

# VERMONT OFFICE OF HEALTH CARE OMBUDSMAN

## SFY 2011 ANNUAL REPORT JULY 1, 2010 – JUNE 30, 2011

### STATE HEALTH CARE OMBUDSMAN

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## **BACKGROUND**

In 1998 the Vermont legislature created the Office of Health Care Ombudsman (HCO) to counsel and advocate for Vermonters with health care and health insurance problems. The HCO operates a statewide hotline based in Burlington to help individuals navigate the complexities of the current health care system. In addition, we act as a voice for consumers regarding health care policy with the state and federal government. We advise and assist Vermont citizens, regardless of their income, resources or insurance status. Our services are free. As part of Vermont Legal Aid (VLA), we are able to refer cases to, and utilize the expertise of, the attorneys in the other VLA projects.

The HCO is funded by two state agencies: the Department of Banking, Insurance, Securities and Health Care Administration (BISHCA) and what is now known as the Department of Vermont Health Access (DVHA), which is the state Medicaid agency. In addition, this year we received a one year grant pursuant to the federal Affordable Care Act as a Consumer Assistance Program.

Historically the HCO has served about 2,500 to 2,600 Vermonters per year through our hotline. We now also receive messages through VLA's website. When individuals contact the HCO, an advocate analyzes their situation, then gives information and advice, directly intervenes to resolve the problem, or refers them.

One of our main goals is to help individuals get access to care. We try to answer hotline calls live, but due to limited resources, callers sometimes have to leave us voicemail messages. We triage the calls and give the highest priority to individuals who are having difficulty getting immediate health care needs met or who are about to lose their insurance. We give information and advice about the health insurance options in Vermont and assist if there are problems with the application process for public programs. We also educate consumers about their rights and responsibilities when using their insurance.

Our cases involve all types of health insurance, including:

- Commercial insurance like BlueCross BlueShield, CIGNA, and MVP;
- State health care programs like Medicaid, Dr. Dynasaur and VHAP;
- Federal programs like Medicare and Tri-Care; and
- Hybrid government and private insurance programs like VPharm, Medicare Advantage, Medicare Part D, Catamount Health Premium Assistance (CHAP) and VHAP-ESIA.

## EXECUTIVE SUMMARY

### SFY 2011

#### **Introduction**

From July 1, 2010, through June 30, 2011, State Fiscal Year (SFY) 2011, the HCO consumer assistance hotline received 3,348 calls. Of the 3,348 calls, 41% were from individuals on state health care (DVHA) programs, 19% were from beneficiaries on commercial health insurance plans, and 10% were from uninsured individuals. For the remaining 30%, the caller's insurance status was either unknown or not relevant.

#### **Overall HCO call volume increased 32%.**

In SFY 2010, the HCO received 2,536 calls. The jump in call volume to 3,348 was largely due to a big increase in calls related to eligibility for state programs, which was in turn due to the Great Recession and the increased costs of health insurance. People were looking for new options. In addition, more individuals called us because they were unable to afford their premiums and the cost sharing attached to their insurance, or faced other specific access barriers to care.

#### **Calls about eligibility for state programs increased 38%.**

As in previous years, eligibility for state programs was our largest category of calls. This category has steadily grown since the fall of 2007, when the state's Catamount Health program began. This year 1,040, or more than 31% of the HCO's calls involved questions or problems with eligibility. This compares to 751 calls last year.

There are a number of reasons for the increase in calls about eligibility. Due to the prolonged economic downturn, more people are uninsured, and more can't afford commercial coverage. Thus, more people inquired about or applied for Vermont's many health care programs. The rules for these programs and the application process for them can be complex. In addition, the Department for Children and Families (DCF) which determines eligibility, struggled with staffing cuts and the implementation of a more technologically based processing system it called "Modernization." The transition to the new system was not easy. On top of this, the federal stimulus bill, the American Recovery and Reinvestment Act of 2009 (ARRA), made some temporary changes to eligibility for federally funded programs. As a result of all these changes, we saw a sharp increase in DCF delays and processing errors. By the end of the fiscal year DCF appeared to have improved its systems significantly.

#### **Access to care call volume jumped 43%.**

This year we received 953 calls from individuals having trouble getting medical care, compared to 668 in SFY 2010, a huge increase. The top ten access issues, in descending

order, were: prescription drugs, affordability, specialty care, pain management, continuity of care, mental health treatment, dental care, primary care doctor, transportation, and substance abuse treatment. These ten problem areas generated the most calls, when both primary and secondary issues are considered.

Affordability in particular is a growing access problem. More and more individuals call the HCO and tell us they cannot afford their insurance premiums or the cost sharing for care, such as deductibles and coinsurance. Many tell us they are foregoing care because they cannot afford it, even though they have insurance.

**A one year Affordable Care Act Consumer Assistance Program grant allowed a temporary increase in HCO staffing.**

In September 2010, BISHCA and the HCO jointly submitted a grant application for additional funding for the HCO under the 2010 federal health care reform law, the Affordable Care Act (ACA). The ACA created opportunities for states to create or expand Consumer Assistance Programs like the HCO. In October 2010 we learned that we had been awarded the grant. As a result, the HCO hired another health care advocate to directly assist consumers, and increased its staff attorney from part to full time. The HCO's staffing pattern thus went back up to what it was in June 2007 (director, staff attorney, five advocates), when the call volume was considerably lower. Unfortunately, the federal government did not continue funding for the ACA CAP program beyond the first year, so as of this writing the HCO staff has been reduced back down to four advocates.

