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

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Quarterly Report  
October 1, 2018- December 31, 2018  
to the  
Agency of Administration  
submitted by  
Michael Fisher, Chief Health Care Advocate  
Office of the Health Care Advocate

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January 18, 2019



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<p>The total call volume increased by 6% (894 this quarter vs. 840 last quarter). Call volume this quarter is very similar to call volume in the same quarter in 2017. In 2017, the HCA had 890 calls in the third quarter compared to 894 in 2018. About 12% of those calls involved getting consumers onto new coverage, preventing the loss of coverage, or obtaining coverage for services. We saved consumers \$60,132.90 this quarter.</p>	
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## Introduction

The Office of the Health Care Advocate (HCA) advocates for all Vermonters through both individual consumer assistance and systemic advocacy on health care issues. We work to increase access to high quality, affordable health care for all Vermonters through individual advocacy and representing the public before the Green Mountain Care Board, state agencies, and the state legislature.

This quarter, the HCA focused on helping consumers navigate Open Enrollment and find the plan that best met their health care needs. In 2019, households eligible for Advance Premium Tax Credit (APTC) will be getting, on average, \$100 more in APTC per month. With this increased APTC, consumers on silver plans could buy gold plans for about the same monthly premium, such as Ronald's story described in the case narrative at the right.

The HCA helpline advocates spent considerable time educating consumers about silver-loading as well, and trying to help them understand the system. We had a significant increase in our cases related to Buying Insurance (54 vs. 13 last quarter) and Consumer Education (104 vs. 80 last quarter). This quarter, 200 of our cases were complex interventions, meaning that advocate spent two or more hours helping the consumer, which represented a 17% increase in complex cases from last quarter.

The HCA is working on a proposal to maximize the AV (actuarial value) for silver plans in 2020. With a maximized AV, consumers will be eligible for more APTC and be able to enroll in plans with lower out-of-pocket costs. We also remain concerned about the impact of Association Health Plans (AHPs) on the marketplace and believe that AHPs plan pose a risk to the stability of the marketplace. The HCA continues to work toward ensuring that all Vermonters are able to access affordable, quality health care coverage.

The HCA represents Vermonters through individual, administrative and legislative advocacy. Our policy priorities reflect our daily work with Vermonters struggling with a health care system that often does not meet their needs. We work to control unnecessary costs and make the health care system sustainable, and to ensure that Vermont consumers are heard by providers and policy-makers.

### Ronald's Story:

Ronald called the HCA because both he and his son did not have health care coverage. Ronald had not enrolled on a VHC plan in 2018 because he did not think that he could afford it. His son had been on Dr. Dynasaur (Dr. D), but it had closed earlier in the year and Ronald had been unsure why. That meant both had no insurance for most of the year. Since it was the Open Enrollment Period, Ronald had a chance to enroll in a qualified health plan (QHP) on Vermont Health Connect (VHC) for 2019. When the HCA advocate reviewed Ronald's information, she found that he was eligible for several hundred dollars a month in Advance Premium Tax Credit (APTC). In 2019, the price of silver exchange plans on VHC had increased, in a strategy called "silver-loading." The increase in premium for silver plans meant that APTC-eligible households like Ronald's were eligible for more APTC. With the additional APTC, Ronald was able to enroll in a gold plan on VHC which would have lower out-of-pocket costs than the silver plans. The advocate also reviewed Ronald's son's eligibility for Dr. D and found that he was still eligible for that program and helped to expedite the application. Ronald's son was able to get onto Dr. D the month that he was found eligible, and Ronald's coverage started on January 1 of 2019.

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## Overview

The HCA provides assistance to consumers through our statewide hotline (**1-800-917-7787**) and through the Online Help Request feature on our website, Vermont Law Help ([www.vtlawhelp.org/health](http://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 894 calls<sup>1</sup> 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:

- **25.84%** (231) about **Access to Care**
- **10.85%** (97) about **Billing/Coverage**
- **6.04%** (54) about **Buying Insurance**
- **11.63%** (104) about **Consumer Education**
- **23.83%** (213) about **Eligibility** for state and federal programs
- **20.58%** (184) 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 213 of our cases had eligibility for state and federal healthcare programs listed as the primary issue, an additional 61 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 October 1- December 31, 2018 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**: 894 calls (compared to 840 last quarter)
  - **Department of Vermont Health Access (DVHA) beneficiaries**: 284 calls (297 calls last quarter)

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

- **Commercial Plan Beneficiaries:** 161 calls (150 calls last quarter)
- **Uninsured Vermonters:** 84 calls (80 calls last quarter)
- **Vermont Health Connect (VHC):** 208 calls (171 calls last quarter)
- **Reportable Activities (Summary & Detail):** 51 activities and 10 documents (88 activities, 8 documents)

## Individual Consumer Assistance

### Case Examples

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

#### **Mason's Story:**

Mason's mother called the HCA because Mason needed braces for his teeth, but Medicaid had told her that he did not meet the coverage requirements for braces. Mason was on Dr. Dynasaur (Dr. D). The family could not afford to pay for braces out of pocket. The family had appealed Medicaid's decision to deny coverage by asking for an internal appeal. The HCA advocate reviewed the Medicaid coverage criteria — and Mason's dental records, and recommended that the family talk with the orthodontist again to get a more up-to-date assessment of his teeth. The advocate also found out that Mason was getting therapy to help him with social adjustment issues at school. The therapist believed that braces were key to Mason's mental well-being and would help him stay engaged and focused at school. On the advice of the HCA, the family was able to get an additional letter from the therapist detailing how braces were vital to Mason's mental health and to submit new, more-detailed information from the orthodontist. When Medicaid reviewed the additional information, it approved the braces and Mason's mother was able to schedule his appointment to get the braces on his teeth.

