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QUARTERLY REPORT
October 1, 2015 – December 31, 2015
to the
Agency of Administration
submitted by
Trinka Kerr, Chief Health Care Advocate
January 18, 2016

NARRATIVE

I. Executive Summary

The Office of the Health Care Advocate (HCA) provides consumer assistance to individual Vermonters on questions and problems related to health insurance and health care. We also engage in a wide variety of consumer protection activities on behalf of the public, including before the Green Mountain Care Board, other state agencies and the state legislature.

The full quarterly report for October 1, 2015 - December 31, 2015 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**: 1,033 calls (compared to 1,015 last quarter)
  - **Department of Vermont Health Access (DVHA) beneficiaries**: 286 calls or **28%** of total calls (compared to 289 and 28% last quarter)
  - **Commercial plan beneficiaries**: 282 calls or **27%** (276 and 27%)
  - **Uninsured Vermonters**: 145 calls or **14%** (153 and 15%)
  - **Vermont Health Connect (VHC)**: 461 calls or **46%** (470 and 46%; the VHC data report draws from the All Calls data set)
  - **Two Reportable Activities (Summary & Detail):** 141 activities, 46 documents (119 and 36)

Highlights

- Total call volume was about the same as last quarter (1,033 versus 1,015), and slightly lower (16%) than the same quarter last year (1,224). In last year's fourth quarter we

were inundated (207 calls) with calls about a VPharm notice. That did not happen this year.

- Calendar year 2015's volume was slightly lower than 2014's (2%), 42% higher than the busiest year prior to the launch of Vermont Health Connect, and more than double the volume of a decade ago.
- Vermont Health Connect (VHC) call volume has not significantly changed, despite functionality improvements. Volume was just slightly less than in the last quarter (461 compared to 470 last quarter), and just slightly less than in the same quarter in 2014 (469).
- Calls related to difficulty in making changes ("change of circumstance") through VHC decreased more than 26% over last quarter. However, after a significant drop in October, COC calls crept back up in November and December.
- Problems with Vermont Health Connect billing decreased 36%, but continued to be the top VHC problem, and the second most common complaint among all callers.
- The five most common reasons Vermonters called us were:
    - Complaints about providers
    - VHC invoice and billing problems
    - MAGI Medicaid eligibility inquiries or problems
    - Access to prescription drugs
    - VHC change of circumstance problems
- We saved Vermont consumers $113,272 this quarter, and $591,406 in calendar year 2015.
- The HCA represented the public before the Green Mountain Care Board in three rate reviews filed by MVP. In one, the HCA successfully argued that the rate increase of 26.9% should be denied.
- We participated in three Certificate of Need proceedings, and submitted formal questions or comments in two.
- The HCA tax attorney provided technical assistance for 68 tax questions related to the Affordable Care Act, and engaged in a significant number of additional outreach and education activities to address consumer confusion about ACA tax issues.
- In October the HCA began participating in the Accountable Care Organization (ACO) Payment Subcommittee convened by the Green Mountain Care Board to discuss and outline the governance structure, provider payment policies, and related parameters for an all-payer ACO model for Vermont. The group produced a document, *Vermont All-Payer Model Framework*, which outlines a vision for an all-payer model in Vermont from the perspective of the group's original members (GMCB staff, providers, ACOs, and commercial payers). The *Framework* document will be presented to the Board in the next quarter. The HCA had negligible input on this document, which does not include many of our priorities for such a model. Our position is outlined in our policy paper, *Consumer Principles for Vermont's All-Payer Model*.

- The number of people who used our website to find information and guidance on health care issues continued a pattern of strong growth with 36% more pageviews this quarter, compared with the same period in 2014.
- The number of people seeking information about dental services continued to increase significantly (384%) over last year, as it has the past three quarters, and our Vermont Dental Clinics Chart was the 4th most frequently downloaded PDF from the entire Vermont Law Help website.
- We had seven articles/papers published and gave six presentations primarily to community partners, lawyers, and tax professionals who serve the public. Additionally, we worked to lower the reading grade level and improve the readability score of five State communications to consumers regarding VHC and other health-related issues.

II. Individual Consumer Assistance

The HCA provides assistance to consumers through our statewide helpline (**1-800-917-7787**) and through the Online Help Request feature on our website, www.vtlawhelp.org/health. We have a team of advocates located in Vermont Legal Aid's Burlington office which provides this help to any Vermont resident free of charge, regardless of income.

The HCA received 1,033 calls[1] 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:

- **22.75%** (235) about **Access to Care**;
- **14.33%** (133) about **Billing/Coverage**;
- **2.71%** (28) about **Buying Insurance;**
- **12.20%** (126) about **Consumer Education**;
- **25.56%** (264) about **Eligibility** for state and federal programs; and
- **23.91%** (247) 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 264 of our cases had eligibility for state health care programs as the primary issue, there were actually a total of 702 cases that had some eligibility issue. This is because it is possible to have multiple types of issues in a single case.

[1] The term "call" includes cases we get through our website.

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. Sometimes it is difficult to determine which issue is the "primary" issue 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 breakouts 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.

A. The HCA's overall call volume was about the same as last quarter and 16% lower than the same quarter last year.

Total call volume was about the same as last quarter (1,033 versus 1,015), and slightly lower (16%) than the same quarter last year (1,224). In last year's fourth quarter we were inundated with calls about a VPharm notice. (The VPharm notice generated 207 calls in December 2014!) That did not happen this year. October's call volume was slightly lower than last October, November's was 15% higher than last year, and December's was significantly lower—37%--due to the lack of VPharm notice problems.