**The HCO plays an important role as health care reform moves ahead.**

As a voice for the consumer, the HCO plays an increasingly important function as federal and state health care reforms move forward. In March 2010, Congress passed the mammoth Affordable Care Act. In May 2011, the Vermont legislature passed Act 48 to create a universal and unified health system. Both of these laws will massively change the health care system. Act 48 gives the HCO a larger role in this system. For example, the yet to be created Green Mountain Care Board is required to consult with the HCO as it considers reforms. In addition, Vermonters must have somewhere to turn for help in dealing with what is sure to be a tremendous transition. The HCO hopes to have the resources to provide that help. We will work to make the expected reforms a real improvement in access to health care.

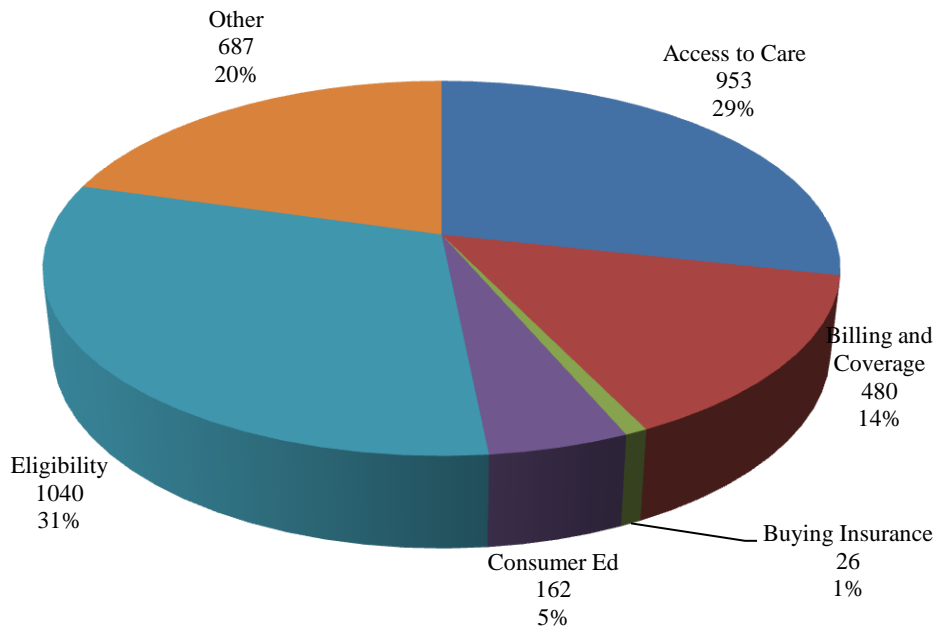
Trinka Kerr  
State Health Care Ombudsman  
August 2011

### DESCRIPTION OF CASELOAD

In State Fiscal Year (SFY) 2011 we received 3,348 calls to our statewide hotline, compared to 2,536 last year. We closed 3,324 cases during this period, and had 107 cases pending at the end of June 2011. The HCO keeps various data on the issues raised by callers. We subdivide the issues into six categories: *Access to Care*, *Billing and Coverage*, *Buying Insurance*, *Consumer Education*, *Eligibility*, and *Other*. Every case is assigned to one of these categories.

- *Access to Care* (caller has not received needed care): 28%, 953 calls, compared to 26%, 668 calls in SFY 2010;
- *Billing and Coverage* (care received, but claim denied or other billing issues): 14%, 480 calls, compared to 17%, 442 calls;
- *Buying Insurance*: 1%, 26 calls, compared to 1%, 34 calls;
- *Consumer Education* (education about a particular issue, but not in relation to a specific denial of care or inability to access care): 5%, 162 calls, compared to 5%, 121 calls;
- *Eligibility* (for state health care programs, including Catamount Health and premium assistance): 31%, 1040 calls, compared to 30%, 751 calls; and
- *Other* (includes Medicare Part D, termination of commercial insurance, access to medical records, health insurance marketing, etc): 21%, 687 calls, compared to 21%, 520 calls.

The pie chart below illustrates the comparative volume of calls for each category.

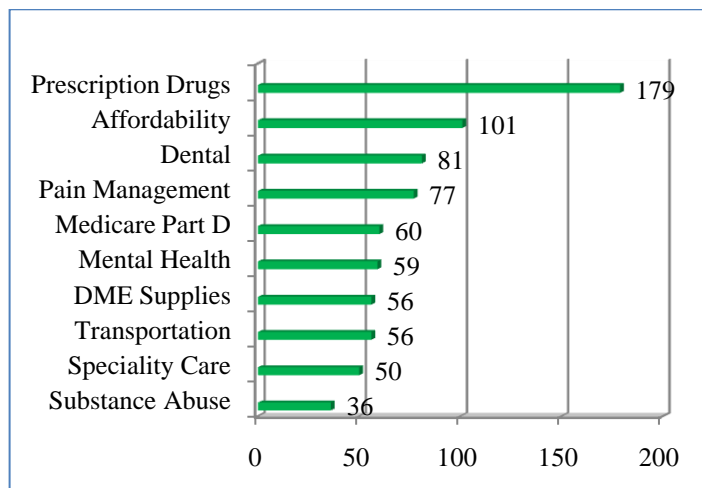


### Access to Care

*Access to Care* cases are those in which individuals are seeking care. Access calls **increased 43%**. The HCO received 953 *Access* calls in SFY 2011, compared to 668 in 2010. These types of calls constituted 28% of our call volume this year, compared to 26% last year. An additional 1,250 callers cited access issues as secondary to their primary problem.

