3,314 cases this year, helping consumers navigate an increasingly complicated field.

In State Fiscal Year (SFY) 2020, the HCA engaged in a broad range of access-to-care projects with the goal of creating a more accessible health care system for all Vermonters. Like everyone else, the HCA also grappled with the COVID pandemic. The HCA has been functioning remotely since March. The initial transition to remote work was challenging, but the members of our team worked hard to maintain the best quality possible for Vermonters during the transition. We have also worked to build new ways for team members to support each other in this new and challenging time.

As Vermonters confronted the COVID pandemic, the HCA intensified its efforts to reach and educate consumers. We held virtual town halls on health care programs and other assistance programs. We continually updated our website and did targeted outreach about the new COVID special enrollment period and other changes to Vermont Medicaid. Vermont Health Connect created a new special enrollment period that allowed uninsured Vermonters to enroll in a health care plan outside of open enrollment. We talked to 63 households about the COVID special enrollment period. We talked to another 114 households about the impact of unemployment compensation on their health care coverage. During the public health emergency in SFY 20, Vermont Medicaid was not closing members. It also waived or extended certain prior authorizations for treatment and prescriptions. We worked to educate consumers about these changes and how they were impacted by them. We also worked to make COVID testing and treatment more accessible and affordable for all Vermonters. Early in the SFY 20, we revamped our website to make it easier to navigate. We have seen a marked increase in visits to the website during the COVID pandemic. The webpages on Medicaid, Medicaid Covered Services, Medicaid Resource Limits, Dr. Dynasaur and Vermont Health Connect all had increased views.

In addition to all our COVID-related work, we helped Vermonters with their expected healthcare

Testimonial from a Vermonter

From a Client Satisfaction
Questionnaire

I feel that if it wasn't for your help and services, that I would not have health insurance that was accurate. I don't find health insurance affordable at all even with the ACA guidelines. Yet I feel I have to have it, especially for my children.

transitions and questions about healthcare, such as moving to Medicare. We talked to 252 households about programs to help reduce the out-of-pocket costs of Medicare. We also participated in a work group to make dental care more available and accessible to Vermonters on Medicaid. Medicaid covers dental care for adults and children, but it can be challenging for consumers to find a dentist who accepts Medicaid. Our webpage on dental services had an 80% increase in visits in SFY 20. Our chart on dental clinics was also downloaded 150 times.

We continued our work increasing awareness of Hospital Patient Financial services focusing on making those policies accessible to more Vermonters.

The HCA plays an important watchdog role. We represent the Vermont public on policies and matters related to health care and health insurance. Our policy advocacy and our individual advocacy inform each other. Affordability and access-to-care issues are not theoretical issues for Vermont families, and should not be such for policy makers either.

Finally, the lack of a clear standard for measuring affordability continues to be a challenge for policy makers and Vermont families alike. This year, the HCA again engaged in the process of quantifying the health care affordability crisis. With so many Vermonters losing their jobs and income due to the COVID pandemic, this issue has taken on even greater urgency. This work will be helpful to policy makers as they seek to understand the challenges that Vermonters are facing.

The HCA produces quarterly reports in which we describe our policy and advocacy work with more details than are included in this report. We are proud of our activities and hope you will take the time to look at these reports as they are not fully summarized in this report. Please follow this link to get to the four *quarterly reports* for this fiscal year: <https://vtlawhelp.org/hca-reports>.

Case Examples

These eight case examples demonstrate the kind of work we do:

Ava's Story:

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

Rebecca's Story:

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

Julian's Story:

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

Holden's Story:

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

Kara's Story

Kara called the HCA because she had moved to Vermont and was having trouble signing up for coverage. Kara was on Medicare, and had previously been on a Medicare Savings Program to help pay for Medicare costs. Medicare Savings Programs (MSP) pay for Part B premiums, and in some cases, Medicare cost-sharing. By the time she called the HCA, she had been in Vermont for several months and had not been able to get any help with the Medicare costs. The HCA advocate advised Kara that she should be eligible for a Medicare Savings Program to help pay her monthly Medicare costs and for Medicaid for Aged Blind and Disabled (MABD) that would also help with the cost-sharing. The advocate helped Kara with the application and submitted it to Vermont Health Connect. Kara was approved for an MSP and MABD, and she now felt comfortable making appointments to see new providers.

Abigail's Story

Abigail called the HCA because she was having trouble scheduling a Medicaid ride to her provider. Without the ride, she was going to miss her appointment. Vermont Medicaid includes coverage of transportation to provider appointments. However, to be eligible for Medicaid transportation, you need to show that you do not have access to a vehicle in your Medicaid household. Abigail was being told that she could not schedule the ride because someone in her Medicaid household had a vehicle. The HCA advocate quickly pointed out that Abigail was the only person in her Medicaid household, and she did not have access to any vehicles, so this was not a valid reason for denying her ride. The Medicaid transportation broker agreed and scheduled the ride.

Zach's Story

Zach was turning 26 and was about to age out of his parent's health insurance plan. Under the Affordable Care Act, children are able to stay on their parents' plans until they turn 26. He called the HCA because he was unsure about his next steps and was worried about affording coverage. He had a job, but was not eligible for employer coverage for several months. The HCA advocate explained that because his coverage through his parents' plan was ending, he would be eligible for a Special Enrollment Period to enroll in a Vermont Health Connect Plan. The advocate helped Zach complete and submit the application. Because he was not yet eligible for his employer plan, Zach was eligible for Advance Premium Tax Credit (APTC) to help pay his monthly premium. With the APTC, Zach's monthly premium was less than \$100. In addition, the HCA advocate explained that Zach could get off the VHC plan once he became eligible for his employer's plan.