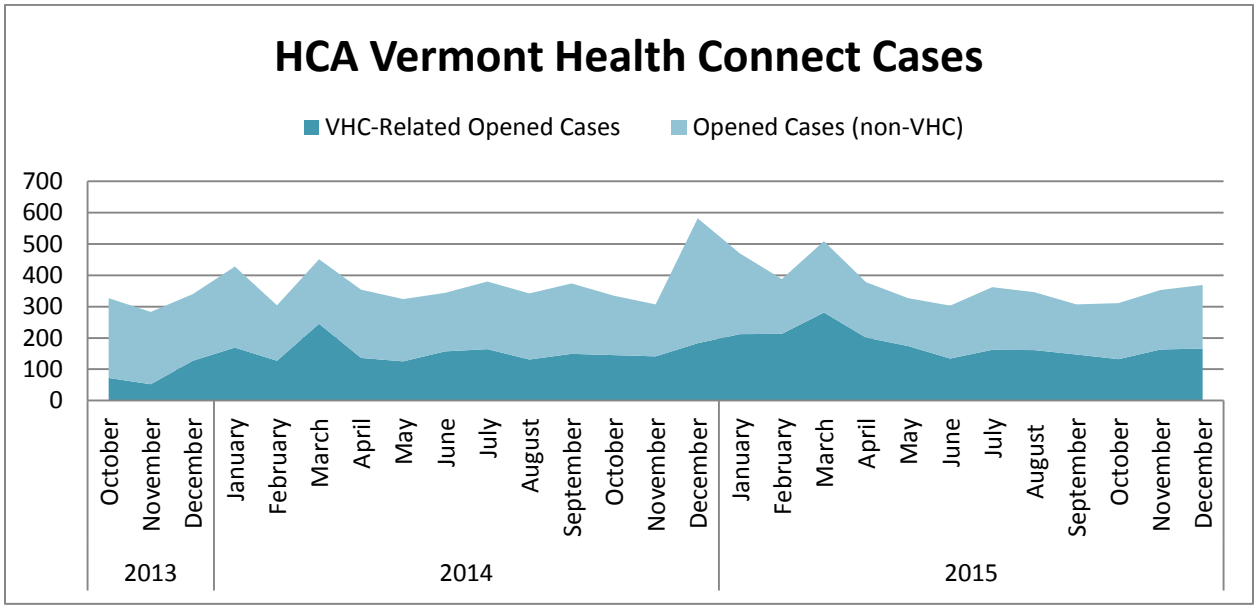
This calendar year's volume was slightly lower than 2014's (2%), but 42% higher than the busiest year prior to the launch of VHC and more than double the volume of a decade ago.

All Cases (2005-2015)											
	2005	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
January	178	313	280	309	240	218	329	282	289	428	470
February	160	209	172	232	255	228	246	233	283	304	388
March	188	192	219	229	256	250	281	262	263	451	509
April	173	192	190	235	213	222	249	252	253	354	378
May	200	235	195	207	213	205	253	242	228	324	327
June	191	236	254	245	276	250	286	223	240	344	303
July	190	183	211	205	225	271	239	255	271	381	362
August	214	216	250	152	173	234	276	263	224	342	346
September	172	181	167	147	218	310	323	251	256	374	307
October	191	225	229	237	216	300	254	341	327	335	311
November	168	216	195	192	170	300	251	274	283	306	353
December	175	185	198	214	161	289	222	227	340	583	369
Total	**2200**	**2583**	**2560**	**2604**	**2616**	**3077**	**3209**	**3105**	**3257**	**4526**	**4423**

B. Vermont Health Connect call volume has not significantly changed despite some VHC improvements in functionality.

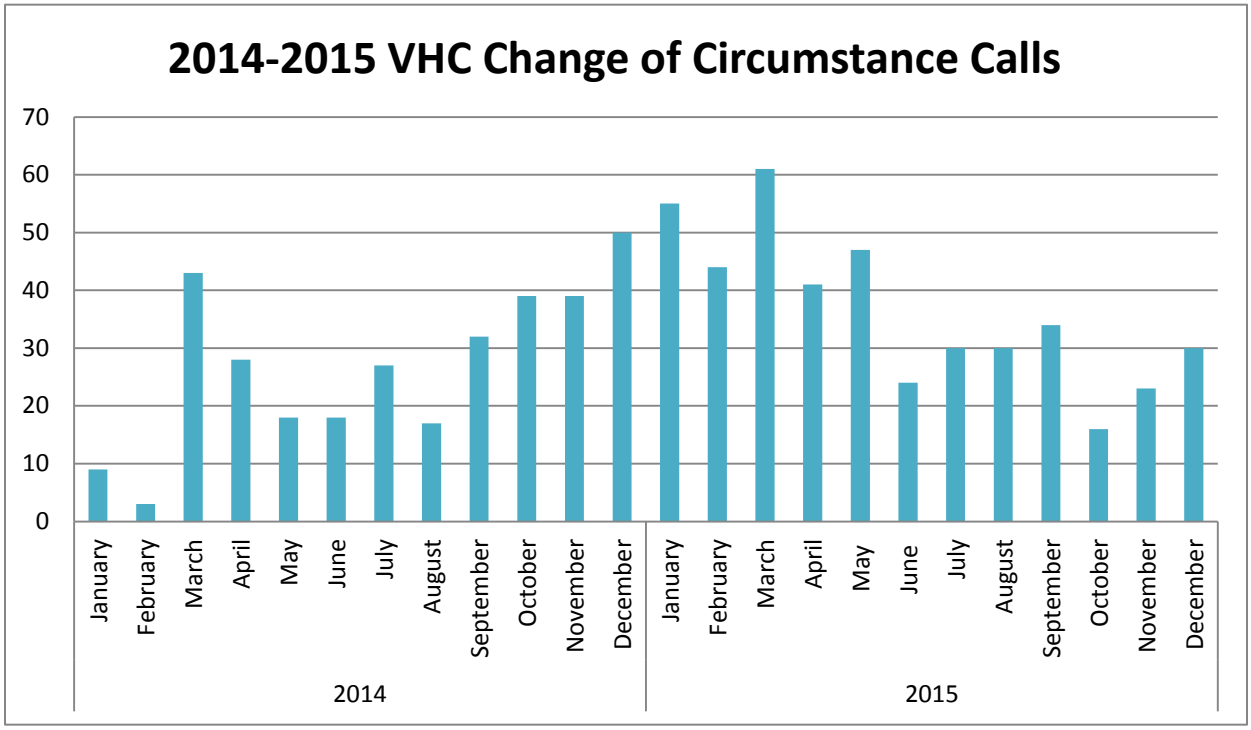
The HCA received 461 VHC calls this quarter, compared to 470 last quarter and compared to 469 and 444 for the same quarters in 2014. So, although VHC has made some functional improvements in the last six months, the volume of reported problems has not decreased.