We have over 40 subcategories in *Access to Care*. The top volume subcategories in *Access to Care* this year were slightly different from last year's. As has been the case for years, the largest access issue was Prescription Drugs. This year we received calls from 179 Vermonters unable to promptly get necessary medications, compared to 139 last year. This number is much higher when the 60 Medicare Part D calls are added, totaling 239. However, Medicare Part D calls dropped from 97 to 60. A recently identified barrier to care is Affordability, at 101 calls. Calls related to Dental Care (including Dentists and Orthodontia) rose to 81, from 52. Pain Management calls increased to 77 from 56; Mental Health rose to 59 from 38; 56 Transportation calls came in; 56 Durable Medical Equipment and Supplies, including wheelchairs, compared to 43 last year; and Specialty Care calls dropped from 99 to 50. One more growing issue is access to Substance Abuse treatment, at 36 calls.

The top ten *Access to Care* issues were:

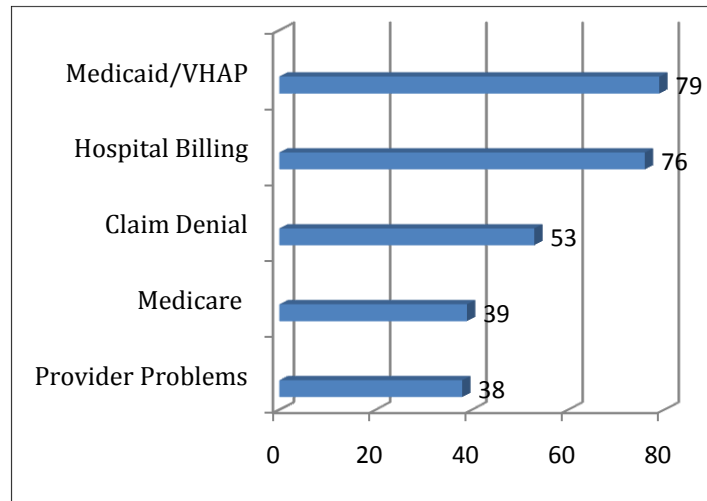


### Billing and Coverage

Calls in this category are from Vermonters who received the care they needed, but subsequently experienced problems getting their insurance to pay for that care or had other problems with the billing process. We received 480 calls in this category, compared to 442 last year. Billing cases constituted about 14% of our calls, down from 17% last year. As a general rule, individuals who call about billing problems no longer get direct intervention from us. Instead, we provide advice on ways to handle the situation. This is consistent with the higher priority that we give to *Access to Care* and *Eligibility* calls.

*Billing and Coverage* calls are broken down into 34 subcategories. The five most common types of billing calls in SFY 2011 were: Medicaid/VHAP (79, compared to 65), Hospital Billing (76, compared to 106 last year), , Claim Denials (53 compared to 42), and Medicare (39, compared to 38), and Provider Problems (38).

The bar graph below shows the top five issues in *Billing and Coverage*.

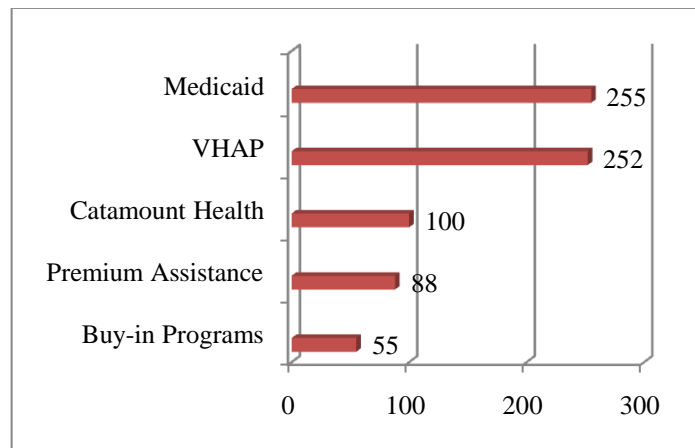


### Eligibility

We received 1,040 calls about eligibility for state health care (DVHA) programs in SFY 2011, compared to 751 last year. Calls regarding *Eligibility* made up 31% of our calls this year, compared to 30% last year. Notably, we also had an additional 1,336 secondary *Eligibility* issues raised.

*Eligibility* calls came from individuals who were uninsured, who had commercial insurance they couldn't afford, or who were on state programs but facing termination of that coverage or other barriers to eligibility. The top five subcategories, out of more than 28, were Medicaid (255 calls, compared to 194 last year), VHAP (252 calls, compared to 183), Catamount Health (100 calls, compared to 103), Premium Assistance (88, compared to 108), and the Buy In or Medicare Savings Programs, in which the state pays for Medicare premiums (55 calls, compared to 44).