Sarah's Story:

Sarah called the HCA because she had no health insurance and needed medical care. She had been on a Vermont Health Connect (VHC) plan in the past, but it had not been affordable for her. Because of the COVID Special Enrollment Period (SEP), Sarah now had the opportunity to enroll in coverage. The COVID-

SEP allowed uninsured Vermonters to enroll in a plan on VHC. Normally, consumers must enroll during Open Enrollment, or if they have a qualifying event such as the birth of a child or a move.

The advocate discovered that Sarah would be eligible for an Advance Premium Tax Credit (APTC) based on her income, but in order to be eligible, she needed to file her taxes. Sarah had not filed taxes, so VHC initially determined her to be ineligible for APTC. Without APTC, Sarah would not have been able to afford coverage.

She quickly filed her taxes and was determined eligible for a substantial amount of APTC. Sarah was then able to use the COVID-SEP to enroll in a VHC plan.

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 due to high call volumes or challenges reaching the client.

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

- My HCA Advocate was extremely helpful. I couldn't of [sic] gotten through the process with-out their help. Just wishing navigating the web site was easier. When your [sic] sick like me, very hard to do these things or be on the phone for long periods of time and if I didn't have her help I think I would have given up.
- She made me feel very comfortable knowing she would assist me on getting it done quickly and accurately.
- Even called me back to make sure things were as I needed and to see if I needed anything!
- My advocate helped me so much. I was in a health insurance mess. It was hard for me to understand due to my brain injury and really needed someone who could walk me through the day-to-day effort until I got health coverage.
- My advocate kept me informed over weeks of insurance mess. I was worried I was wearing her out, but she assured me things would be cleared up shortly.
- My advocate and the attorneys and others worked very hard. She began working with us on 4/1/19. The resolution was on 9/11/19. Her level of commitment and care are unsurpassed.

- My advocate handled my frustrations and the many barriers we crossed with grace, optimism, understanding and confidence. She was knowledgeable and resourceful.
- With infinite, immeasurable gratitude
- My advocate was very professional, answered my questions patiently and respectfully. She successfully expedited my case and got satisfactory results within 2 hours!
- I was not satisfied with the outcome. However, that is not a reflection on my HCA advocate. She did an excellent job. She was very understanding and professional.
- My HCA Advocate was the first one to really explain why my child was not accepted for Medicaid for Disabled Working People. I wish I had met her when we first started this process. We feel like we have been going in circles for the past two years.
- I feel that if it wasn't for your help and services, that I would not have health insurance that was accurate. I don't find health insurance affordable at all even with the ACA guidelines. Yet I feel I have to have it, especially for my children.
- Thank you for all your services. I was really down when I found out my health insurance was beyond my means. I wondered if dying was my only recourse. Thank you for making my life better.

My HCA Advocate restored my faith in people(!) as I dealt with a very stressful four weeks while we waited for some closure. She was totally professional yet genuinely personable, and I remain grateful for her help and support.

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 broad range and depth of legal knowledge of attorneys in the other VLA projects.

Individuals contact us through our Burlington-based statewide helpline (**1-800-917-7787**) and the *Vermont Legal Aid* and *Vermont Law Help* websites, as well as by walking into one of the five VLA offices located around the state. For each case, HCA advocates analyze the situation and provide information, advice and referrals, or directly intervene to 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 them information and advice about the insurance options in Vermont and assist if people have problems with enrollment. We also educate consumers about their rights and responsibilities and provide information about and assistance with appeals.

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 advocacy efforts. Working on behalf of all Vermonters, we advocate for laws and administrative rules that provide better access to and improved quality of health care. We represent the public in rate review proceedings and other matters before the Green Mountain Care Board (the Board) and other state entities. Act 48 of 2011 and Act 171 of 2012 require the Board to consult with the HCA about their policies and activities and how they impact consumers.

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Key Projects

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

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

The HCA launched an updated and revamped website.

The HCA has an updated and revamped website. The VTLawHelp website and its Health pages were updated in July 2019 to be easier to navigate, more accessible to people who live with disabilities, and easier to use on mobile devices. The upgraded website will make it easier for Vermonters to find the information that they need. We are continually updating and revising the website to ensure it has the most accurate information, and we have seen a marked increase of website traffic during the COVID pandemic. We also made it easier for community partners to reach us online. Vermonters can submit requests for help on an updated online form, and they can always call the helpline.

<https://vtlawhelp.org/health>

The HCA continues to work on making Hospital Patient Financial Assistance Policies more accessible.

The HCA continued to advocate for improvements to Vermont hospitals' patient financial assistance policies (FAPs). The HCA closely reviewed the FAPs of the five largest Vermont hospitals and provided those hospitals with our analysis of their policies' compliance with federal regulations. During the hospital budget review process, hospitals committed to working with us to improve their policies. This project transitioned into a work group effort with UVMHC, RMC, VAHHS, and the HCA, to develop a plain language summary template that will be a resource for all Vermont hospitals. In addition, we have started to advocate for best practices improvements to financial assistance policies and patient financial counseling practices at all Vermont hospitals. We advised 98 households on applying for Patient Financial Assistance. This work is ongoing.