The HCA works with VHC staff to resolve problems and escalate cases in which Vermonters need immediate access to care. We have weekly meetings with VHC staff to resolve more complex cases. When we first started these meetings last summer, our list of cases to be resolved was usually 40 to 50 each week. This quarter the complex cases dropped down to around 30 per week, but subsequently have gone back up into the 40-50 per week range.



C. Vermont Health Connect change of circumstance cases decreased in October then started creeping back up.

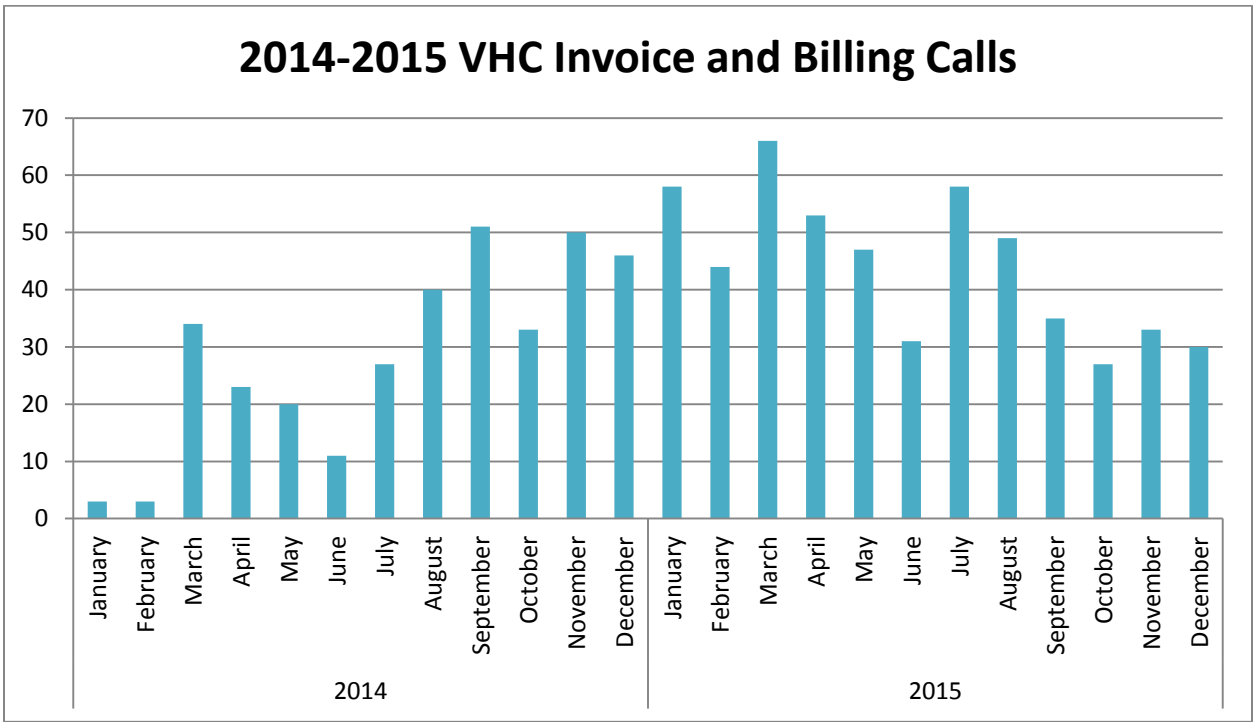
Since VHC's May deployment of R1 in May, the number of COC's has been declining: from 155 in the first quarter of CY 2015, to 109, then 94 last quarter, and finally to 69 in this quarter when primary and secondary issues are counted. COC calls this quarter decreased by more than 26% over last quarter. However, as can be seen in the chart below, after a drop in October, calls about COCs started going back up.



D. Problems with Vermont Health Connect billing decreased 36%, but continued to be the top VHC problem, and the second most common complaint among all callers.

Many consumers who purchased Qualified Health Plans (QHP) from VHC continued to have invoicing and billing problems. This is the number one complaint about VHC, and is the issue generating the second most calls overall. (The most common reason for calls to the HCA was complaints about providers.) The problems include: incorrect invoices; invoice amounts that are inconsistent across VHC, Benaissance and the carriers; delays in processing; delays in applying premiums to the correct account; delays in actually getting coverage; and lost payments. In some cases, the premium problems caused a consumer's coverage to incorrectly be closed because they were not credited for payments they had actually made. Many were related to COC difficulties.

This quarter we received 90 calls involving invoices, billing and premium processing, compared to 141 last quarter, a 36% increase.



E. 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 1,033 (compared to 1,015 last quarter)

1. Complaints about providers 93 (compared to 100 last quarter)
2. VHC Invoice/billing Problem 90 (141)
3. MAGI Medicaid eligibility 82 (60)
4. Access to Prescription Drugs 72 (82)
5. VHC Change of Circumstance 69 (94)
6. Termination of insurance 68 (57)
7. VHC Premium Tax Credit eligibility 67 (46)
8. VHC complaints 66 calls (119)
9. Information about VHC 62 (58)
10. Information about DVHA programs 40 (59)
11. Affordability issue that created an access problem 53 (59)
    DVHA/VHC Premium billing 53 (39)
    Consumer Education about Medicare 53 (40)
12. VHC Renewals 46 (20)
13. Disenrollment at consumer request 39 (24)
14. Buying QHPs through VHC 38 (13)
15. Consumer Education about Fair Hearings 36 (43)
16. Medicaid eligibility (non-MAGI) 34 (36)
17. Special Enrollment Periods (eligibility) 29 (35)
18. Grace Periods-VHC 28 (86)
    IRS Penalty/ISRP 28 (10)
    DCF/HAEU Mistake 28 (29)
19. Buy-in Programs/MSPs 27 (19)
20. Hospital billing 26 (26)
    Communication problems: DCF/HAEU 26 (18)

Vermont Health Connect Calls 461 (compared to 470 last quarter)

1. VHC Invoice/Payment/Billing problem 89 (67)
2. MAGI Medicaid eligibility 73 (56)
3. Change of Circumstance 67 (92)
4. Premium Tax Credit Eligibility 65 (46)
5. VHC complaints 62 (118)
   Termination 62 of insurance (50)
6. Information about VHC 60 (55)
7. DVHA/VHC Premium billing 52 (38)
8. VHC Renewals 46 (19)