The bar graph below shows the top five subcategories in *Eligibility*.



This year we also saw an unprecedented 119\* cases that involved DCF mistakes in eligibility determinations (when primary and secondary issues are considered), 43\* that involved application processing delays, 43\* that involved lost paperwork, 31\* that resulted from high DCF caseloads, 19\* that involved problems with the mail, and 13\* that involved erroneous information from DVHA Member Services. The incidence of these types of problems was significantly reduced by the end of SFY 2011, after a concerted effort by DCF and prodding from the HCO and Vermont Legal Aid.

\*When both primary and secondary issue codes are considered.

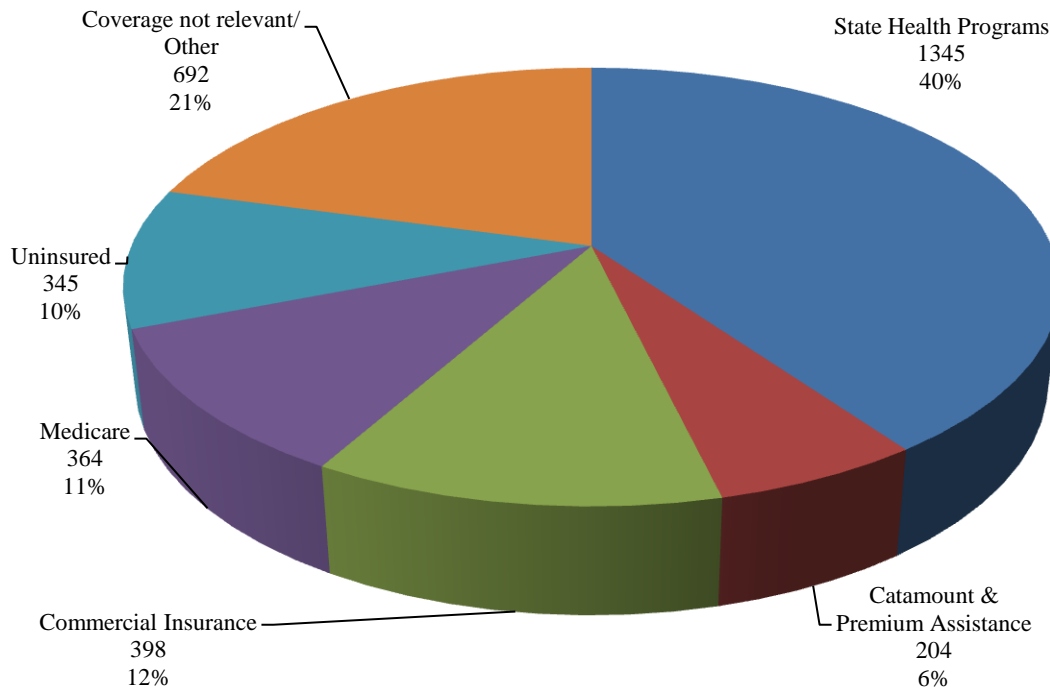
### Types of Coverage

The HCO receives calls from Vermonters with all types of health insurance, and from the uninsured. The chart below breaks down our calls by type of coverage of the caller. State health care programs include Medicaid, Dr. Dynasaur, VHAP, VHAP-ESIA, VHAP Pharmacy, VScript, VPharm, and beneficiaries who have both Medicaid and Medicare. Commercial insurance includes both individuals with small and large group coverage, and those with individual coverage. In some cases the caller’s insurance status is not relevant to the problem or is unknown, and the HCO does not get the information. The breakdown this year, as compared to last is:

	<u>2011</u>	<u>2010</u>
State Programs	1,345 (40%)	924 (36%)
Catamount & Premium Assistance	204 (6%)	122 (5%)
Commercial Insurance	398 (12%)	485 (19%)
Medicare	364 (11%)	300 (12%)
Uninsured	345 (10%)	255 (10%)
Irrelevant or Unknown	692 (21%)	451 (18%)