The HCA conducted an online survey about COVID-19 impacts. It also conducted virtual town halls to reach Vermonters during the COVID pandemic.

The HCA conducted an online survey to find out how COVID-19 was impacting access to healthcare during the COVID crisis. We had 2,501 responses to the survey. The responses gave us insight into how Vermonters were dealing with the crisis and helped inform our policy advocacy. We also conducted a “virtual town hall” to educate consumers and answer questions. The HCA advocate presenting at the town hall answered questions from consumers about Medicaid eligibility, transitioning to Medicare, COVID testing, accessing medical care, and Special Enrollment periods. We had more than 20 people watching the town hall live, and over 322 watched it later on YouTube and Facebook.

The HCA partnered with other parts of Vermont Legal Aid to educate consumers about the new COVID related unemployment programs and stimulus payments.

The HCA helpline collaborated with other parts of Vermont Legal Aid to make sure the community understands the impact on health care programs of both new unemployment programs and the stimulus checks created in the CARES ACT. The HCA is also working with the Disability Law Project at Vermont Legal Aid to make sure that Vermonters on Medicaid for the Working Disabled who have temporarily lost their jobs due to COVID-19 will not lose their Medicaid coverage.

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Consumer Assistance

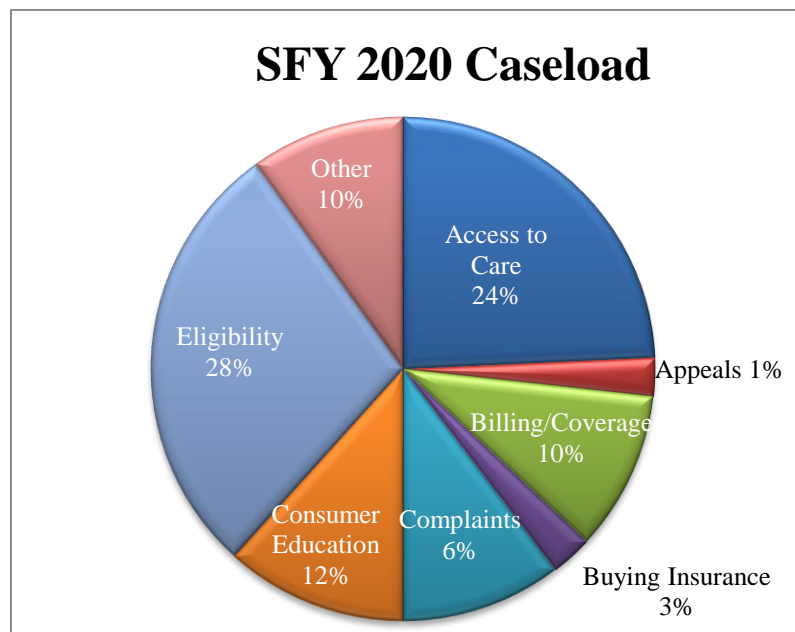
Description of Caseload

In SFY 2020, we handled 3,314 calls to our statewide hotline, compared to 3,592 calls in SFY 2019 and 3,730 in SFY 2018. We closed 3,412 cases during this period and had 91 cases pending at the end of June 2020. A total of 816 (25%) of the calls were related to Vermont Health Connect, compared to 23% in the previous year.

We assign each case to one or more of these six categories: *Access to Care, Billing and Coverage, Buying Insurance, Consumer Education, Eligibility, and Other*. 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.

While there were slight changes in the percentage of cases in several categories, the overall distribution of issues remained roughly the same as last year as these numbers show:

- Eligibility (28% compared to 27%)
- Other (23% compared to 23%)
- Access to Care (24% compared to 26%)
- Billing and Coverage (10%, compared to 11%)
- Consumer Education (12% compared to 11%), and
- Buying Insurance (3%, compared to 3%)



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

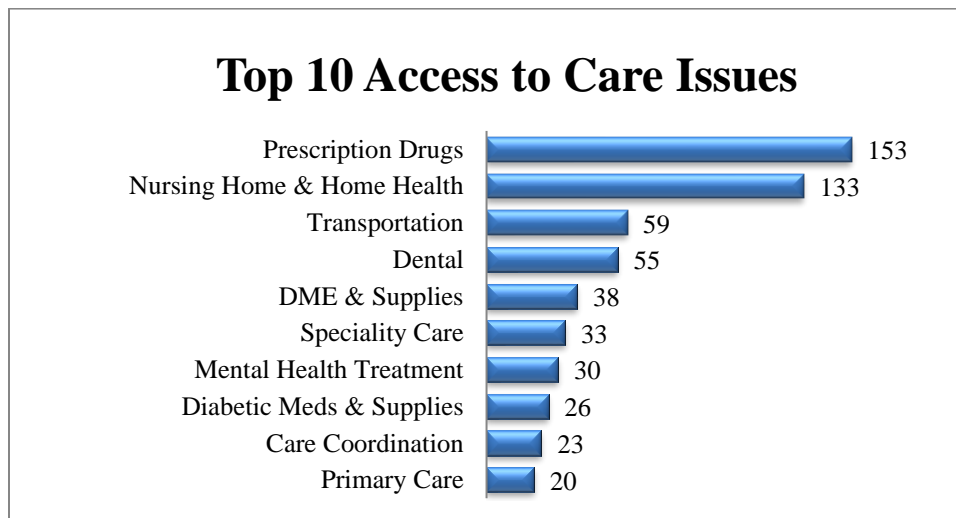
Access to Care

Access to Care involve cases where individuals are seeking care. The number of calls reporting difficulties getting access to health care as the primary issue was 805, compared to last year’s total of 918. An additional 608 callers cited access issues as secondary to their primary problem.