#### **Olivia's Story:**

Olivia called the HCA when she found out that a pay raise she earned at work was going to make her son ineligible for Dr. Dynasaur (Dr. D). She called the HCA because she wanted to know if she needed to sign her son up on her employer insurance — her employer's open enrollment for signing up for coverage was ending the next day. However, the employer insurance was going to cost more for the monthly premium and have significantly more out-of-pocket costs than the Dr. D coverage. Olivia was paying \$60 per month for Dr. D, and it had no deductible or copayments. She was considering turning down the pay raise to stay on Dr. D. When she talked to the HCA advocate, the advocate advised that Olivia could reduce her taxable income by increasing her 401(k) contributions. By reducing her taxable income, Olivia's son would stay within the eligibility requirements for Dr. D. In addition, this would mean that Olivia could accept the raise and save more money for her retirement, and that her son would continue to have affordable and accessible coverage.



**William's Story:**

William called the HCA because he wanted to make sure that he did not lose his eligibility for Medicaid for the Working Disabled (MWD). William worked part-time, and he owned his home. He needed to sell his home and move in with his family across the state, but did not want to lose his eligibility for MWD. The HCA advocate reviewed the eligibility rules with William. Medicaid for the Working Disabled has different income and resource rules than Medicaid for the Aged, Blind and Disabled (MABD). The resource limit for an individual on Medicaid for Working Disabled is \$10,000, while the limit for MABD is \$2000. The expected proceeds from the house sale were less than \$10,000, so this meant that William would stay eligible. The HCA advocate also helped William understand how he could do a resource spend down, in case he ever got above the resource limit for MWD. After learning this information, William felt comfortable going forward with the sale of his house and his move.

**Liza's Story:**

Liza called the HCA because she needed to pick up her daughter's asthma inhaler. She had taken her daughter to the pediatrician the day before and found out the Dr. Dynasaur (Dr. D) coverage was not active. This meant that she could not pick up the inhaler at the pharmacy. Liza had done the application for Dr. D two months before calling the HCA. She had received a letter saying that her daughter was eligible and enrolled on Dr. D, so she was confused about what was happening. When the advocate called VHC, she found that Liza's daughter had been approved for Dr. D, but coverage would not begin until the next month. The advocate pointed out the error. Liza had done the application and the income verification two months prior. Under the eligibility rules, this meant that Medicaid coverage should start the month that she was found eligible. VHC agreed that Dr. D should be active, and they activated the coverage immediately. Liza was able to pick up her daughter's inhaler that afternoon.

**Polly's Story:**

Polly called the HCA because she was losing her Medicaid coverage. When the HCA advocate investigated, she found that Polly had been on MAGI Medicaid on Vermont Health Connect (VHC). Her Medicaid was closing, however, because she had turned 65 and thus had become eligible for Medicare. Once a person becomes eligible for Medicare, they are no longer eligible for MAGI Medicaid. Instead, they must apply for Medicaid for Aged Blind and Disabled (MABD), which has lower income limits than MAGI Medicaid. Polly's situation was even more complicated because she had dis-enrolled from Medicare Part B when she first became eligible for Medicare. She did not think that she could afford it. She also did not realize that she would not be able to stay on MAGI Medicaid. Polly needed to get back on Medicare Part B, and under the normal Medicare enrollment rules, the Part B would not start until July, and she needed coverage sooner than that. The advocate found that Polly was eligible for the Medicare Savings Program (MSP). The MSP can pay for Medicare premiums and cost-sharing. Also, if a person is found eligible, the State of Vermont will help enroll them, and they will not have to follow the normal Medicare enrollment timeline. Polly was found eligible for an MSP, and was enrolled in Part B. The MSP will pay her Part B premium. She was not eligible for MABD because she was above the income limit for that program, but she

was found eligible for VPharm, a state pharmacy program, which will help reduce her out-of-pocket Medicare Part D costs.

### **Clara and Minna's Story:**

Minna called the HCA because her Vermont Health Connect (VHC) plan had been closed. She had no insurance and needed to go to the doctor. She had been enrolled in a VHC plan with her spouse, Clara. During the year, Clara had turned 65 and become eligible for Medicare. Instead of enrolling on Medicare Part B, Clara had stayed on the VHC plan and continued to receive an Advance Premium Tax Credit (APTC) to help pay for it. This was the couple's first problem of many. Once Clara had become eligible for Medicare, she was no longer eligible for APTC. The fact that she had not actually enrolled in Part B did not matter—she was not eligible for APTC. The household received too much APTC for the months that Clara was both on the VHC plan *and* eligible for Medicare. First, the HCA advised the couple that they would be required to pay back the excess APTC amount when they filed taxes. Next, the HCA advocate dealt with Minna's issues. She found that VHC had failed to send a closure notice before closing the couple plan, and asked for Minna to be enrolled in an individual plan. Minna was not *yet* eligible for Medicare, and this meant she was *still* eligible for APTC to help pay for an individual plan. Next, the advocate worked on Clara's issues. Because Clara had failed to enroll in Part B during her initial enrollment period (IEP), she would normally have to wait until the General Enrollment Period (GEP) to enroll. The GEP for Medicare runs from January to March, but the coverage does not start until July, so Clara would experience a gap in coverage. However, Social Security has a limited-time equitable relief program for people like Clara — people who were enrolled in a QHP on exchanges and missed their initial enrollment period for Medicare due to a confusion or mistake. The advocate helped Clara apply so she would not have to wait for her Part B coverage to start. This meant that both Clara and Minna would have coverage going forward. (See CMS fact sheet to find out more about equitable relief:

<http://medicarerights.org/pdf/100118-cms-factsheet-marketplace-relief.pdf>)

### **Julian's Story:**

Julian called the HCA after he had gone to a medical appointment and discovered that his Medicaid was not active. When the HCA advocate did some research, she found that Julian's Medicaid had been closed because of non-renewal. In the VHC system, it looked like he had not done the annual review paperwork that is required to check if a beneficiary is still eligible for Medicaid. But when the advocate looked further, she found that the paperwork had been sent to Julian's mother's address, and that Julian was listed in his mother's Medicaid household. In general, Medicaid households are based on your tax household, so if a child qualifies as a dependent of a parent, then that child will be in the parent's Medicaid household. Julian, however, was no longer a tax dependent. He had moved out of his mother's household to live with his girlfriend and had his own job. He planned on filing taxes on his own. The advocate helped to get Julian in his own Medicaid household, complete the Medicaid application, and get his current coverage activated.

## Priorities

### A. The HCA focused on outreach and consumer education about 2019 Open Enrollment.

The HCA worked with other stakeholders to develop coherent messaging for the 2019 Open Enrollment, and this quarter it focused on reaching consumers directly and via the HCA website to educate them about “silver loading” and Open Enrollment. We also produced materials about Open Enrollment for our community partners and participated in the Guen Gifford Advocacy Training. At the training, we presented information about state and federal health care programs and answered questions about Vermont Health Connect and Open Enrollment. The HCA also recorded two television Open Enrollment messages. These Open Enrollment messages were aired on Channel 17 for a week each, starting 11/16 and 12/7, and shared with 3,358 viewers on Facebook. Three additional Open Enrollment HCA Facebook posts reached an additional 6,489 people and were shared 89 times.





**Vermont Legal Aid**  
December 10, 2018 · 🌐

Do you know someone with Vermont Health Connect insurance? This is the last week to sign up or change to a plan that may cost less and have better coverage! We are here to help all Vermonters with Open Enrollment questions. Call 1-800-917-7787 to speak with a Health Care Advocate or visit our website: [www.vtlawhelp.org/health](http://www.vtlawhelp.org/health)

**Did you know?**

**VERMONT HEALTH CONNECT  
OPEN ENROLLMENT  
IS ENDING THIS SATURDAY!**

**December 15 is the deadline.**  
Need help? [www.vtlawhelp.org/health](http://www.vtlawhelp.org/health)

**Performance for Your Post**

**2,867** People Reached

**79** Reactions, Comments & Shares ⓘ

<b>33</b> Like	<b>18</b> On Post	<b>15</b> On Shares
<b>1</b> Wow	<b>0</b> On Post	<b>1</b> On Shares
<b>1</b> Comments	<b>0</b> On Post	<b>1</b> On Shares
<b>44</b> Shares	<b>44</b> On Post	<b>0</b> On Shares

**98** Post Clicks

<b>18</b> Photo Views	<b>6</b> Link Clicks	<b>74</b> Other Clicks ⓘ
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**NEGATIVE FEEDBACK**

<b>4</b> Hide Post	<b>0</b> Hide All Posts
<b>0</b> Report as Spam	<b>0</b> Unlike Page

Insights activity is reported in the Pacific time zone. Ads activity is reported in the time zone of your ad account.

**B. The HCA participated in Vermont’s annual conference for the American Nurses Association.**

This year’s conference focused on Advocacy, and the HCA advocate discussed how nurses and providers can advocate for patients by helping with prior authorizations, appeals, and insurance enrollment. We also explained how the HCA works for consumers and how the HCA can advise on appeals, insurance denials, and enrollment problems. The advocate gave information on how to refer cases to the HCA. Other guests for the day includes the Deputy Director of VT Network Against Domestic Violence and Sexual Violence, Governor Scott, and Gubernatorial candidate Christine Hallquist, and a panel on end-of-life and hospice care.

**C. The HCA is participating in 2020 QHP Benefits planning and working to maximize benefits for consumers.**

During the last quarter, the HCA participated in a work group to plan the benefit packages for qualified health plans offered on Vermont Health Connect in 2020. We proposed that the group approve plans that maximized the AV (actuarial value) of silver plans on the exchange. With a maximized AV level, consumers will be eligible for more APTC. This would give them the ability to enroll in plans with more generous cost-sharing and lower out-of-pocket costs. It also means that all silver exchange plans would have more generous cost-sharing which would make it easier for consumers to access healthcare. A recent analysis showed that a silver plan with a \$4,800 deductible could be reduced to a \$2,800 deductible if the AV level of the plan was maximized. The HCA plans to continue participating in this work group through the next quarter.