9. Disenrollment at consumer request 38 (22)
10. Buying QHPs through VHC 35 (13)

DVHA Beneficiary Calls 286 (compared to 289 last quarter)

1. Complaints about Providers 39 (43)
2. Access to Prescription Drugs 27 (43)
3. MAGI Medicaid eligibility 26 (19)
4. Information about DVHA programs 24 (26)
5. Choosing/Changing Providers 18 (20)
6. Transportation 17 (18)
7. Medicaid (non-MAGI) 16 (12)
8. Balance billing-Medicaid 15 (13)
9. Durable Medical Equipment/Supplies 13 (9)
10. Consumer education about Fair Hearings 12 (9)

Commercial Plan Beneficiary Calls 282 (compared to 276 last quarter)

1. VHC invoice/payment problem 60 (84)
2. Change of Circumstance 45 (47)
3. DVHA/VHC premiums billing 39 (25)
4. VHC Renewals 37 (11)
   VHC complaints 37 (66)
5. Premium Tax Credit eligibility 30 (23)
6. Information about VHC 28 (33)
7. Disenrollment at consumer request 24 (15)
8. Grace Periods-VHC 16 (44)
9. DCF/HAEU Mistake 15 (16)
10. MAGI Medicaid 15 (15)

F. Hotline call volume by type of insurance:

The HCA received 1,033 total calls this quarter. Callers had the following insurance status:

- **DVHA program beneficiaries** (Medicaid, VPharm, or both Medicaid and Medicare aka "dual eligibles") insured **28%** (286 calls), compared to 28% (289) last quarter;
- **Medicare**[2] **beneficiaries** (Medicare only, Medicare Advantage Plans, Medicare and a Medicare Supplemental Plan aka Medigap, Medicare and Medicaid aka "dual eligibles," Medicare and Medicare Savings Program aka Buy-In program, Medicare and Part D, or Medicare and VPharm) insured **20%** (211), compared to 16% (165) last quarter;

[2] Because Medicare beneficiaries can also have commercial or DVHA coverage, these Medicare numbers overlap with those figures.

- **Commercial plan beneficiaries** (employer sponsored insurance, small group plans, or individual plans) insured **27%** (282), compared to 27% (276) last quarter; and
- **Uninsured** callers made up **14%** (145) of the calls, compared to 15% (153) last quarter.
- In the remainder of calls insurance status was either unknown or not relevant.

G. Dispositions of closed cases

All Calls

We closed 945 cases this quarter, compared to 1,083 last quarter.

- 32% (304 cases) were resolved by brief analysis and advice;
- 28% (263) were resolved by brief analysis and referral;
- 22% (208) of the cases were complex interventions involving complex analysis, usually direct intervention, and more than two hours of an advocate's time;
- 11% (103) were resolved by direct intervention, including calling an insurance company, calling providers, writing letters, gathering supporting medical documentation, etc.;
- 1 case was resolved in the initial call.
- In the remaining cases, clients withdrew, resolved the issue on their own, or had some other outcome.

- Appeals: The HCA assisted 34 individuals with appeals: 3 commercial plan appeals, 19 Fair Hearings, 6 VHC expedited internal hearings, 3 DVHA internal MCO appeals and 3 Medicare appeals. Most of our cases involving VHC and DVHA problems are resolved without using the formal appeals process.

DVHA Beneficiary Calls

We closed 266 DVHA cases this quarter, compared to 309 last quarter.

- 38% (102 cases) were resolved by brief analysis and advice;
- 30% (81) were resolved by brief analysis and referral;
- 13% (35) were considered complex intervention, which involves complex analysis, usually direct intervention, and more than two hours of an advocate's time;
- 14% (36) were resolved by direct intervention on the caller's behalf, including advocacy with DVHA and providers, writing letters, and gathering medical information;
- 1 DVHA case was resolved in the initial call.
- In the remaining cases, clients withdrew, resolved the issue on their own, or had some other outcome.

- Appeals: 9 cases involved appeals on behalf of individuals who were on a DVHA program when they called us: 5 Fair Hearings, 3 internal MCO appeals, and 1 Medicare Part D appeal.

Commercial Plan Beneficiary Calls
We closed 245 cases involving individuals on commercial plans, compared to 293 last quarter.

- 29% (73 cases) were resolved by brief analysis and advice;
- 16% (38) were resolved by brief analysis and referral;
- 36% (88) were considered complex intervention, which involves complex analysis, usually direct intervention, and more than two hours of an advocate's time;
- 15% (36) were resolved by direct intervention on the caller's behalf, including advocacy with the carrier and providers, writing letters, and gathering medical information;
- No calls from a commercial plan beneficiary were resolved in the initial call.
- In the remaining cases clients withdrew, resolved the issue on their own, or had some other outcome.

- Appeals: 23 cases involved appeals for individuals on commercial plan: two Level 1 internal appeals, one Level 2 internal appeal, 14 Fair Hearings, and 6 Expedited Fair Hearings.

H. Case outcomes

All Calls
The HCA helped 87 people get enrolled in insurance plans and prevented 4 insurance terminations or reductions. We obtained coverage for services for 22 people. We got 17 claims paid, written off or reimbursed. We helped 1 person complete an application and estimated VHC insurance program eligibility for 13 more. We provided other billing assistance to 38 individuals. We provided 523 individuals with advice and education. We obtained other access or eligibility outcomes for 75 more people, many of whom we expected to be approved for medical services and state insurance.

We encourage clients to call us back if they are subsequently denied insurance or a medical service after our assessment and advice, or do not have their issue resolved as expected.

In total, this quarter the **HCA saved individual consumers $113,272.24** in cases opened this quarter**.** We saved Vermonters **$591,406.66** in calendar year 2015**.**

I. Case Examples

Here are five case summaries which illustrate the types of problems we helped Vermonters resolve this quarter:

1. An incorrect income change by VHC made premiums unaffordable. Mr. A called the HCA because he received a Qualified Health Plan (QHP) invoice from VHC that was close to his entire monthly income. He did not understand why his premium had increased so drastically. The HCA advocate investigated and found that VHC had the wrong income

listed for Mr. A. Earlier in the year, Mr. A had applied for a promotion at work, and called VHC to see how the possible increase in income would affect his insurance. VHC misunderstood his inquiry and recorded a change in his income. Mr. A did not get the promotion, his income did not increase, and he should not have lost his Advance Premium Tax Credit. While working through this case, the HCA advocate realized that not only should Mr. A not have had his premium increased but he was now in fact eligible for Medicaid due to a citizenship status change. This meant he did not owe any premiums at all, and VHC moved him from the QHP to Medicaid.