We track 49 subcategories in *Access to Care*.¹ The top four *Access to Care* issues were: Prescription Drugs (153 calls); Access to nursing homes and home health (133); Transportation (59 calls); and Dental (55 calls). Access to prescription medication has been a top issue for several years. Access to prescription drugs impacts many different coverage groups including those who have private insurance, Medicare, or employer coverage.

The top ten issues on this year’s *Access to Care* list are quite similar to those on last year’s list. Care Coordination appeared on the list for the second year in a row. Both specialty and primary care are on the list for the first time together.

Despite the fact that more Vermonters are insured, and a large proportion of Vermonters who purchased VHC plans qualified for cost-sharing reductions, many people find affordability to be a barrier to health care access. We changed the way to track affordability cases, so we could capture all the cases where Vermonters raise affordability issues. In SFY 20, we had 1,398 cases where consumers raised affordability issues.



¹ In this fiscal year, we added the category “Provider Directory Problems” as a subcategory.

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. In order to give higher priority to *Access to Care* and *Eligibility* calls, we often 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. In SFY 2020, we answered 439 calls in this category, compared to 404 last year.

We track 35 subcategories of *Billing and Coverage* calls.

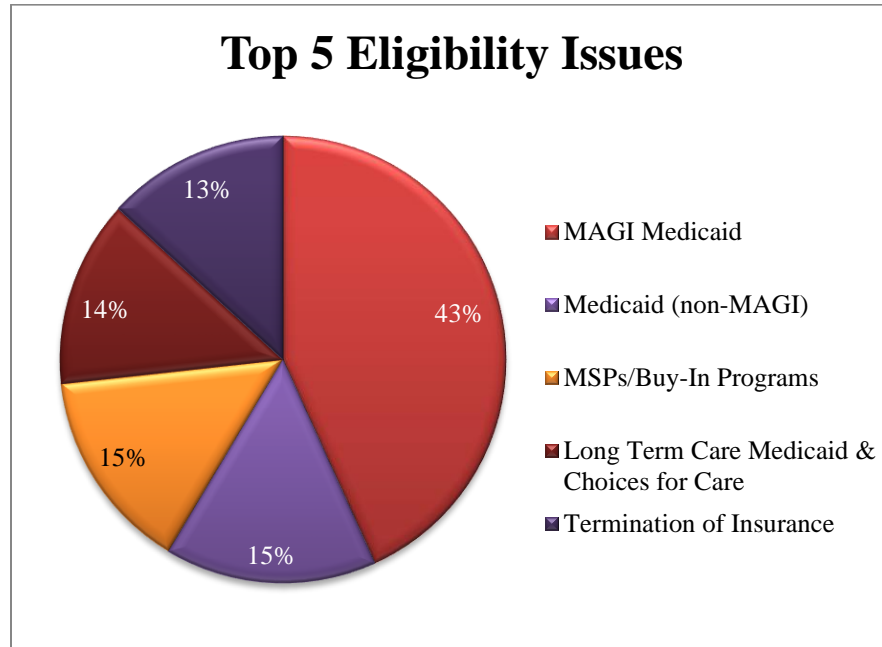
The number of calls about the top 5 issues compared to the number of calls last year were:

- Premiums (58, compared to 11 last year)
- Balance Billing (50, compared to 57 last year)
- Hospital Billing (41, compared to 38 last year)
- Coverage & Contract Questions (26, compared to 20 last year)
- Claim Denials (35, compared to 28)

Eligibility

This was again the category with the most calls. Eligibility was the primary issue for 942 callers, compared to 964 callers the previous year. An additional 1,658 callers named eligibility as a secondary issue, for a total of 2,600.

In SFY 20, the top eligibility issues remain similar. Eligibility for MAGI Medicaid, Medicaid (non-MAGI), and Medicare Savings Programs (MSP) remained in the top three.



- MAGI Medicaid (262, compared to 250)
- Buy-In Programs/MSPs (89, compared to 92)
- Medicaid-Non MAGI (93, compared to 95)
- Long Term Care Medicaid (82, compared to 77)
- Termination of Insurance (80, compared to 48)

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 2020, state health care programs included Medicaid FFS, Medicaid Managed Care, VPharm, and Healthy Vermonters.

Commercial insurance comprised both individuals with small or 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 ask for the information.