**D. Overall call volume increased by 6% and was similar to the call volume in the same quarter in 2017.**

The total call volume increased by 6% (894 this quarter vs. 840 last quarter). Call volume this quarter is very similar to call volume in the same quarter in 2017. In 2017, the HCA had 890 calls in the third quarter compared to 894 in 2018. About 12% of those calls involved getting consumers onto new coverage, preventing the loss of coverage, or obtaining coverage for services. We saved consumers \$60,132.90 this quarter.

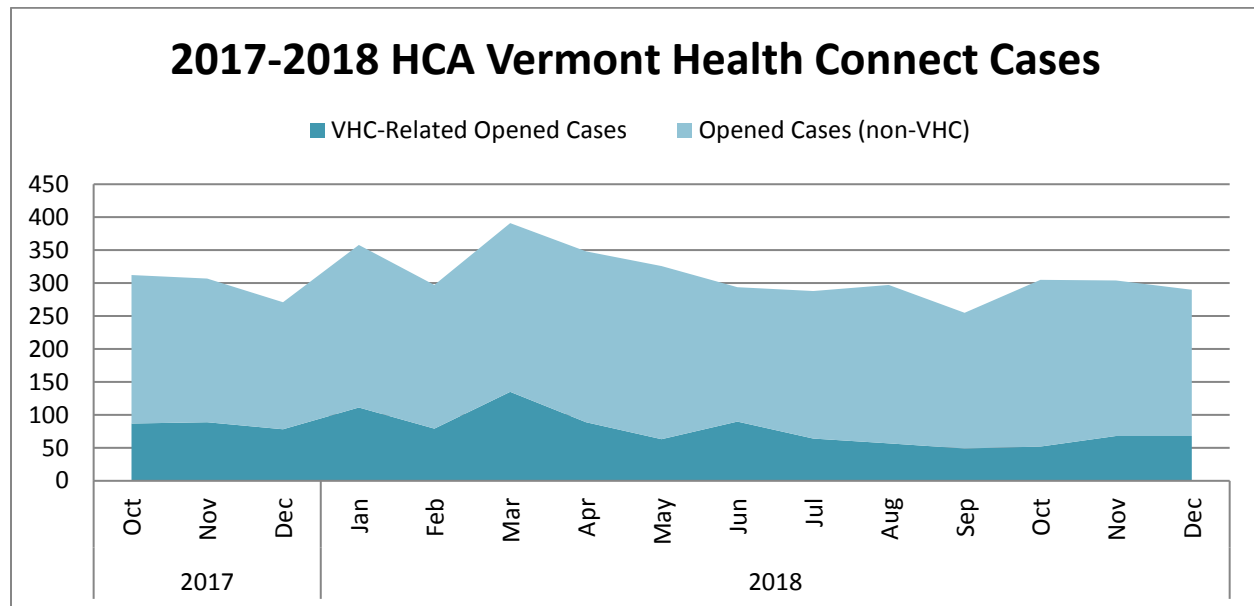
	All Calls (2008-2018)										
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
January	309	240	218	329	282	289	428	470	411	340	358
February	232	255	228	246	233	283	304	388	511	330	297
March	229	256	250	281	262	263	451	509	416	308	391
April	235	213	222	249	252	253	354	378	333	240	348
May	207	213	205	253	242	228	324	327	325	332	326
June	245	276	250	286	223	240	344	303	339	289	294
July	205	225	271	239	255	271	381	362	304	278	288
August	152	173	234	276	263	224	342	346	343	280	297
September	147	218	310	323	251	256	374	307	372	267	255
October	237	216	300	254	341	327	335	311	312	312	305
November	192	170	300	251	274	283	306	353	287	307	304
December	214	161	289	222	227	340	583	369	284	271	290
<b>Total</b>	<b>2604</b>	<b>2616</b>	<b>3077</b>	<b>3209</b>	<b>3105</b>	<b>3257</b>	<b>4526</b>	<b>4423</b>	<b>4237</b>	<b>3554</b>	<b>3753</b>

**E. Calls concerning Vermont Health Connect increased by 22% this quarter.**

The volume of calls concerning Vermont Health Connect increased this quarter (208 vs. 171). The top two VHC issues were eligibility for Premium Tax Credits (83) and eligibility for Medicaid - MAGI (78). This quarter, 55 VHC cases required complex interventions that took more than two hours of an advocate's time to resolve, and another 26 cases required a direct intervention to resolve the case.

The HCA continues to resolve its cases by working directly with Tier 3 Health Access Eligibility Unit (HAEU) workers, who are trained to resolve all aspects of complex cases. In addition, the HCA meets with VHC as needed to discuss cases and has regular email contact with Tier 3. This quarter we had 46 escalated cases (46 vs. 39 last quarter). Of the 46 escalated cases, 42 were resolved within the quarter.

Tier 3 also now works on resolving Green Mountain Care cases (VPharm, Medicaid for Aged Blind and Disabled (MABD), Medicare Saving Programs, and Medicaid Spenddowns). This quarter we continued to receive significant numbers of consumers calling with questions about Medicare Savings Programs (56), MABD (78) and VPharm eligibility (38).



