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OFFICE OF THE HEALTH CARE ADVOCATE

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QUARTERLY REPORT

January 1, 2015 – March 31, 2015

to the

Agency of Administration

submitted by

Trinka Kerr, Chief Health Care Advocate

April 20, 2015

NARRATIVE

I. Introduction

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. The HCA also engages in consumer protection activities on behalf of the public before the Green Mountain Care Board, other state agencies and the state legislature.

The full quarterly report for January 1, 2015 - March 31, 2015 includes:

- This Narrative, which contains sections on **Individual Consumer Assistance**, **Consumer Protection Activities** and **Outreach and Education**
- Six data reports, including three based on the caller's insurance status:
 - **All calls/all coverages:** 1,367 calls
 - **Department of Vermont Health Access (DVHA) beneficiaries:** 414 calls or **30%** of total calls
 - **Commercial plan beneficiaries:** 491 calls or **36%**
 - **Uninsured Vermonters:** 149 calls or **11%**
 - **Vermont Health Connect:** 706 calls or **52%** (this data report draws from the All Calls data set above)
 - **Reportable Activities (Summary & Detail):** 241 activities, 46 documents

II. Individual Consumer Assistance

The HCA provides assistance to consumers mainly through our statewide hotline (**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.

The HCA received 1,367 calls¹ this quarter. We divided these calls into five issue categories. The figures below are based on the All Calls data. The percentage and number of calls in each issue category based on the caller's primary issue were as follows:

- **18.37%** (273) about **Access to Care**;
- **13.80%** (210) about **Billing/Coverage**;
- **1.14%** (27) about **Buying Insurance**;
- **14.12%** (216) about **Consumer Education**;
- **34.53%** (381) about **Eligibility** for state programs and Medicare; and
- **18.04%** (260) 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 381 of our cases had eligibility for state health care programs as the primary issue, there were actually a total of 1,325 cases that had some eligibility issue. This is because it is possible to have multiple types of issues in a single case.

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.

See our recommendations to the state at the end of this section on page 12.

A. The HCA’s call volume again hit record high levels.

The HCA again broke its record for the most cases in a single quarter. Last quarter was the previous record holder at 1,224. This quarter we received 1,367, which is a 12% increase. This was directly attributable to a huge increase in Vermont Health Connect calls. More than half of our calls involved issues with VHC. Two other interesting statistics jump out for this quarter:

- The number of callers on commercial plans exceeded the number of callers on DVHA programs for the first time ever.

¹ The term “call” includes cases we get through our website.

- The number of complex cases increased 43% over last quarter. (A complex case is one that takes more than two hours of an advocate’s time to resolve.)

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	n/a
May	200	235	195	207	213	205	253	242	228	324	n/a
June	191	236	254	245	276	250	286	223	240	344	n/a
July	190	183	211	205	225	271	239	255	271	381	n/a
August	214	216	250	152	173	234	276	263	224	342	n/a
September	172	181	167	147	218	310	323	251	256	374	n/a
October	191	225	229	237	216	300	254	341	327	335	n/a
November	168	216	195	192	170	300	251	274	283	306	n/a
December	175	185	198	214	161	289	222	227	340	583	n/a
Total	2200	2583	2560	2604	2616	3077	3209	3105	3257	4526	1367