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

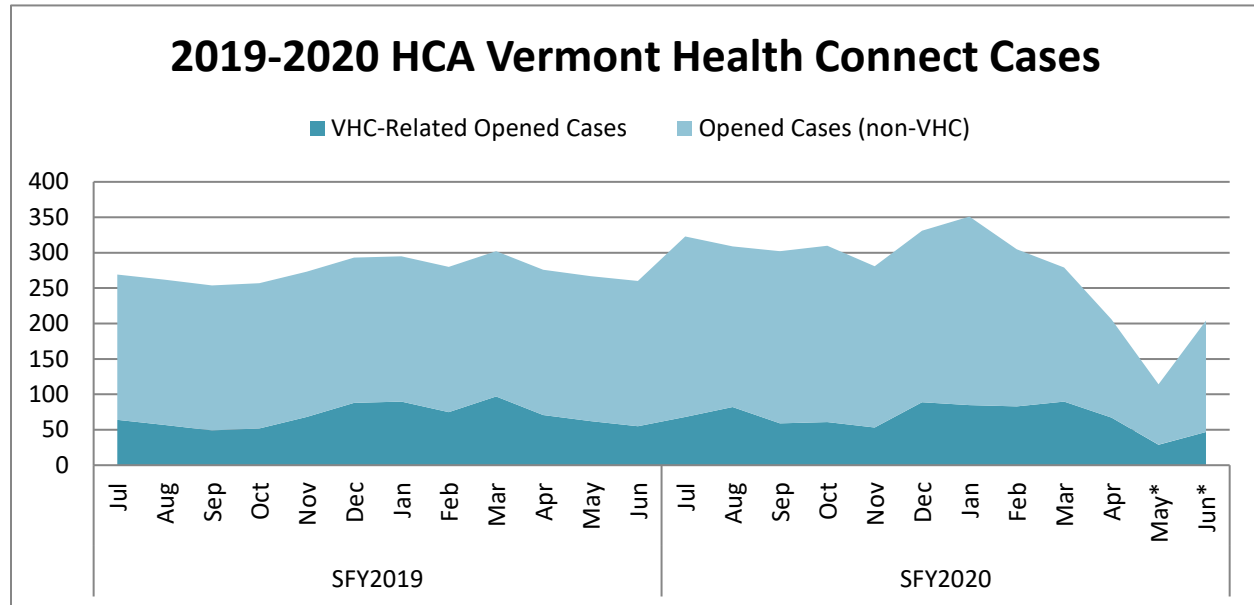
Insurance	SFY 2020	SFY 2019	SFY 2018	SFY 2017
State Programs	733 (22%)	901 (25%)	883 (24%)	917 (21%)
Commercial Insurance	528 (16%)	639 (18%)	662 (18%)	708 (16%)
Uninsured	342 (10%)	306 (9%)	342 (9%)	482 (11%)
Medicare	546 (16%)	552 (24%)	569 (15%)	497 (11%)
Dual Eligible ²	279 (8%)	294 (8%)	290 (8%)	210 (5%)
Dental	6 (<1%)	7 (<1%)	6 (<1%)	16 (<1%)
Other	114 (3%)	78 (2%)	104 (3%)	105 (2%)
Irrelevant/Unknown	727 (22%)	782 (22%)	874 (23%)	807 (18%)

When beneficiaries who are Dual Eligible (279) or have VPharm coverage (39) are added into the Medicare total (546), about 26% of the calls were from Medicare beneficiaries in SFY 2020.

² Dual Eligible means a beneficiary who is eligible for both Medicaid and Medicare.

Vermont Health Connect Calls

Vermont launched its state-based exchange, Vermont Health Connect (VHC), on October 1, 2013. Vermonters seeking subsidies (premium assistance and cost-sharing reductions) must purchase plans through VHC. However, individuals who are not eligible for premium assistance can now enroll in VHC Qualified Health Plans (QHPs) directly through the carriers, as small businesses do.³



In SFY 2020, 816 (25%) of the calls received by the HCA were related to Vermont Health Connect. This is a slight increase from the proportion in SFY 2019 when 23% calls related to Vermont Health Connect. During the COVID pandemic in SFY 2020, Vermont Health Connect was not closing Medicaid or doing Medicaid renewals, which impacted the VHC call volume in the spring. Overall, VHC calls have dropped significantly in the last four years. In SFY17, Vermont Health Connect accounted for 40% of total calls, and in SFY 2018 when VHC calls accounted for 28% of total calls. Since the launch of Vermont Health Connect, the HCA’s call volume has averaged 300 calls per month. The overall VHC numbers reflect that the system is functioning better and that problems are being resolved more quickly.

³ The HCA only provides help to individuals. We do not assist small businesses.