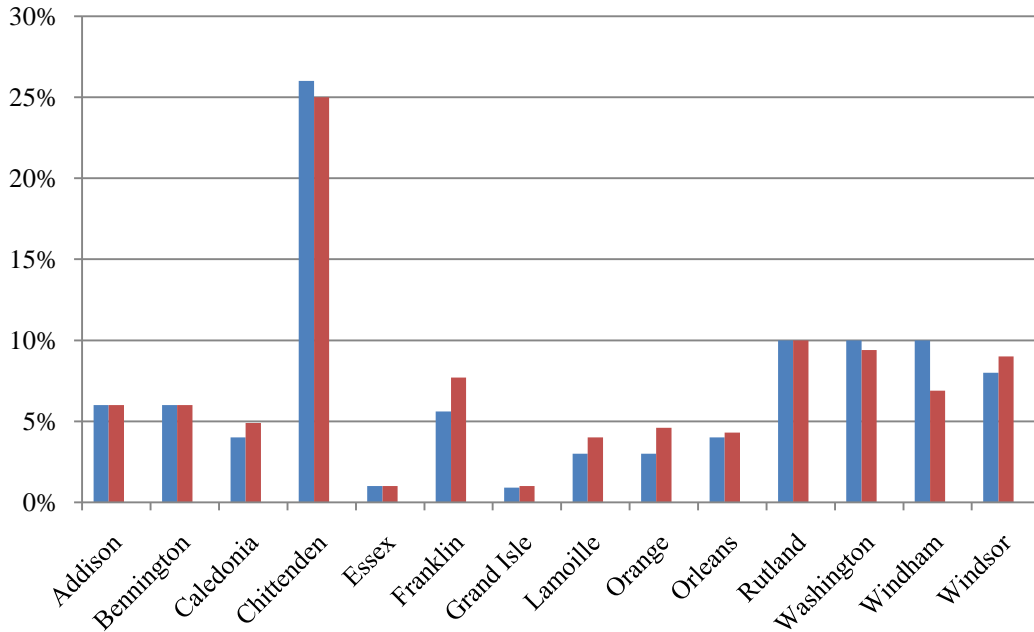
These numbers do not align with the individual database totals for DVHA, Commercial and Uninsured callers because Medicare and Catamount are added into those totals.

The pie chart below shows the proportion of callers with each type of coverage.



### Geographic Distribution of Calls

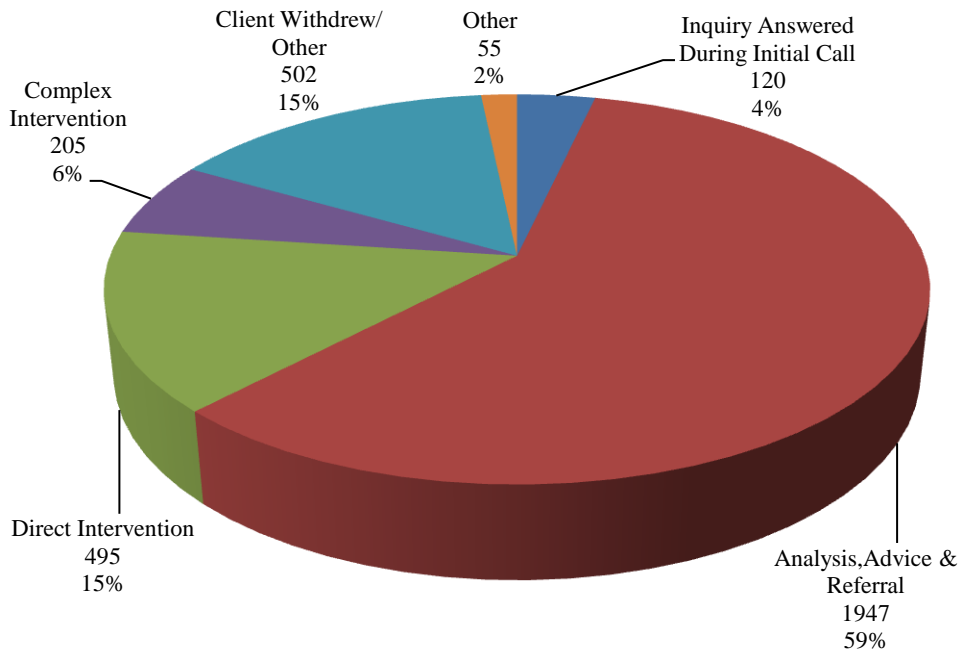
The HCO serves all of Vermont. While there was some variation by county, our calls are spread across the state in almost direct proportion to the population of the state. The chart below shows a comparison of the calls received (first column, in blue) to the general population by county (second column, in red).



### Resolution of Calls

In SFY 2011, the HCO closed 3,324 cases, compared to 2,544 last year. When each case is closed, we document how we resolved the case, where we referred the individual, and what materials we sent. We use the following categories to track how we resolve calls:

- *Inquiry Answered During Initial Call* (120 calls, 4 %) [last year 103, 4 %]
- *Analysis, Advice and Referral* (advice and/or referral after analysis for cases that are slightly more complex) (1,947 calls, 59 %) [last year 1,523 calls, 60 %]
- *Direct Intervention* (made calls or took other action on behalf of the client, up to two hours work per case) (495 calls, 15 %) [last year 377 calls, 15 %]
- *Complex Intervention* (direct intervention that took more than two hours to resolve case) (205 calls, 6 %) [last year, 142 calls, 6 %]
- *Client withdrew* (502, 15 %) [last year this category was combined with *Other*];
- *Other* (55 calls, 1 %).



## Outcomes

The HCO records outcomes whenever we know them. Frequently when we give advice, we do not know the ultimate result of that advice. However, we do track our outcomes to as high a degree as possible.

### Outcome Summary

Got Client onto Insurance	146
Obtained Coverage for Services	63
Other Access/Eligibility Outcome	602
Estimated Eligibility for Insurance	245
Claim Paid as a result of HCO Intervention	27
Client Not Eligible for Benefit	48
Bill Written Off	14
Other Billing Assistance	150
Service Excluded Under Contract	11
Service Not Medically Necessary	2
Client Responsible For Bill	30
Reimbursement Obtained	26
Other Outcome	752
Patient Assistance Provided	31
Prevented Termination or Reduction in Coverage	98
Advice or Education	1,030
Assisted with application for insurance	47
<b>Grand Total:</b>	<b>3,322</b>

## 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 or whom we represent in an appeal. We try to follow up with every client who requests follow up via returned CSQ in order to resolve complaints or outstanding issues.