2. Despite payments to VHC, consumer had no coverage. When Ms. B went for her annual flu shot she discovered that she had no health insurance. When she called VHC about her QHP she learned that she had not had any coverage for most of the year. Ms. B was mystified. She had paid her premiums and been going to medical appointments on a regular basis. Now she needed multiple prescriptions and could not afford them, so she called the HCA. The HCA contacted VHC and found that Ms. B's coverage had closed after just one month of coverage in 2015. She had not received grace period notices warning her that her coverage was closing or any termination notice. The HCA advocate requested that Ms. B's coverage be reinstated for the whole year. VHC agreed that her coverage should not have been closed and reinstated her so she was able to get her medications.

3. Incorrect QHP start date created a gap in coverage. Mr. C's COBRA coverage expired, giving him a Special Enrollment Period to purchase a QHP through VHC outside the Open Enrollment Period. He carefully applied and enrolled in his selected QHP before the 15th of the month so his new coverage would start on the first day of the next month. He did not want any break in coverage because he was scheduled to have surgery. VHC, however, mistakenly gave him the wrong start date creating a one month gap in coverage. The HCA advocate asked VHC to escalate the case and correct the start date, which it did. The advocate also contacted the carrier to ensure that Mr. C's pharmacy coverage was in place prior to his surgery. Mr. C was able to have his surgery as scheduled, and get his post-surgery prescriptions in a timely manner.

4. Medicare enrollment triggered the loss of Medicaid. Mr. D received a notice that his Medicaid through VHC was closing. He did not understand why, as his income had not changed. The HCA advocate learned that Mr. D had recently become eligible for Medicare. She explained that because Mr. D was now on Medicare, he was no longer eligible for Medicaid for Children and Adults (MCA). He was also not eligible for the type of Medicaid that works with Medicare, Medicaid for the Aged Blind and Disabled (MABD), because his income exceeded its income limit, which is lower than the MCA limit. The advocate found, however, eligible for two other programs that could help him defray his health care costs: VPharm, to help pay for prescriptions, and a Medicare Savings Program (MSP), which could pay his Medicare Part B premium. He helped Mr. D

apply for these programs. He also got the MSP granted retroactively because Mr. D should have been screened for it when his MCA was terminated.

5. Two mistakes by a commercial drug plan delayed payment for an expensive medication. Mr. E called the HCA because he could not get his insurer to cover his medication due to a mistake. Mr. E had a commercial plan through COBRA. Under this plan, he was responsible for 20% of the cost of prescriptions. When he went to pick up his prescription, he was charged over $800--the entire cost of the prescription. The pharmacist said his plan was not picking up its portion of the cost because he had secondary coverage. He did not have secondary coverage. He only had COBRA. The HCA advocate called the drug plan with Mr. E, and explained the situation to a supervisor. The supervisor agreed that an error had been made, and advised that Mr. E would receive a written decision about coverage in 7-10 days. When Mr. E received the decision, however, it was a denial. This time the drug plan denied coverage because it said Mr. E was not an eligible member on the date of service-- another mistake. The HCA advocate helped Mr. E file an appeal. Eventually the drug plan corrected its mistake and reimbursed Mr. E for the 80% it should have covered.

III. Consumer Protection Activities

A. Rate Reviews

The HCA monitors all insurance carrier requests to the Green Mountain Care Board for changes in premium rates, which are usually rate increases. Three rate review cases were pending at the beginning of the quarter. The HCA entered Notices of Appearance and submitted memoranda in all three. There were no new filings in the quarter.

In the first case the carrier sought approval of the manual rates, experience rating formula, and factors used to develop group-specific premium rates to be used in MVP Health Insurance Company's (MVP) Large Group AR42 product portfolio in the first and second quarters of 2016. The actuarial analysis by the Board's actuary recommended a small adjustment in the carrier's pharmacy trend to conform to the corresponding trend in MVP's 2016 Vermont Health Connect (VHC) rate filing. The HCA requested that the Board adopt this actuarial recommendation and also reduce the requested 2% contribution to surplus. The Board initially issued a decision modifying the requested rate with the pharmacy reduction and a 0% contribution to surplus (corresponding to the request in the VHC filing). However, after a Motion to Reconsider from MVP, the Board amended the decision to allow a 2% contribution to surplus.

MVP also filed a request for rate increases for small group plans grandfathered under the Affordable Care Act and renewing in the first quarter of 2016 (2.7% increase) and the second quarter of 2016 (2.3% increase). These rates affect approximately 281 policyholders and 2,107 covered lives, and membership in this closed block of business is declining. The issues in this filing were similar to those in the Large Group filing and again the Board modified the pharmacy

trend. It initially reduced the contribution to surplus to 0% but on reconsideration allowed the requested 2% contribution to surplus.

The third filing was a rate request for five plans offered by the Agriservices Association, an association for farmers. Agriservices uses MVP's large group Minimum Premium Plan (MPP) funding arrangement for these grandfathered plans with a contract renewing with a December 1, 2015 effective date. MVP had told the Board in its prior filing that Agriservices intended to discontinue the plans after November 2015, but another request for premium increases was filed in September 2015. The average annual increase requested was 26.9%. The HCA asked the Board to disapprove the rate request given the size of the requested increase and the history of the 2014 filing. The Board's Decision disapproved the requested rate increase and "encourage[d] the carrier to evaluate the plan's continued viability and affordability prior to any future request for additional rate increases."

B. Certificate of Need Applications

The HCA monitors all CON proceedings before the Board. This quarter we focused primarily on the University of Vermont Medical Center's Inpatient Bed proposal, Northwestern Medical Center's plans for expanded private beds and for a medical office project, and Copley Hospital's application for Surgical Suite Construction.