**F. Medicaid eligibility calls represented 29% of all our cases (260 cases/894 total cases). Consumers need assistance with all types of Medicaid.**

Medicaid eligibility was again the top issue generating calls. We had 116 calls about eligibility for Medicaid for Children and Adults (MCA) Medicaid, 78 about eligibility for Medicaid for the Aged Blind and Disabled (MABD), 16 about Medicaid Spenddowns, and 13 about Medicaid for Working Disabled. We also had 19 calls specifically about the Medicaid renewal process, and 15 calls about Long Term Care Medicaid. MAGI Medicaid and MABD Medicaid have different eligibility and income rules, and HCA advocates assess and advise on eligibility for both programs. Consumers frequently have questions about what counts as income, who should be counted in their household, what expenses can be used to meet a Spenddown, how to complete renewal paperwork, and whether their eligibility decision is correct.

**G. The top issues generating calls**

The listed issues in this section include both primary and secondary issues, so some of these may overlap.

**All Calls 894 (compared to 840 last quarter)**

1. MAGI Medicaid eligibility 116 (143)
2. Information about VHC 98 (67)
3. Premium Tax Credit eligibility 91 (62)
4. Affordability affecting access to care 86 (45)
5. Medicaid eligibility (non-MAGI) 78 (61)
6. Complaints about providers 74 (81)
7. Access to Prescription Drugs/Pharmacy 61 (57)

8. Buying QHP through VHC 59 (22)
9. Buy-in programs/Medicare Savings Programs 56 (39)
10. Information about Medicare 53 (29)
11. Information/applying for DVHA programs 50 (46)
12. Not health related 50 (61)
13. Change of Circumstance eligibility 44 (58)
14. Special Enrollment Periods eligibility 43 (51)
15. VPharm Eligibility 43 (19)

**Vermont Health Connect Calls 208 (compared to 171 last quarter)**

1. Premium Tax Credit eligibility 83 (60)
2. MAGI Medicaid eligibility 78 (85)
3. Information about VHC 76 (44)
4. Buying QHPs through VHC 52 (18)
5. Special Enrollment Periods 35 (34)
6. Affordability affecting access to care 25 (15)
7. Change of Circumstance eligibility 20 (37)
8. Information regarding the ACA 19 (15)
9. IRS Reconciliation 15 (16)
10. Information regarding ACA Tax issues 14 (3)
11. VHC Renewal Eligibility 14 (2)

**DVHA Beneficiary Calls 284 (compared to 297 last quarter)**

1. MAGI Medicaid eligibility 53 (58)
2. Medicaid eligibility (non-MAGI) 44 (36)
3. Affordability affecting access to care 29 (10)
4. Access to Prescription Drugs/Pharmacy 21 (17)
5. Buy In Programs/MSPs eligibility 21 (19)
6. Information about VHC 21 (19)
7. Choices for Care Eligibility 20 (6)
8. Complaints about providers 19 (30)
9. PA Criteria 18 (12)
10. Balance billing 18 (18)

**Commercial Plan Beneficiary Calls 161 (compared to 150 last quarter)**

1. Premium Tax Credit eligibility 53 (33)
2. Information about VHC 40 (25)
3. Buying QHP through VHC 27 (8)
4. MAGI Medicaid eligibility 18 (30)
5. Eligibility for Special Enrollment Periods 18 (13)
6. VHC Renewal Eligibility 15 (1)
7. Affordability affecting access to care 13 (8)
8. Change of Circumstance 12 (22)
9. Claim Denials 12 (13)
10. Changing Plan 11 (1)

## 11. IRS Reconciliation issues 11 (10)

The HCA received 894 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”): 31.8% (284 calls), compared to 35.4 % (297 calls) last quarter
- **Medicare<sup>2</sup> beneficiaries** (Medicare only, Medicare Advantage Plans, Medicare and a Medicare Supplemental Plan aka Medigap, Medicare and Medicaid also known as “dual eligible,” Medicare and Medicare Savings Program also called Buy-In program, Medicare and Part D, or Medicare and VPharm): 32.6% (291 calls), compared to 25.5% (214 calls), last quarter
- **Commercial plan beneficiaries** (employer-sponsored insurance, small group plans, or individual plans 18.0% (161 calls) , compared to 15.6% (151 calls) last quarter
- **Uninsured:** 9.40% (84 calls), compared to 9.41% (79 calls last quarter)

## Case Results

### A. Dispositions of Closed Cases

#### All Calls

We closed 915 cases this quarter, compared to 839 last quarter:

- 40% (367 cases) were resolved by brief analysis and advice
- 25% (230) were resolved by brief analysis and referral
- 22% (200) of the cases were complex interventions involving complex analysis, usually direct intervention, and more than two hours of an advocate’s time
- 7% (65) were resolved by direct intervention, including calling an insurance company, calling providers, writing letters, gathering supporting medical documentation, etc.
- In the remaining cases, 53 clients withdrew, resolved the issue on their own, or had some other outcome.

Appeals: The HCA assisted 26 individuals with appeals: 17 Fair Hearings, 0 Commercial Insurance – Internal 1<sup>st</sup>Level appeals, 1 Commercial Insurance – Internal 2<sup>nd</sup> Level appeal, 0 Commercial External Appeal, 1 Medicare Part A, B, or C appeal, 0 Medicare Part D appeals, and 7 Medicaid MCO Internal appeals.

#### DVHA Beneficiary Calls

We closed 300 DVHA cases this quarter, compared to 299 last quarter:

- 43% (130 cases) were resolved by brief analysis and/or advice
- 24% (73) were considered complex intervention, which involves complicated analysis, usually direct intervention, and more than two hours of an advocate’s time
- 17% (51) were resolved by brief analysis and/or referral
- 12% (36) 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, 10 clients resolved the issue on their own, or had some other outcome.