This year we sent out 605 CSQ's and 222 were returned, which is a response rate of 37%. In those that were returned, 95% said they were Satisfied or Very Satisfied with the service they received from our office. About 80% reported they were Very

Satisfied. Of the few who said they were Not Satisfied, most said it was because they were unhappy about the outcome of the case. Similar to last year, they were often upset about a government program policy. For example, clients were angry about Medicare cost sharing, problems with the Medicare Part D program, the lack of coverage for eyeglasses, and the fact that VHAP coverage is not retroactive. In addition, a few callers were unhappy that we were unable to do more for them due to lack of resources.

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

- *I first spoke with [my advocate] on a Thursday afternoon. By Tuesday, a decision had been rendered in my favor. I couldn't be more pleased or relieved. [My advocate] was knowledgeable, explained my rights, options and the process thoroughly, reassured me that my complaint had merit, and answered my questions patiently. Above all, [my advocate] was extremely professional, both as an advocate and in her demeanor and treated me with respect. I am very grateful for the help I received from [the HCO]] and believe firmly that you provide an extremely important service to the citizens of Vermont. I truly doubt that I would have had the same outcome regarding my health care coverage without your assistance. Thank you for being there for me.*
- *I thought that no one else could care about me. I was wrong. I have been helped once again [by the HCO] with my battle [against] cancer. Thank you!*
- *[My advocate] was a life saver! I was able to get my health insurance back, my meds that are essential to my mental and physical health allow me to work.*
- *It was very helpful to have an ombudsman to contact. The insurance companies never seem to have the time or the will to really answer individual questions. The fact that the ombudsman does not work for the companies or the state is a relief.... I have spent entire days on the phone or on hold trying to sort out my options. Thank you for being here.*
- *... Thank God there is an agency for the underdog such as [the HCO]. The mere mention of your name to a supervisor at PATH [DCF] led to a decision that benefited my family greatly last year. Your office has been able to do what I could not seem to on my own... Bless you!*
- *I have turned to your office just about every time I have had a review of health care benefits by ESD [DCF]. Their system is completely inefficient, stressful to deal with*

*and there is never any one person who takes responsibility or is accountable for not doing their job correctly. Your advocates do a great job once they are involved. Each advocate I have worked with is very professional...*

- *Very prompt and informative. Appreciate the ability to handle [my case] myself using the info supplied by [the HCO].*
- *My advocate was gracious, knowledgeable, and showed a sincere enthusiasm for her work. Truthfully, I half expected to hear on the phone, the sound of an over-worked, frustrated person — understandably so — I was delighted and surprised by how patient, focused and pleasant [my advocate] was. A tribute to her and to the environment in which she works. Once again, Vermont leads the way!*
- *I am more than satisfied. [My advocate] and her colleagues were able to assist me and my case in ways I didn't know were possible. I was treated with dignity, patience and compassion in the midst of an exceptionally stressful time. My case was handled professionally in a very timely manner and with exceptional collaboration.... I am more than grateful to her for the time she put into my case. And for her patience and persistence. [My advocate] and the team at the [HCO] are exceptional. Thank you all so very much.*
- *I tried to do this on my own and got nowhere. Passed between Medicaid and Medicare, and no one really helped me. But my Ombudsman did! Thank you very much! Because it is very stressful to us.*
- *I would not have won my case without your help. [My advocate] helped me through the whole case. I had no clue of the legal side. She helped me legally present myself in the proper way and I won! Keep up the good work. It's us common people that need this organization to help us through all the hoops the state has. Without you guys I would have had to give up, not knowing what I could do legally against the state.*
- *We would have been lost if not for your help. Even if the outcome is not satisfactory, your approach and legal arguments were beyond what we could have come up with. It's a shame insurance companies are allowed to do business like this.*
- *It is great that there is help now with the health care. A lot of stuff is hard to understand and is hard to get ahold of a person or the same person who was helping you. It's hard explaining several times to several people what's going on or what kind of problem you're having. [My advocate] is very good at what she does. She makes you feel good, not like a number or a welfare case.*

- *I am VERY glad this service is available to Vermonters. We didn't know where else to go. We had exhausted all other avenues.*
- *[My health care advocate] was wonderful. I felt very alone in my battle to get health care insurance [and] due to my pregnancy I almost gave up... [My advocate] gave me the information and support needed to fight for my rights and I won.*
- *I had spent three hours one a.m. trying to resolve an issue, when one person I spoke with [finally] recommended [the HCO]. The issue was resolved and we are very thankful as I was not able to penetrate the system enough to get results no matter who I spoke with or which department I called. Thank you so much.*
- *[My advocate] worked so hard and fast for me. It is wonderful to know people care if I'm getting proper medical attention or not. I only had the honor of working with your office a short time. However, during that time I was treated as a team member... never once belittled. My experience was wonderful. Thank you!*
- *After a month of phone calls to other offices where I was often on hold for close to an hour each time with no satisfaction, this interaction was like a breath of fresh air, instant results. Thank you.*
- *I'd like to express my gratitude for this excellent service provided by the State of Vermont and my thanks to [my advocate] for the clarity of her explanation.*
- *My case was resolved on the same day presented to the [HCO]. This is a great service—[my advocate] was friendly, professional and very efficient. I very much appreciated her ability to expedite processing of my health care.*
- *[My advocate] was fantastic. I would have given up if she hadn't helped! You are awesome! Keep up the great work.*
- *I was thrilled with the results. My calls were returned promptly and I was treated fairly and respectfully and not like just another number. Great Service!*
- *[You are] very respectful and caring. [My advocate] did a great job! Everything moved quickly once she was on the case. Thanks to her I now have my new machine, very much needed. Thank you.*