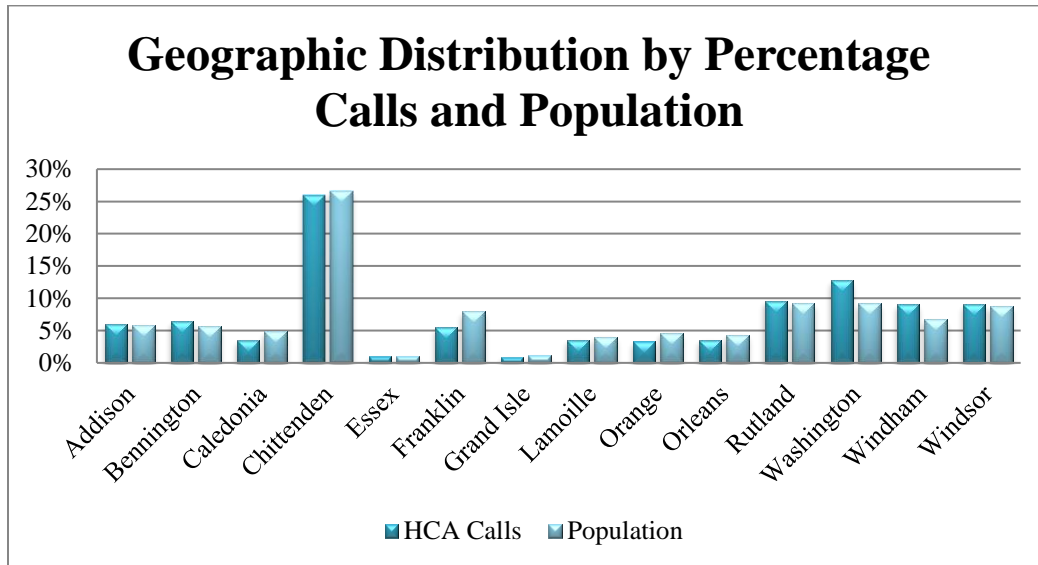
Resolution of Calls

In SFY 2020, the HCA closed 3,408 cases compared with 3,586 cases last year. When we close a case, we document how we resolved the case, where we referred the individual, and what materials we sent. In SFY 2019, the HCA saved consumers \$207,221.31.

Outcome Summary	SFY 2020	SFY 2019	SFY 2018
Advice or Education	1,908	1,991	2,055
Assisted with Application for Insurance	31	43	21
Bill Written Off	22	41	22
Claim Paid as a Result of HCA Intervention	12	30	36
Client Not Eligible for Benefit	47	39	36
Client Responsible for Bill	64	55	40
Estimated Eligibility for Insurance	206	232	152
Got Client onto Insurance	269	235	279
Obtained Coverage for Services	66	95	91
Other Access/Eligibility Outcome	268	306	291
Other Billing Assistance	75	78	62
Hospital Patient Assistance Provided	11	10	11
Prevented Termination or Reduction in Coverage	50	58	70
Reimbursement Obtained	14	15	20
Service Excluded Under Contract	15	5	7
Service Not Medically Necessary	2	2	2
Other Outcome	348	351	496
Grand Total	3,408	3,586	3,691

Geographic Distribution of Calls

The HCA provides services statewide. While proportions varied in some counties, 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 2020 compared with the general population distribution (based on 2019 census information).



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Public Advocacy

SFY 2020 was another busy and productive year for the HCA's public advocacy team. The HCA actively participated in many proceedings before the Green Mountain Care Board including QHP and large group insurance rate review proceedings, hospital and ACO budget reviews, certificate of need proceedings, and numerous other meetings and activities.

The HCA also actively participated in other systemic advocacy activities including bringing a consumer voice to legislative policy considerations and being a consumer-focused resource for legislators. The HCA tracks any changes to Federal and State rules including the eligibility and enrollment rules (HBEE), Medicaid covered services rules (HCAR), and rules governing Association Health Plans. We continued our advocacy for greater access to hepatitis C treatment in the department of corrections. The HCA also edited multiple health care notices to make them more readable and understandable. We participated in health care tax advocacy for individuals and on a systemic level. The HCA participated in numerous other public commissions and boards.

The HCA engaged in a number of outreach and public education activities, partnering with various community organizations to get the word out about issues that consumers need to be mindful of when accessing insurance and health care, as well as information about the services that the HCA has to offer to Vermonters who need an advocate's assistance. These outreach activities included significant focus on health care-related tax issues as well as eligibility, and communications focused on helping Vermonters understand and manage the exchange marketplace.

All of the details of the HCA's public, administrative, outreach and other activities was reported upon in detail in the four quarterly reports that make up SFY 2020. These quarterly reports can easily be found at the following link: <https://vtlawhelp.org/hca-reports>.

Coordination

The HCA works closely with the Long Term Care Ombudsman Project and other VLA attorneys. In addition, we coordinate our efforts with many consumer and advocacy groups and other organizations that are working to expand access to health care. The HCA worked with the following organizations on consumer-oriented initiatives during this fiscal year:

- Altarum Health Care Value Hub
- American Civil Liberties Union of Vermont
- Bennington Free Clinic
- Bi-State Primary Care
- Blue Cross Blue Shield of Vermont
- Burlington School District
- Community Catalyst

-
- Dartmouth Institute for Health Policy & Clinical Practice
 - Families USA
 - Health Policy Institute, Georgetown University
 - Healthcare Value Hub
 - IRS Taxpayer Advocate Service
 - MVP Health Care
 - National Center for Transgender Equality
 - Network for Public Health Law
 - NHelp, National Health Law Program
 - OneCare Vermont
 - Out in the Open (formerly Green Mountain Crossroads)
 - Outright Vermont
 - Pride Center of Vermont
 - Planned Parenthood of Northern New England
 - Planned Parenthood of Northern New England
 - QueerConnect, Bennington Rights, and Democracy Vermont
 - Rutland County Free Clinic
 - Rutland Regional Medical Center
 - SHIP, State Health Insurance Assistance Program
 - University of Pennsylvania Leonard Davis Institute of Health Economics
 - University of Vermont Medical Center
 - Vermont Association of Hospitals and Health Systems
 - Vermont Businesses for Social Responsibility
 - Vermont Care Partners
 - Vermont CARES
 - Vermont Defender General's Prisoners' Rights Office
 - Vermont Department of Health
 - Vermont Department of Taxes
 - Vermont Developmental Disabilities Council
 - Vermont Health Connect
 - Vermont Medical Society
 - Vermont Program for Quality in Health Care
 - Vermont Workers' Center
 - You First

Health Website

VTLawHelp.org is a statewide website maintained by Vermont Legal Aid and Legal Services Vermont. The site includes a substantial Health section (<https://vtlawhelp.org/health>) with more than 160 pages of consumer-focused health 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.