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



Appeals: The HCA assisted 11 DVHA beneficiaries with appeals: 5 Fair Hearing, 0 Medicare Part D appeals, and 6 Medicaid MCO Internal appeals.

### **Commercial Plan Beneficiary Calls**

We closed 151 cases involving individuals on commercial plans, compared to 142 last quarter:

- 43% (65 cases) were resolved by brief analysis and/or advice
- 28% (43) were considered complex intervention, which involves complicated analysis, usually direct intervention, and more than two hours of an advocate's time
- 17% (26) were resolved by brief analysis and/or referral
- 8% (12) 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, 5 clients withdrew, resolved the issue on their own, or had some other outcome.

Appeals: The HCA assisted 14 commercial plan beneficiaries with appeals: 12 Fair Hearings, 0 Commercial Insurance – Internal 1<sup>st</sup> Level appeals, 1 Commercial Insurance – Internal 2<sup>nd</sup> Level appeal, 0 Commercial External Appeal, 1 Medicare Part A, B, or C appeal, and 0 Medicare Part D appeals.

## **B. All Calls Case Outcomes**

The HCA helped 536 people with advice and education about health insurance questions about problems. We got 63 households onto insurance. We assisted 11 people with applications for or enrollment in insurance plans and prevented 19 insurance terminations or reductions. We obtained coverage for services for 26 people. We got 22 claims paid, written off, or reimbursed. We estimated VHC insurance program eligibility for 58 more. We provided other billing assistance to 13 individuals. We obtained other access or eligibility outcomes for 63 additional people.

## **Consumer Protection Activities**

### **A. Rate Review**

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

One filing related to premium price increases was decided during the quarter covering October 2018 through December 2018. No rate filings were pending at the end of the quarter.

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

**B. Hospital Budget Review**

The HCA participates in the Board's annual hospital budget review process, which took place last quarter. This quarter the Board convened a work group of hospital Chief Financial Officers, Board Staff, the Hospital Association, and the HCA to provide input prior to the Board's fiscal year 2020 hospital budget review process. The HCA participated in 2 meetings of this work group in December.

**C. Oversight of Accountable Care Organizations**

The HCA participates in the Board's annual ACO budget review process which took place this quarter. The Board reviewed the budget of OneCare Vermont, the state's only ACO. The HCA reviewed OneCare's budget materials, submitted a set of written questions to OneCare, participated in OneCare's budget hearing before the Board, and submitted two sets of formal comments after the hearing. Our first set of comments expressed our concerns about Oversight & System Alignment, Affordability, Transparency, Accountability, and Care Management. Our second set of comments asked the Board to curb cost growth and promote affordability by pursuing provider rate setting for the Vermont Health Connect population.

This quarter the HCA also continued to work with Board staff and OneCare to develop a proposed Medicare ACO measure set. The HCA attended two meetings on this topic and submitted feedback to Board staff.

**D. Certificate of Need Applications**

The HCA entered an appearance in two new certificate of need applications in the past quarter. One application was from Springfield hospital and contained a plan to replace their electronic medical record system. The second application was for a new substance use disorder treatment center in Bennington, Vermont. We are currently reviewing the applications.

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

The HCA continues to attend the weekly Green Mountain Care Board meetings. The HCA submitted written and verbal comments to the Board on the 2018-2019 Health Information Exchange (HIE) Strategic plan. Our comments addressed our concerns about lack of consumer representation on the HIE Steering Committee and the permanent HIE governing Board. We also participated in a meeting of the Board's Data Governance Council where we advocated for policies around use and release of VHCURES data to ensure that the data is only released to parties whose work will benefit Vermont and Vermonters.

## F. Other Activities

### Administrative Advocacy

#### ❖ Individual Mandate Working Group

The HCA was named in the statute forming this group. Its purpose was to consider pros and cons and potential structure for a Vermont individual mandate penalty to replace the federal penalty that was removed by congress in the 2017 Tax Cuts and Jobs Act. The removal of the federal penalty resulted in a premium increase of \$7.9 million in 2019 rates.

This work group met seven times but the background work requirement was significant as subgroups worked their way through various issues including MEC, exemptions, affordability, and modeling various enforcement options. As of the end of the quarter, there were a few key issues where there were no opportunities for consensus in this group. The HCA was only willing to support the concept of a financial penalty with a larger affordability exemption, the carriers were in support of an enforcement mechanism that was more in line with the ACA with a few key differences to make it work going forward, the administration supported outreach and education approaches, and the GMCB had not considered the proposal by the end of the quarter.

#### ❖ Freestanding Health Care Facility Working Group

The HCA participated in the meetings of the Freestanding Health Care Facilities Working group this past quarter. These meetings focused on questions of which freestanding health care facilities deserved the focus of this group, how to regulate those facilities without creating duplication and undo regulation, and how freestanding health care facilities should participate in the payment and delivery reform efforts. This working group developed recommendations that will be presented to the committees of jurisdiction this legislative session.