- *During a highly anxious time I was unable to do things for myself. Having your people and office working for me made an ally that eased some of the anxiety.*
- *I wish there were more services like this.*
- *Send them all chocolates and thank them. Give them more money.*

## **OTHER ACTIVITIES**

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

### **State Legislature**

The HCO staff frequently speak to state legislators, submit reports on the trends and cases we are seeing, and provide written and oral testimony to standing committees. When the legislature is not in session, we report regularly to the Health Access Oversight Committee. Some of the legislative areas we worked on this year were:

- Proposed changes to the Catamount Health and state Medicaid programs.
- The state budget and proposed cuts that impacted access to health care.
- Health care reform proposals, including rate reform proposals and the bill that ultimately became Act 48, the plan for creating a Universal and Unified Health System. Act 48 includes an increased role for the HCO as health care reform progresses in Vermont.
- Access to substance abuse treatment.
- Access to appropriate pain management and palliative care. The State Health Care Ombudsman is a member of the legislatively created Palliative Care and Pain Management Task Force created by Act 25.

### **State Agencies**

#### **Agency of Human Services**

- The Dual Eligibles Project, which is a federally funded demonstration project to integrate care for Medicare and Medicaid beneficiaries.

**Department of Banking, Insurance, Securities and Health Care Administration  
(BISHCA)**

- The Exchange Advisory Group, as Vermont works to set up its health care benefit exchange as required by the federal Affordable Care Act and Vermont's Universal and Unified Health System law, Act 48;
- Rate increases, in particular Catamount Health premium increase submissions;
- Proposed changes to the appeal rules for external review;
- The Act 129 Task Force on mental health issues [the HCO submits an annual report to the Task Force on the issues we see];
- The HCO reviewed selected Certificate of Need applications, including the Secured Recovery Residence at the Vermont State Hospital.

**Department for Children and Families (DCF)**

- Worked with other projects within Vermont Legal Aid to increase the pace of improvements in DCF's eligibility system as it modernized that process at the same time that its staff was cut and more people than ever applied for health care benefits. By the end of the fiscal year, the Modernization effort was functioning significantly better.
- Coordinated with other consumer advocates to get the state to implement federally mandated or permitted changes in the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). As a result, DCF implemented a new grace period for Dr. Dynasaur premium payments. It also now allows children and pregnant women lawfully residing in the U.S. to receive state health care benefits.
- Monitored and reviewed proposed regulations related to eligibility for state programs.
- Commented on the regulations implementing the Dr. Dynasaur grace period.

**Department of Health (VDH)**

- Worked with the Alcohol and Drug Abuse Program (ADAP) in the Vermont Department of Health to improve access to substance abuse treatment, especially buprenorphine.

**Department of Vermont Health Access (DVHA)**

- Monitored and reviewed proposed Medicaid program regulations;
- Communicated regularly with DVHA regarding policy issues;

**Other Efforts**

- Met with members of Disability Rights Vermont, to provide education about the HCO's services and how disabled Vermonters can access them;
- Trained case managers, hospital social workers and others about Medicaid and other state programs, and the services that the HCO provides, in collaboration with the Senior Citizens Law Project and the Area Agency on Aging network;
- Participated in the Oral Health Coalition to expand access to dental care in Vermont;
- Provided Vermont's Congressional delegation with information regarding the health care and health insurance concerns of Vermonters;
- Collaborated with other consumer programs around the country and commented on federal appeal rules;
- Coordinated with Consumer Law Helpline, which is a pilot program run by VLA's Senior Citizens Law Project;
- Participated in the Vermont Workers' Center "Health Care is a Human Right" campaign;
- The Health Care Ombudsman was an active member of the Medicaid Advisory Board.