B. Vermont Health Connect problems continued and increased 51%.

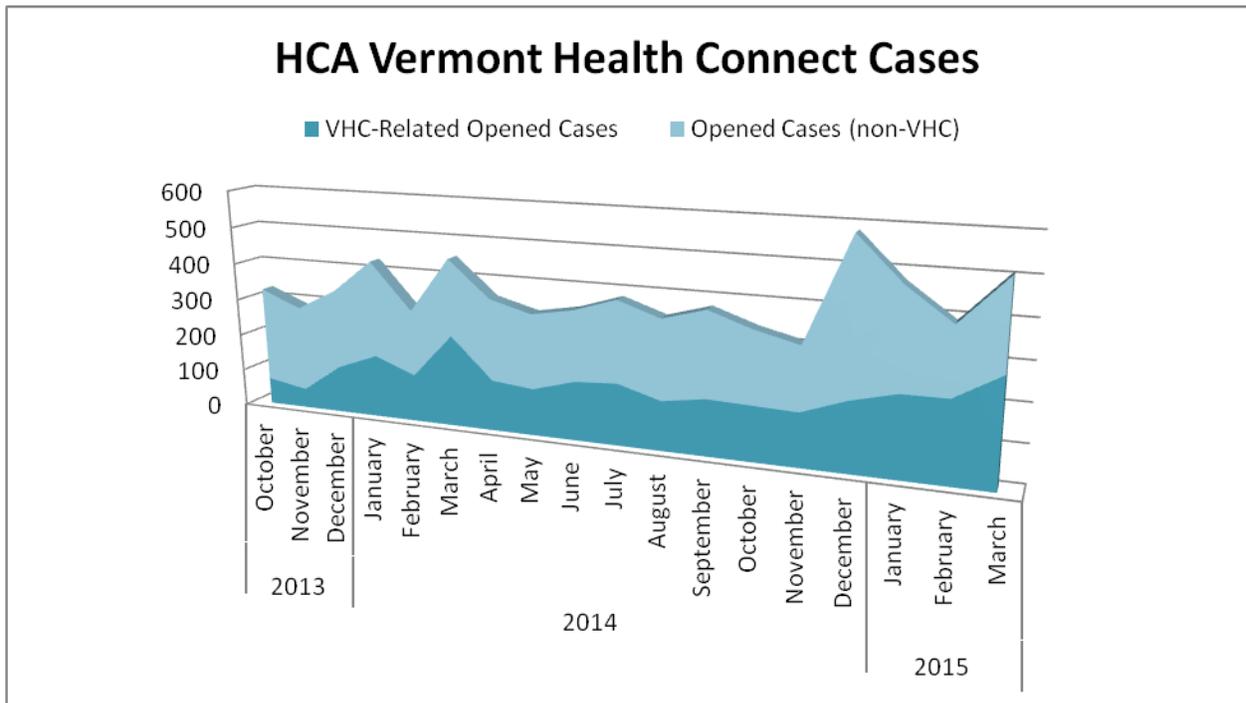
VHC has been plagued with operational problems since it was launched in October 2013, and many of its backend functions are being done manually. As a result, we heard about a tangled web of VHC problems that left consumers without coverage, in financial difficulty, and generally angry. We received 706 calls related to VHC compared to 469 last quarter, a 51% increase. There were a lot of different types of issues involving VHC, but the most problematic areas were: invoice, billing and payment; renewals for 2015 coverage; the implementation of changes in circumstances; and tax-related issues. Of the 706 VHC cases, 131 or 19% involved access to care issues. The HCA worked with VHC to expedite the resolution of access cases.

Here are some examples of the problems we saw:

- Invoice and premium payment problems continued. Renewal delays created uncertainty for consumers because some did not receive invoices for the first three months of 2015. When they received an invoice, they had a short amount of time to pay for several months of coverage all at once. Some consumers tried to pay without an invoice, and had the 2015 payment applied incorrectly to their 2014 account.
- New mistakes occurred during the renewal process, such as miscalculations in income made by counting seasonal income as annual income. Because of these errors, consumers did not