#### ❖ Chronic Pain Working Group

The HCA participated in the Chronic Pain Working Group created by Act 7 of the 2018 Special Session. This new working group joined with efforts already in progress within state government to address these issues. The Executive Summary of the report produced by this group states that, "The working group recommends that the State address this aspect of the opioid crisis initially through fundamental changes to the delivery system instead of ad hoc changes to commercial insurance coverage, focusing on collaboration and integration instead of encouraging use of discrete modalities. Specifically, the working group recommends the continued pursuit of pilot programs in integrated pain management. This way, the State can learn through the pilots what is feasible and scalable to larger portions of the market and population. In the near term, the goal is to implement pilots in a way that does not require insurance plan design changes or new provider payment structures on a broad scale. In the longer term, the pilots will provide valuable data to inform insurance coverage of a new treatment and payment models that address chronic pain."

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

The HCA continues to advocate for increased access to hepatitis C virus (HCV) treatment. Last quarter, we partnered with the ACLU of Vermont and submitted public records requests to the Vermont

Department of Corrections (DOC), the Department of Vermont Health Access (DVHA), the Vermont Department of Health (VDH) and the Agency of Human Services Central Office. We asked for information about the state's treatment of people with HCV within the correctional system. During the quarter we received and reviewed many of the requested records.

In December we submitted a memo to the Joint Legislative Justice Oversight Committee reiterating our concerns about HCV treatment access in DOC. We also provided oral testimony at JLJOC's hearing on the topic. Later in the month we met with the Secretary of the Agency of Human Services and outlined concerns about discrepancies between DOC's testimony and information we received from DOC's consulting infectious disease specialist at UVMHC. After the meeting we sent a letter to Secretary Gobeille clearly outlining our ongoing questions and concerns. We expect a response to this letter next quarter.

#### ✧ **University of Vermont Medical Center Mental Health Program Quality Committee**

The HCA continues to participate in the UVMHC Mental Health Program Quality Committee (PQC). The PQC meets monthly and discusses mental health quality, programs, infrastructure, and planning. This quarter we attended two meetings of the PQC.

#### ✧ **Global Commitment Register Comments**

The HCA continues to monitor Global Commitment rule and policy changes. This quarter we reviewed several proposed rule and policy changes.

#### ✧ **Vermont Health Connect Escalation Path**

The HCA and VHC continue to collaborate to resolve complex VHC issues. The VHC escalation path now also works to resolve issues regarding Medicaid for Aged, Blind and Disabled (MABD), Medicare Savings Programs, Medicaid Spenddowns and V-Pharm. We communicate with VHC multiple times a day and meet as needed to discuss the most difficult cases.

#### ✧ **Comments on Vermont Health Connect Notices**

At VHC's request, the HCA commented on 1 notice, in an effort to make them more readable and consumer-friendly. See **Promoting Plain Language in Health Communications** below.

#### ✧ **Medicaid and Exchange Advisory Board**

This quarter, the Chief Health Care Advocate continued to co-chair and actively participate in Vermont's Medicaid and Exchange Advisory Board (MEAB). The MEAB had a significant focus during this quarter on its internal functioning and the way it interacts with state government. This focus led to the recognition that the MEAB needed to take the time to review its statutory responsibilities and consider updating its operational manual.

#### ✧ **Federal Issues Work Group: Silver Stacking Contingency Planning**

The HCA continues to participate in the Federal Issues Work group, a group of health care stakeholders that was convened to address issues caused by policy changes at the federal level. During the last quarter, the group met to discuss possible options to fund cost sharing reductions if federal guidance prohibits insurers from adding the cost to on-exchange silver plan premiums. The group has reviewed proposals for changes to the health insurance exchange marketplace and possible state statutory

changes that may be necessary to address this issue. The federal government has significantly delayed releasing its guidance on this issue, so the group has so far been unable to make any final decisions.

### **Legislative Activities**

This quarter the HCA continued to monitor the legislature's off-session activities. We attended one meeting of the Health Reform Oversight Committee, one meeting of the Joint Legislative Justice Oversight Committee, and two meetings of the Legislative Committee on Administrative Rules (LCAR). In addition, the HCA engaged in multiple activities to bring our ongoing concerns to both current legislators and prospective legislators. The Chief Advocate testified before HROC and before LCAR twice this quarter expressing the HCA's opposition to the Department of Financial Regulation's proposed rule allowing fully-insured Association Health Plans to be rated in the large group. The rule would allow healthier small groups to pull their risk out of the individual/small group risk pool, resulting in a predictable spiraling of costs in that pool and a corresponding increase in the number of Vermonters priced out of the health insurance marketplace.

The HCA also testified before the Joint Legislative Justice Oversight Committee about our findings regarding the treatment of individuals in corrections custody who have hepatitis C. For more information about this advocacy, see *Access to Treatment for Hepatitis C Virus*, above.

### **Collaboration with Other Organizations**

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

- American Civil Liberties Union of Vermont
- Bi-State Primary Care
- Blue Cross Blue Shield of Vermont
- Community Catalyst
- Families USA
- IRS Taxpayer Advocate Service
- Ladies First
- MVP Health Care
- OneCare Vermont
- Outright Vermont
- Pride Center of Vermont
- Planned Parenthood of Northern New England
- SHIP, State Health Insurance Assistance Program
- University of Vermont Medical Center
- Vermont Association of Hospitals and Health Systems
- 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



## Outreach and Education

### A. Increasing Reach and Education through the Website

VTLawHelp.org is a statewide website maintained by Vermont Legal Aid and Legal Services Law Line of Vermont. The site includes a substantial Health section (<https://vtlawhelp.org/health>) with more than 250 pages of consumer-focused health information maintained by the HCA.