- UVM Medical Center's Inpatient Bed project: The HCA submitted formal questions to the applicant regarding its alternative financing plans and participated in the hospital's meeting with the Board reviewing the plans.
- Northwestern Medical Center's Private Room Expansion and medical office project: The HCA reviewed all materials and attended the Board's hearing on Northwestern's two active CONs.
- Copley Surgical Suite Construction: The HCA submitted comments to the Board describing our concerns about the hospital's financial reliance on its specialized orthopedic practice, financial projections, and allocation of resources to address identified community needs.

C. Hospital Budgets

Last summer, the HCA assessed all Vermont hospitals' financial assistance policies. In this quarter, we submitted a formal request asking the Board to include in its upcoming hospital budget guidance a requirement for hospitals to show how they will comply with new federal rules on hospital financial assistance policies. We expect the Board to develop its upcoming hospital budget guidance in the next quarter.

D. Other Green Mountain Care Board Activities

In the last quarter, we submitted formal comments to the Board outlining consumer principles for the all-payer model being considered by the Board and the administration which we based on our policy paper, *Consumer Principles for Vermont's All-Payer Model*.

In addition, we attended the following Board events:

- Weekly GMCB meetings (9)
- Monthly Data Governance Meetings (2)
- Additional meetings with Staff (2) – one general meetings and one specifically focusing on the topic of the Board's work towards an all-payer model
- GMCB Advisory Committee (1)

E. Vermont Health Care Innovation Project

The HCA continues to participate in the Vermont Health Care Innovation Project (VHCIP), which is funded by a federal State Innovation Model (SIM) grant. This quarter the VHCIP changed its structure by eliminating some work groups, changing the names and scopes of work for others, and adjusting the meeting schedule for others to a quarterly basis.

This quarter we:

- Participated in 2 meetings as a member of the VHCIP Steering Committee
- Participated, along with representatives from other projects of Vermont Legal Aid, as "active members" in 5 of the 6 VHCIP work groups:
    - Payment Model Design and Implementation Work Group
    - Practice Transformation Work Group
    - Health Data Infrastructure Work Group
    - Disability and Long Term Services and Supports Work Group
    - Population Health Work Group
- Attended 9 VHCIP work group meetings
- Attended 2 meetings of the VHCIP Core Team as an interested party
- Attended 1 meeting of the SIM Self-Evaluation Committee
- Submitted formal comments to the Health Data Infrastructure Work Group
- Submitted formal comments to DVHA as part of the Payment Model Design and Implementation Work Group's review of the proposed Episodes of Care payment model
- Met with work group staff about Learning Collaboratives and Shared Care Plan release forms
- Reviewed and commented on 2 draft Shared Care Plan release forms

F. Affordable Care Act Tax-related Activities

During this quarter, the HCA continued its tax-related advocacy and outreach efforts to ensure that consumers maintain access to affordable health care. Consumers who lack an understanding of how the tax system interacts with the health insurance system, or who have difficulty navigating the tax filing process, are in danger of losing access to subsidized health insurance. This quarter we closely monitored the QHP renewal process to ensure that notices were clear and consumers did not lose tax subsidies through no fault of their own. VHC continues to process 2016 renewals as of the date of this report. HCA is monitoring this issue closely.

In this quarter we continued to assist consumers with problems related to 2014 forms 1095-A from VHC. We also continued to work on 2015 account problems that, if not fixed, will affect those consumers' tax returns in 2016. For example, we advocated with VHC to correct errors in its Modified Adjusted Gross Income calculations. The HCA helped many consumers get account changes made and, where appropriate, get amended tax forms from VHC.

During this quarter, the HCA continued to employ a half-time tax attorney, who also staffs the Low Income Taxpayer Project at VLA. This allowed the HCA to stay up to date on tax law developments and support our staff to effectively field calls related to the ACA and VHC. The tax attorney consulted with HCA advocates when particularly difficult IRS-related issues arose in individual HCA cases. Technical assistance on tax issues remains an important part of the HCA's work in this area. During this quarter the tax attorney advised the HCA on 24 technical assistance questions. She also responded to 42 technical assistance questions from assisters, VHC personnel, tax preparers, the IRS Taxpayer Advocate Service, and legal services attorneys in other states.

HCA continued to communicate with VHC regarding tax issues as they arose. One issue we discussed this quarter was whether VHC could include the benchmark plan information on Form 1095-A for consumers who did not get subsidies. While the IRS regulations permit VHC to omit this information from the form, the IRS computer system is programmed to stop these tax returns and require verification if the consumer claims a Premium Tax Credit. Many tax refunds were held up because of this issue, and those consumers had to fight through a frustrating IRS process to receive their refunds.

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

G. Other Activities

Rule 09-03 Work Group

This quarter the HCA continued to be actively involved in this work group which was set up in Act 54 of the 2015 legislative session. The work group's purpose is to help the Agency of

Administration, the Green Mountain Care Board and the Department of Financial Regulation evaluate the necessity of maintaining provisions for regulating insurers in Rule 09-03, which contains consumer protection and quality requirements for managed care organizations, and other regulations governing quality and consumer protection. The group is also assessing which state entity is the appropriate one to be responsible for functions set forth in the regulations. The group met five times during the quarter.

2017 Qualified Health Plan Work Group
The HCA is participating in this stakeholder group which was convened by DVHA to help develop any recommended changes to benefit design for Qualified Health Plans offered on Vermont Health Connect in 2017. The group met once during the quarter.

Legislative Activities
This quarter the HCA monitored the activities of the few legislative committees that took up issues related to health care and health reform while the legislature was not in session.