**COORDINATION**

HCO coordinates its efforts with other advocacy groups and agencies on many issues and projects to expand access to health care. These collaborations include these organizations:

- AARP
- Area Agencies on Aging
- Bi-State Primary Care Association
- Center on Budget and Policy Priorities
- Community Catalyst
- Community of Vermont Elders (COVE)
- Department of Banking, Insurance, Securities and Health Care Administration (BISHCA)
- Department of Health
- Disability Rights Vermont
- Families, USA
- Spectrum Youth and Family Services
- State Health Insurance Counseling and assistance Program (SHIP)
- Vermont 2-1-1
- Vermont Association of Mental Health
- Vermont Businesses for Social Responsibility

- Vermont Campaign for Health Care Security
- Vermont Cancer Society
- Vermont Council of Developmental and Mental Health Services
- Vermont Dental Society
- Vermont Ethics Network
- Vermont Family Network
- Vermont Heart Association
- Vermont Interfaith Action
- Vermont Low Income Advocacy Council (VLIAC)
- Vermont Medical Society
- Vermont Ombudsman Project, Disability Law Project, Senior Citizens Law Project, and all projects of Vermont Legal Aid
- Vermont Program for Quality in Health Care (VPQHC)
- Vermont Public Interest Research Group (VPIRG)
- Vermont Voices for Children
- Vermont Workers' Center

## **REPORTING**

The HCO provides quarterly reports to the Vermont Department of Banking, Insurance, Securities and Health Care Administration (BISHCA), the Vermont Department of Vermont Health Access (DVHA), and the Center for Consumer Information and Insurance Oversight (CCIIO) at the Centers for Medicare and Medicaid Services (CMS). We submit an annual report to the Vermont General Assembly, the Governor, BISHCA, and DVHA. Quarterly reports are also sent to the Vermont Health Access Oversight Committee, and the State Health Care Ombudsman testifies before the Committee on a regular basis. The HCO communicates frequently with BISHCA, DCF, DVHA, and CCIIO staff. The State Health Care Ombudsman is a member of the Vermont Medicaid Advisory Board and the Exchange Advisory Group.

**EXPENDITURES**  
**Vermont Legal Aid, Inc.**  
 SFY 2011  
**Health Care Ombudsman Project - DVHA and BISHCA**

	DVHA Grant SFY 2011	BISHCA Grant SFY 2011	<b>Total</b>
<u>Personnel</u>			
<u>Salaries</u>			
Project Director	38,560.19	25,140.18	63,700.37
Attorneys	18,266.21	14,583.25	32,849.46
Lay Adv and Para Professional Staff	76,668.02	53,683.34	130,351.36
Mgmt Professional Staff	22,319.49	15,652.23	37,971.72
Clerical Support	13,164.60	9,194.97	22,359.57
Total Salaries	168,978.50	118,253.98	287,232.48
Fringe Benefits	88,626.57	61,939.60	150,566.17
<b>Total Personnel</b>	<b>\$257,605.07</b>	<b>\$180,193.58</b>	<b>\$437,798.65</b>
 <u>Operating Costs</u>			
Occupancy	24,202.13	16,961.06	41,163.20
Office Supplies & Other Office Overhead	2,210.62	1,740.79	3,951.41
Telephone Service	823.01	579.37	1,402.38
Equipment Rental, Repair & Maintenance	2,602.71	1,634.26	4,236.97
Computer Services and Support	5,396.67	3,796.55	9,193.22
<b>Total Operating</b>	<b>\$ 35,235.14</b>	<b>\$24,712.03</b>	<b>\$59,947.18</b>
 <u>Grant or Contract Specific Expenses</u>			
Travel	436.21	304.74	740.95
Training	2,021.57	1,394.32	3,415.89
Law Library	3,477.31	2,437.53	5,914.85
Other Specific Costs	1,984.11	1,718.59	3,702.70
<b>Total Specific Expenses</b>	<b>\$7,919.20</b>	<b>\$5,855.19</b>	<b>\$13,774.39</b>
 <u>Administrative Overhead</u>			
Administrative Support Expenses	4,455.87	2,805.39	7,261.27
Depreciation	2,048.62	1,433.82	3,482.43
<b>Total Administrative Overhead</b>	<b>\$6,504.49</b>	<b>\$4,239.21</b>	<b>\$10,743.70</b>
 <b>TOTAL COSTS</b>	 <b>\$307,263.91</b>	 <b>\$215,000.00</b>	 <b>\$522,263.91</b>

**Vermont Legal Aid, Inc.**  
 SFY 2011  
**Office of Health Care Ombudsman - ACA**  
 (November 29, 2010 through June 30, 2011)

Personnel	ACA Grant SFY 2011
<u>Salaries</u>	
Project Director and Attorneys	15,846.96
Lay Advocates and Para Professional Staff	22,203.30
Management Professional Staff	--
Clerical Support	3,750.14
Total Salaries	41,800.40
Fringe Benefits	26,360.91
<b>Total Personnel</b>	<b>\$68,161.31</b>
<u>Operating Costs</u>	
Occupancy	6,099.53
Office Supplies and Other Office Overhead	533.34
Telephone Service	219.36
Equipment Rental, Repair and Maintenance	641.82
Computer Programming, Services and Support	865.04
<b>Total Operating</b>	<b>\$8,359.07</b>
<u>Grant or Contract Specific Expenses</u>	
Travel	240.91
Training	348.21
Law Library	1,080.88
Other Specific Costs (Interns, Translation Service/Reports)	531.17
<b>Total Specific Expenses</b>	<b>\$2,201.17</b>
<u>Overhead</u>	
Administrative Support Expenses	--
Depreciation	448.12
<b>Total Administrative Overhead</b>	<b>\$448.12</b>
Direct Costs	79,169.68
Indirect Expenses	10,102.05
<b>TOTAL COSTS</b>	<b>\$ 89,271.73</b>