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

*Office pageviews of the health web pages are included in the numbers here. The **only** numbers where office traffic is **excluded** are the triage numbers.*

#### Popular Web Pages

- The total number of **health pageviews increased by 7%** in the reporting quarter ending December 31, 2018 (12,463 pageviews), compared with the same quarter in 2017 (11,687 pageviews).
- The **top-20 health pages** on our website this quarter with change over last year:
  - *Income Limits – Medicaid* – 3,369 pageviews (5% ↑)
  - *Health* – section home page – 1,855 (43% ↑)
  - *Services Covered by Medicaid* – 482 (30% ↑)
  - *Resource Limits – Medicaid* – 426 (3% ↑)
  - *Dental Services* – 407 (7% ↑)
  - *Choices for Care* – 326 (24% ↓)
  - *Health Insurance, Taxes and You* – 254 (24% ↑)
  - *Medicaid* – 239 (34% ↑)
  - *HCA Online Help Request Form* – 237 (13% ↑)
  - *Vermont Health Connect* – 214 (50% ↑)
  - *Federally Qualified Health Centers* – 191 (29% ↑)
  - *Medicare Savings / Buy-In Programs* – 177 (14% ↑)
  - *Advance Directive Forms* – 174 (27% ↑)
  - *Medicaid and Medicare dual eligible* – 161 (4% ↓)
  - *Long-term Care* – 156 (28% ↓)
  - *Choices for Care Income Limits* – 146 (15% ↓)
  - *Dr. Dynasaur* – 137 (145% ↑)
  - *Supplemental Plans Medicare* – 135 (1500% ↑)
  - *Medical Decisions – Advance Directives* – 130 (17% ↓)
  - *Choices for Care Resource Limits* – 124 (36% ↓)

- Besides the pages listed above, other **spikes in interest** in our pages included:
  - *Resources for Uninsured Vermonters* – 75 (295% ↑)
  - *Complaints About Providers* – 54 (184% ↑)
  - *VHC Coverage for Individuals & Families* – 68 (135% ↑)
  - *Apply for Choice for Care* – 88 (132% ↑)
  - *VHC Coverage for Small Employers* – 56 (87% ↑)

### **Popular PDF Downloads**

23 out of 77, or 30% **of the unique PDFs downloaded** from the VTLawHelp.org website were on health care topics. Of those unique health-related PDF titles:

- The top five consumer-focused PDF downloads were:
  - *Advance Directive, short form* (100 downloads)
  - *Advance Directive, long form* (68 downloads)
  - *Vermont Dental Clinics Chart* (91 downloads)
  - *Vermont Medicaid Coverage Exception Standards & Form* (27 downloads)
  - *5-Step Guide to Getting DME from Medicaid* (14 downloads)
- The top advocate-focused PDF download was:
  - *PTC Rule Allocation Summary* (5 downloads)
- The top policy-focused PDF download was:
  - *VT ACO Shared Savings Program Quality Measures* (3 downloads)

The *Advance Directive Short Form* is the **fourth most downloaded of all PDFs** downloaded from the entire VTLawHelp.org website. The *Long Form* is the **eighth most downloaded**.

The *Vermont Dental Clinics Chart* is the **ninth most downloaded of all PDFs** downloaded from the entire website.

### **Online Help Tool Adds to Our Reach**

In 2017 we added a new Health section to the online help tool on our website. It is found at [https://vtlawhelp.org/triage/vt\\_triage](https://vtlawhelp.org/triage/vt_triage) and it can be accessed from most pages of our website. The website visitor answers a few questions to find specific health care information they need. The new feature addresses some of the most popular questions that are posed to the HCA. In addition to our deep collection of health-related web pages, the online help tool adds a new way to access helpful information — at all hours of the day and night. The website user can also call us or fill in our online form to get personal help from an advocate.

Website visitors used this new tool to access health care information **151 times** during this quarter. That's slightly up from 144 in the previous quarter (July – September 2018).

Of the **42** health care topics that were accessed using this tool, the top topics were:

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

- Dr. Dynasaur – I want to apply for Medicaid or Dr. Dynasaur for myself or for my children.

## B. Other Outreach and Educational Activities

- **National Legal Aid & Defender Association Conference, November 1, 2018.** HCA presented on best practices for LGBTQ clients.
- **American Nurses of Vermont on November 2, 2018.** HCA presented on the HCA and how to advocate for consumers.
- **Guen Gifford Advocacy Training on November 30, 2019.** HCA advocates presented on state health care programs and answered questions about Open Enrollment.
- **Translating Identity Conference, University of Vermont on November 3, 2018.** HCA presented on Open Enrollment, and answered questions about Medicaid, Medicare and private insurance coverage.
- **NHelp (National Health Law Program) Conference, December 2-4 2018,** HCA advocates and attorneys attended the national conference on health care issues.

## C. Promoting Plain Language in Health Communications

During this quarter, the HCA provided feedback and revisions to promote the use of plain language and increase consumers' accessibility to and understanding of important communications from the state and other health organizations regulated by the state. The HCA made plain language edits and edits/comments to improve comprehension of message and ability to resolve the problem being addressed in the following notices/letters:

- Medicaid Verification, EE513

### Office of the Health Care Advocate

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

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