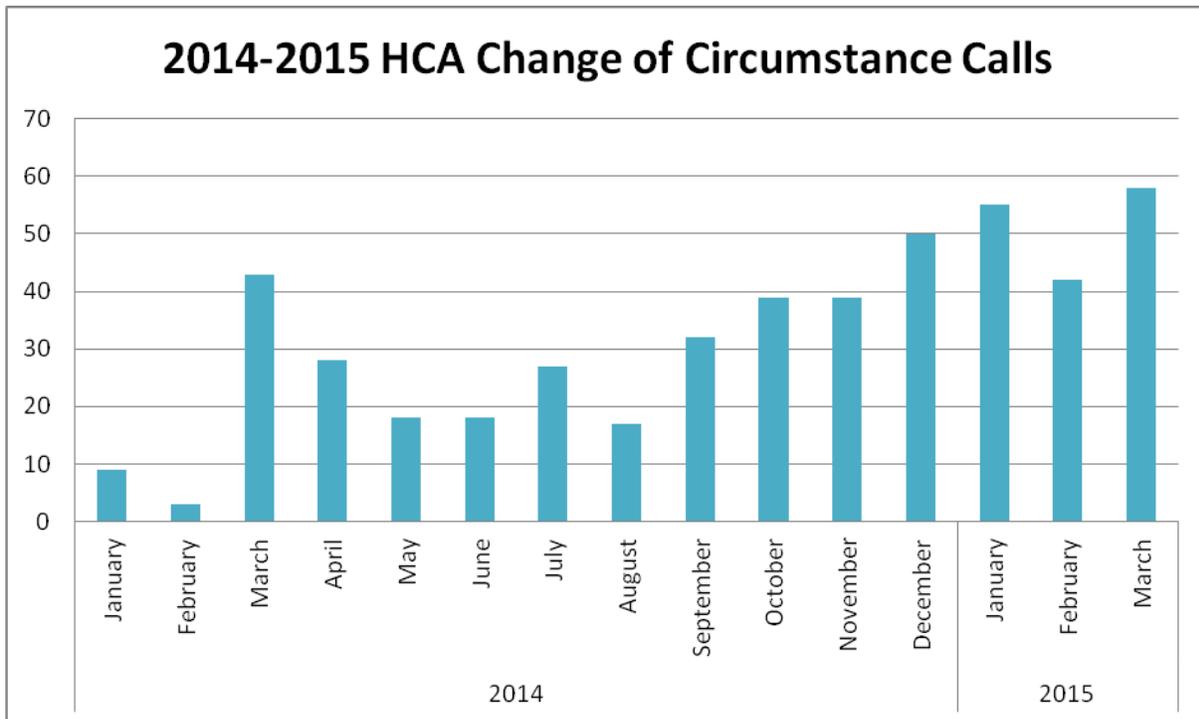
receive enough Advance Premium Tax Credits to help pay for their monthly premiums. Without APTC, they started 2015 unable to pay their premiums.

- Consumers landed in limbo because of delays in the renewal process. We worked with consumers who were left hanging without coverage because of the delays in the renewal process. Some had requested a different plan for 2015. When VHC did not process that change it meant the consumer was renewed onto a plan they no longer wanted or could not afford.
- Changes of Circumstances requested in 2014 that had not been completed caused problems in coverage and payment.
- Consumers whose coverage was terminated in error in 2014 and not reinstated in time for 2015, had trouble getting active coverage at the start of the new year.
- 2014 mistakes in the calculation of Advance Premium Tax Credits. When some consumers did their 2014 taxes they discovered they had received too much APTC in 2014 and owed money to the IRS because of the overpayment. The APTC overpayment was frequently caused because the consumer earned more in 2014 than anticipated. Other times it was caused by a VHC mistake in its APTC calculations, or because VHC had not been able to process a reported change in income in a timely manner. Also, many consumers who owed money on their taxes were still receiving too much APTC for 2015. This meant that this issue had to be resolved very quickly, or they would owe money again next year.



C. Complaints related to Vermont Health Connect’s lack of Change of Circumstance functionality continued, and increased by 27%.