This quarter, we:

- Attended 1 meeting of the Health Reform Oversight Committee
- Attended 1 meeting of the House Appropriations Committee
- Attended 1 meeting of the Joint Fiscal Committee
- Attended 2 meetings of the Senate Judiciary Committee
- Attended 2 meetings of the House Health Care Committee
- Submitted formal comments to the Senate Judiciary Committee on the Health Care Privacy section of S.18
- Testified before the House Health Care Committee 2 times
- Met and collaborated with other advocates on legislative initiatives

Administrative Advocacy

This quarter, the HCA:

- Submitted formal comments on VHC notices, including renewal forms and tax form cover letters.
- Submitted proposed language for a draft DVHA rule on direct enrollments and QHP certification.
- Submitted formal comments to HHS on a proposed rule implementing the ACA's anti-discrimination provisions.
- Submitted concerns and suggestions to the National Taxpayer Advocate's senior attorney advisor for ACA issues.
- Submitted concerns and suggestions to the Department of the Treasury's legislative policy office for health care.
- Met with representatives from the IRS ACA Office and the Center on Budget and Policy Priorities to discuss issues of concern for the 2016 tax filing season. The HCA suggested

improvements that could be made to Form 1095-B to assist consumers and tax preparers in filing accurate tax returns.
- Advocated with AHS and the IRS Stakeholder Liaison to add benchmark plan information to Forms 1095-A for consumers with unsubsidized plans. Currently those consumers are unable to claim a Premium Tax Credit without undergoing additional review and verification by the IRS, which can be time-consuming.
- Participated in 2 meetings about VHC fair hearings
- Corresponded with the Human Services Board (HSB) about its VHC appeal form
- Corresponded with DVHA about VPharm annual notices
- Participated in 4 meetings about VHC notices
- Participated in 5 meetings about the VHC case escalation path
- Participated in 1 meeting about VHC and Medicare
- Participated in 1 meeting about VHC regulations
- Submitted formal comments on VHC regulations
- Submitted four complaints and suggestions to VHC
- Submitted a letter to DVHA requesting changes to its Hepatitis C treatment criteria
- Submitted comments to AHS on the Secretary of Administration's budget presentation
- Submitted comments to the Agency of Administration on the draft Universal Primary Care Study
- Submitted comments on Vermont's Global Commitment Comprehensive Quality Strategy to CMS and HHS

Other Boards, Task Forces, and Work Groups

In February 2015 the staff of the Green Mountain Care Board convened the ACO Payment Subcommittee to discuss and outline the governance structure, provider payment policies, and related parameters for an all-payer Accountable Care Organization model for Vermont. The HCA staff became aware of these meetings in August, asked to participate, and were told we could not. In September we made another request to participate to the GMCB Chair and in mid-October we were invited to participate. HCA staff attended the final nine meetings of the work group from mid-October through December. The group produced a document, *Vermont All-Payer Model Framework*, which outlines a vision for an all-payer model in Vermont from the perspective of the group's original members (GMCB staff, providers, ACOs, and commercial payers). The *Framework* document will be presented to the Board in the next quarter. The HCA had negligible input on this document, which does not include many of our priorities for such a model. Our position is outlined in our policy paper, *Consumer Principles for Vermont's All-Payer Model*. In addition, we participated in the following sub groups of the ACO Payment Subcommittee: ACO Rostering Subgroup (3 meetings); and All-Payer Model Quality Measurement Subgroup (3 meetings).

Additionally, this quarter the HCA participated in:
- 5 Rule 09-03 Review Work Group meetings
- 1 Qualified Health Plan Stakeholder Work Group meeting

- 2 Medicaid and Exchange Advisory Board (MEAB) meetings
- 1 MEAB Improving Access Work Group meeting (a subgroup of the MEAB which works on improving access to Medicaid services, which the Chief Health Care Advocate Chairs)
- 1 VHC Consumer Experience Work Group meeting
- 2 meetings of the Oral Health Care for All Coalition
- 1 UVM Medical Center Mental Health Program Quality Committee meeting
- 2 42 CFR Part 2 Advisory Group meetings

Collaboration with other organizations

The HCA worked with the following organizations this quarter:

- Alliance for a Just Society
- American Bar Association Tax Section Pro Bono and Tax Clinics Committee
- American Civil Liberties Union
- Community of Vermont Elders
- Connecticut Health Policy Project
- Department of Vermont Health Access
- Disability Rights Vermont
- Families USA
- Health*first*
- IRS Taxpayer Advocate Service
- National Health Law Program
- New Haven Legal Assistance Association
- Procedurally Taxing
- Vermont Association of Hospitals and Health Systems
- Vermont Council of Developmental and Mental Health Services
- Vermont Information Technology Leaders
- Vermont Medical Society
- Vermont Oral Health Care for All Coalition
- Vermont Low Income Advocacy Council
- Vermont Public Interest Research Group
- Villanova University Tax Clinic
- Voices for Vermont's Children

Trainings

The HCA participated in the following trainings:

- 10/1: VITL Summit
- 10/16: Consumers Union – Health Care Price Transparency: Who's Looking? Webinar
- 10/26: CBPP Webinar – Basic VITA Certification Topics: Minimum Essential Coverage, Exemptions & the Shared Responsibility Payment
- 10/29: CBPP Webinar – ACA Exemptions and Penalties
- 11/2: CBPP Webinar – Advanced VITA Certification Topic: Premium Tax Credits and Reconciliation

- 11/17: The Vermont Community Foundation – 2015 Grantseeker Webinar
- 11/23: CBPP Webinar: Comprehensive ACA Examples and Wrap Up

IV. Outreach and education

A. Website

Vermont Law Help is a statewide website maintained by Vermont Legal Aid and Law Line of Vermont. The site includes a substantial Health section (www.vtlawhelp.org/health) with more than 200 pages of consumer-focused health information maintained by the HCA. We work diligently to keep the site updated in order to provide the latest and most accurate information to Vermont consumers.

Google Analytics statistics show:

- The total number of health pageviews increased by 36% in the reporting quarter ending December 31, 2015 (6,207 pageviews), compared with the same quarter in 2014 (4,570 pageviews).
- The number of people seeking information about dental services continued to increase significantly (384%) over the same quarter last year, as it has the past three quarters. (276 pageviews this quarter, compared with 57 in the same period last year)
- This quarter, again like the previous two quarters, showed a large increase over last year in the number of people seeking information about Medicaid income limits (1,732 pageviews this quarter, compared with 768 in the same quarter in 2014, an increase of 126%). The consistently high numbers indicate that search engines are delivering this page as a high-ranking source of information about Medicaid income limits.
- The health home page again had the second largest number of pageviews (843), an increase of 32% over last year's 640. The home page tells consumers how we can help them and provides several ways to contact us including an online form that can be filled out and submitted 24/7.
- Half of the 20 health topics with the largest number of total pageviews focused on Medicaid or long-term care Medicaid (Choices for Care). These topics accounted for 44% of all health page views.
- Other popular topics included:
    - Health Insurance, Taxes and You (New this year/no comparative data)
    - Medical Decisions, Advance Directives and Living Wills (+33%)
    - Federally Qualified Health Centers (FQHCs) (+533%)
- The number of people searching for information about things to consider before making Complaints against a provider) increased by 61%, while the number of people seeking help with Buying Prescription Drugs fell 22%.