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

Marked increase in website traffic due to COVID-19 emergency

During the spring months of 2020, the traffic to the entire VTLawHelp.org website doubled. We saw increases with the most popular pages in the Health section of the site, as well.

The top 12 health pages in FY2020 were:

Medicaid Income Limits (8,781 pageviews — ↑2% over last year)

Health Home Page (6,384— ↓14%)

Medicaid (2,436— ↑232%)

Dental Services (2,140— ↑80%)

Services Covered by Medicaid (1,582— ↑35%)

Medicaid Resource Limits (1,461 — ↑36%)

Medicare Savings Programs (1,299 — ↑111%)

Long-Term Care (1,255 — ↑204%)

Medicaid, Dr. Dynasaur & Vermont Health Connect (1,249 — ↑282%)

HCA Online Help Request Form (1,226 — ↑6%)

Vermont Choices for Care (1,154 — stayed even)

Buying Prescription Drugs (1,048 — ↑144%)

PDF Downloads

Of the list of unique documents that were downloaded from the entire VTLawHelp website, about 30% were on health topics.

The top health-related downloads were:

Advance Directive Short Form (downloaded 491 times)

Advance Directive Long Form (344)

- Vermont Dental Clinics Chart (150)
- Vermont Medicaid Coverage Exception Request Standards (90)
- How to Get Durable Medical Equipment Through VT Medicaid (59)
- Long-Term Care – Know Your Rights (54)
- Moving from VHC to Medicare (53)
- Fair Hearing Steps (47)
- Hospital Financial Assistance Fact Sheet (31)
- Premium Tax Credit Allocation Rules Summary (21)
- Premium Tax Credit Allocation Spreadsheet (20)

The Advance Directive Short Form ranks 3rd among all PDF downloads on the VTLawHelp.org website. The Advance Directive Long Form ranks 5th and the Vermont Dental Clinics Chart ranked 7th. These were the top health-related downloads last year as well.

Online Help Tool

We have a Health section in the online help tool on our website. It is found at https://vtlawhelp.org/triage/vt_triage and it can be accessed from most pages of our website.

The website visitor answers a few prompts to get to the health care information they need. The tool addresses some of the most popular questions that are posed to the HCA. In addition to our deep collection of health-related web pages, the online help tool adds a new way to access helpful information — at all hours of the day and night. The website user can also call the HCA or fill in our online form to get personal help from an advocate.

Website visitors used this tool to access health care information **975 times** this year – a 58% increase over last year. Of the 80 health care topics that were accessed using this tool, the top topics were:

- Medicaid - I want to apply for Medicaid or Dr. Dynasaur for myself or for my children.
- Dental Services - I need help finding a low-cost dentist and paying for dental care.
- Long-Term Care - I want to go over my long-term care options (nursing homes, in-home care, and more).
- Medicaid - I have questions about my Medicaid coverage.
- Complaints - I want to file a complaint against a doctor or hospital.

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Vermont Legal Aid, Inc.
HCA ANNUAL REPORT SFY 2020

CONTRACT INCOME **\$1,457,406**

CONTRACT EXPENDITURES

Personnel

Project Director	\$74,057
Attorneys and Health Care Policy Analyst	207,577
Lay Advocates and Para-Professional Staff	293,829
Management and Support Staff	171,010
Other (Fringe Benefits)	<u>281,213</u>
Total Personnel	1,027,686

Other Direct Costs

Office Operations	102,803
Project Space	83,256
Other	<u>36,814</u>
Total Other Direct Costs	222,873

Purchased Services

Legal Services Vermont (formerly Law Line) Subcontract	39,360
Professional Services	<u>16,821</u>
Total Purchased Services	56,180

CONTRACT EXPENDITURES **\$1,306,739**

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Attachment A**Health Care Advocate Statutory Duties****Current Duties****Title 18: Health****Chapter 229: Office of the Health Care Advocate****§ 9602. Office of the Health Care Advocate; composition**

- Chief must have expertise in the fields of health care and advocacy
- May employ legal counsel, admin staff, and other employees and contractors as needed

§ 9603. Duties and authority

The HCA shall:

- Assist health insurance consumers with health insurance plan selection
- Accept referrals from Vermont Health Connect and navigators
- Help consumers understand their rights and responsibilities under health insurance plans
- Provide information to the public, agencies, legislators, etc. regarding problems and concerns of health insurance consumers and recommendations for resolving problems and concerns
- Identify, investigate, and resolve complaints on behalf of health insurance consumers, and assist consumers with filing and pursuit of complaints and appeals
- Analyze and monitor the development and implementation of federal, State, and local laws, rules, and policies relating to patients and health insurance consumers
- Facilitate public comment on laws, rules, and policies, including those of health insurers
- Suggest policies, procedures, or rules to the Board to protect consumers' interests
- Promote the development of citizen and consumer organizations
- Annual report on activities, performance, and fiscal accounts

The HCA may:

- Review the health insurance records of a consumer who has provided written consent
- Pursue administrative, judicial, and other remedies on behalf of any individual health insurance consumer or group of consumers
- Represent the interests of Vermonters in cases requiring a hearing before the Board

§ 9604. Duties of State agencies

- State agencies shall comply with reasonable requests from the HCA for information and assistance

§ 9605. Confidentiality

- HCA cannot disclose the identity of a complainant or individual without consent

§ 9606. Conflicts of interest

- HCA, employees, and contractors cannot have any conflict of interest including direct involvement in licensing, certification, or accreditation of a health care facility; ownership interest or investment in, employment or compensation by, or management of, a health care facility, insurer, or provider

§ 9607. Funding; intent

- The HCA shall specify in its annual report its expenditures including the amount for actuarial services
- The HCA shall maximize the amount of federal and grant funds available to support the HCA

Title 18: Health**Chapter 043: Licensing Of Hospitals****§ 1911a. Notice of hospital observation status**

- Hospital notices of observation status must include statement that the individual may contact the Office of the Health Care Advocate and contact information for the HCA

Title 08: Banking and Insurance**Chapter 107: Health Insurance****Subchapter 001: Generally****§ 4062. Filing and approval of policy forms and premiums**

- The HCA may within 30 calendar days after the Board receives an insurer's rate request submit to the Board suggested questions regarding the filing for the Board to provide to its actuary
- The HCA may submit to the Board written comments on an insurer's rate request. The Board shall post the comments on its website and shall consider the comments prior to issuing its decision.
- The HCA may appeal a decision of the Board approving, modifying, or disapproving the insurer's proposed rate to the Vermont Supreme Court

Title 18: Health**Chapter 220: Green Mountain Care Board****Subchapter 001: Green Mountain Care Board****§ 9374. Board membership; authority**

- The Board shall seek advice from the HCA
- The HCA shall advise the Board regarding policies, procedures, and rules
- The HCA shall represent the interests of Vermont patients and Vermont consumers of health insurance and may suggest policies, procedures, or rules to the Board in order to protect patients' and consumers' interests

§ 9377. Payment reform; pilots

- The Board shall convene a broad-based group of stakeholders, including the HCA, to advise the Board in developing and implementing pilot projects and to advise the Board in setting policy goals

Title 18: Health**Chapter 221: Health Care Administration****Subchapter 005: Health Facility Planning****§ 9440. Procedures**

- The HCA may participate in any administrative or judicial review of a certificate of need application and shall be considered an interested party upon filing a notice of intervention with the Board

§ 9445. Enforcement

- If any person offers or develops any new health care project without first having been issued a certificate of need or certificate of exemption the HCA may maintain a civil action to enjoin, restrain, or prevent such violation

Title 33: Human Services**Chapter 018: Public-private Universal Health Care System****Subchapter 001: Vermont Health Benefit Exchange****§ 1805. Duties and responsibilities**

- VHC must refer consumers to the HCA for assistance with grievances, appeals, and other issues

§ 1807. Navigators

- Navigators must refer any enrollee with a grievance, complaint, or question regarding his or her health benefit plan, coverage, or a determination under that plan or coverage to the HCA and any other appropriate agency

Title 33: Human Services**Chapter 004: Department of Vermont Health Access****§ 402. Medicaid and Exchange Advisory Committee**

- One-quarter of the members of the MEAB shall be advocates for consumer organizations

Act 113 of 2016**18 V.S.A. chapter 227 is added to read:****Chapter 227: All-Payer Model****§ 9551. All-Payer Model**

- In order to implement an all-payer model, the Board and Agency of Administration shall ensure, in consultation with the HCA, that robust patient grievance and appeal protections are available

18 V.S.A. § 9382 is added to read:**§ 9382. Oversight of Accountable Care Organizations**

- To be certified by the Board, ACOs must offer assistance to health care consumers, including providing contact information for the HCA and sharing de-identified complaint and grievance information with the HCA at least twice annually
- In the Board's review of budgets of ACO(s) with more than 10,000 attributed lives in VT, the HCA may receive copies of all materials, ask questions of Board employees, submit written questions to the Board that the Board will ask of the ACO in advance of any hearing, submit written comments for the Board's consideration, and ask questions and provide testimony in any hearing held in conjunction with the Board's ACO budget review
- The HCA shall not disclose further any confidential or proprietary information provided to the HCA in the ACO budget review process

S. 243**§ 4255. Controlled Substances and Pain Management Advisory Council**

- The Controlled Substances and Pain Management Advisory Council shall include a representative of the HCA

S. 255**18 V.S.A. § 9456(d) is amended to read:**

- The HCA shall have the right to receive copies of all materials related to the hospital budget review and may:
 - Ask questions of Board employees
 - Submit questions to the Board that the Board will ask of hospitals in advance of any hospital budget review hearing
 - Submit written comments for the Board's consideration
 - Ask questions and provide testimony in any hospital budget review hearing
- The HCA shall not further disclose any confidential or proprietary information provided to the HCA

18 V.S.A. § 9414a is amended to read:**§ 9414a. Annual Reporting by Health Insurers**

- DFR and the HCA shall post on their websites links to the standardized form completed by each health insurer

Other Duties

The HCA is also often asked to participate in task forces, councils, and work groups when the Legislature mandates state agencies to create them. While these are not statutory duties for the HCA, they are essentially required.

Office of the Health Care Advocate

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Burlington, Vermont 05401
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<https://www.vtlegalaid.org/health>