PDF Downloads
Forty out of 78 or 51% of the unique PDFs downloaded from the Vermont Law Help website were on health care topics. Of those health-related PDFs:

- 21 were created for consumers. The top consumer-focused downloads were the same as last quarter:
    - Advance directive, short and long forms
    - Vermont dental clinics chart
    - Blue Cross Blue Shield of VT Annual Report 2014
    - Vermont Medicaid Coverage Exception Request – 10 Standards and Provider Request Form
- 11 were prepared for lawyers, advocates and assisters who help consumers with health care matters, including tax issues related to the Affordable Care Act. The top advocate-focused downloads were:
    - Low-Income Taxpayers and the Affordable Care Act
    - IRS Late-Payment Penalty Waiver Request Form and Instructions
- 8 covered topics related to health policy. The top policy-focused downloads were:
    - Consumer Principles for Vermont's All-Payer Model
    - Vermont ACO Shared Savings Program Quality Measures

Our Vermont Dental Clinics Chart was the fourth most downloaded of all PDFs downloaded from the Vermont Law Help website.

B. Education

During this quarter, the HCA provided education materials and presentations and maintained a strong social media presence on Facebook, reaching out directly to consumers as well as to individuals and organizations who serve populations that may benefit from the information and education provided. Materials we developed have also been shared directly with health and tax advocates in Vermont and nationwide and posted to our website.

Papers, Articles
We published a white paper, *Consumer Principles for Vermont's All-Payer Model*, in November. The paper looks at the all-payer model through a consumer lens and highlights seven key principles for the model based on current information. The principles, along with a link to the paper, were also published in the December 3, 2015 issue of Community Catalyst's biweekly newsletter, The Dual Agenda.

We wrote two articles for the Fall 2015 issue of Vermont Legal Aid's newsletter, *Justice Quarterly.* One article provided an overview of Vermont Health Connect open enrollment for people who are enrolling for the first time, those who have a VHC plan but want to change to a different one, and for those who simply want to renew the plan they have. The article also reminds readers to refer people who have a problem with a VHC plan to call the HCA. The other

article provided a link to proposed regulations banning discrimination in health care and information on how to comment.

Our tax attorney wrote a review of the first tax year of the Affordable Care Act as well as a look toward what lies in the future as guest blogger for Procedurally Taxing, a popular national blog. The thorough analysis was published in three parts in mid-December and was also referenced in a consulting firm blog's tax roundup.

Another article by our tax attorney, ACA Update: New Challenges for 2016, was published in the December issue of Tax Newsletter, sponsored by the Pro Bono and Tax Clinics Committee of the American Bar Association Tax Section. In addition to the subscribers to the Tax Newsletter, the article was distributed to the National Health Law Program's advocate listserv and to the Vermont Tax Practitioners Association.

Promoting Plain Language in Health Communications

During this quarter, the HCA provided feedback and revisions in order to promote the use of plain language and increase consumers' accessibility to and understanding of the important communications from the state and communications from other health organizations regulated by the state. The HCA:

- Suggested revisions to the APTC re-calculation explanation to be added to the Advance Premium Tax Credit page on the VHC portal. In addition, we provided suggested revisions to the APTC page.
- Provided extensive comments and revisions to Shared Care Release forms
- Provided general feedback, identified possible inaccurate results and offered suggested text revisions to VHC's plan comparison/OOP calculator tool created by Consumer Checkbook in collaboration with VHC
- Suggested extensive revisions to the MCA Legacy renewal notice
- Suggested revisions to the format and language of the Reasons for Appeal form used by the Human Services Board to help triage VHC cases.

Presentations

During this quarter, the HCA provided education directly to several hundred individuals, many of whom serve populations that will likely benefit from the information and education provided.

Vermont Tax Practitioners Association Meeting (October 20)

The HCA's tax attorney collaborated with the Department of Vermont Health Access's health attorney to present a 2016 ACA Update for CPAs, enrolled agents and unenrolled tax preparers. The presentation covered new issues and developments (2016 VHC open enrollment, Medicaid reviews, Form 1095 procedures for 2016), the small business health care tax credit, IRS

assessment and collection procedure updates, and premium tax credit examples. Following the webinar, the presentation was distributed to the VTPA listserv, making the extensive information available to more than 100 Vermont tax practitioners.

Guen Gifford Advocate Training (October 30)
The HCA presented Open Enrollment and Renewal on Vermont Health Connect, which covered Vermont's health programs, VHC open enrollment, renewal and advance premium tax credits, steps to take before renewing a qualified health plan, VHC payment issues and grace periods and Medicaid renewals.

2015 UVM Income Tax School (November 10-11, November 17-18)
Our tax attorney taught the Affordable Care Act workshop at both the Essex and Killington sessions of the UVM Tax School. The tax school was presented by UVM Extension in cooperation with the IRS, Vermont Department of Taxes, and Vermont Tax Practitioners Association to provide up-to-date information and continuing education credits to Vermont tax professionals.

National Health Law Program (NHeLP) Conference (December 6)
The HCA's tax attorney teamed with an NHeLP staff attorney to present Getting MAGI Right to approximately 75 advocates at the annual NHeLP conference in Washington DC. The presentation covered MAGI FAQs (household rules, what income counts), reconciliation and IRS forms (premium tax credits (PTC), exemptions, penalties), PTC complications (shifting enrollees, allocation, alternative marriage calculation), and IRS collections and due process. The HCA attorney created a handout using case studies to demonstrate the impact of filing status on aspects of the Affordable Care Act.

Annual Low-Income Taxpayer Clinic Grantee Conference (December 8)
The HCA's tax attorney was featured on a panel discussion titled, The Affordable Care Act: Big Issues in the 2015 Filing Season, What Taxpayers Can Expect in 2016 and Advocacy Tips. The panel covered issues including the premium tax credit, individual shared responsibility payment, changing circumstances, filing requirements and forms.