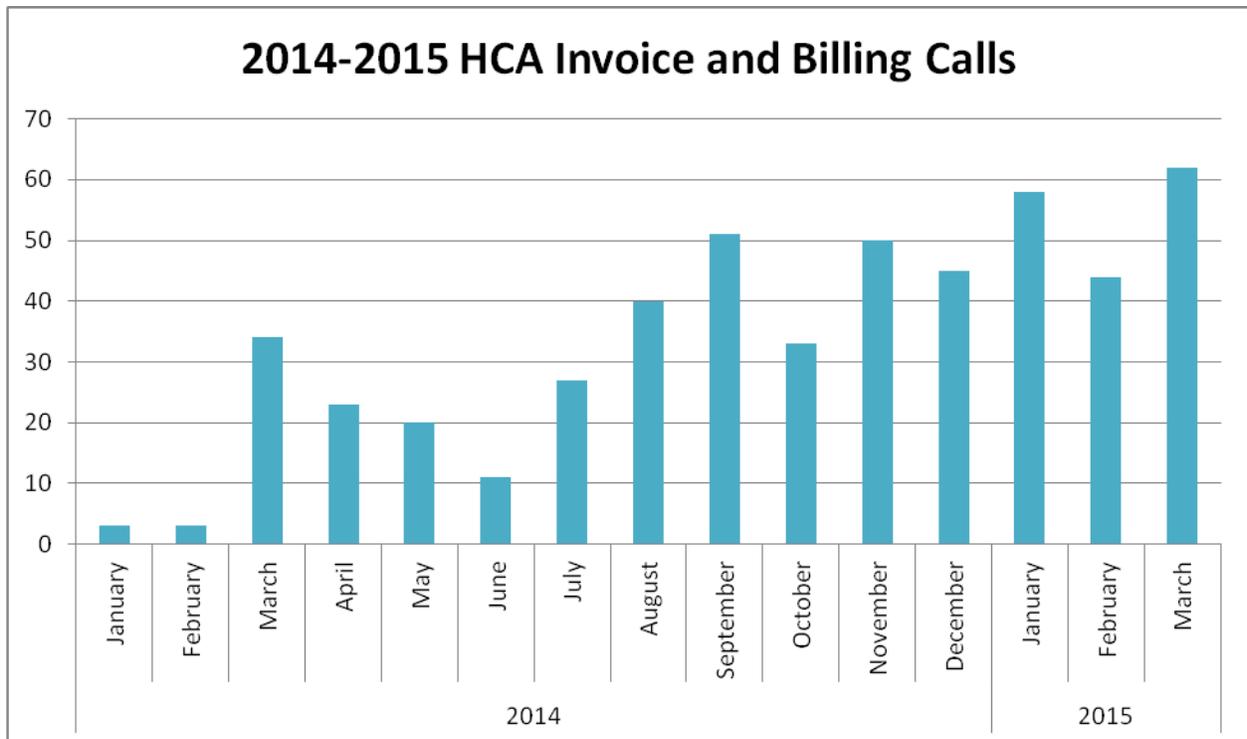
COC cases increased 27% over the previous quarter. The HCA had 155 cases involving COC problems, when we counted both primary and secondary issues. This is up from 122 last quarter, and 75 the previous quarter. This is a known, ongoing problem that has been mentioned in previous reports. We know that VHC is working on it.



D. Vermont Health Connect invoice, billing and premium payment problems increased 34%.

Many consumers who purchased Qualified Health Plan (QHP) from VHC had problems getting the coverage they bought because of invoicing and billing problems. The problems include non-receipt of invoices, multiple invoices in one month, delays in processing, and delays in actually getting correct coverage. Some people reported that they had made payments for months which did not seem to be recorded anywhere. Many of these cases involved problems from 2014 that were not completely resolved.

This quarter we received 164 calls involving invoices, billing and premium processing, compared to 125 last quarter when primary and secondary issues are counted, an increase of 34%.



E. About 27% of the Vermont Health Connect calls were related to tax issues generated by the Affordable Care Act.

For the first time, Americans’ health insurance status over the course of the previous year had serious tax consequences. Of the 706 VHC calls, 192 or 27% had primary issues involving the 2014 tax consequences of the Affordable Care Act. However, that is only 14% of All Calls, which was not as bad as we expected. When we count both primary and secondary issues, 85 calls involved Form 1095-A, 101 calls involved APTC reconciliation, and 59 involved the penalty (Individual Shared Responsibility Payment) for going uninsured for three months or longer. Two individuals were referred to the HCA’s tax attorney for direct representation. HCA advocates provided a significant amount of consumer education to Vermonters who did not understand the ACA’s tax consequences.²

² See also our many other tax-related activities that were not related to individual consumers in the Outreach and Education section beginning on page 18.

F. The top issues generating calls

The listed issues in this section include both primary and secondary issues.

All Calls 1,367 (compared to 1,225 last quarter)

1. VHC complaints 204 calls (compared to 163 last quarter)
2. Information about VHC 197 (168)
3. VHC Invoice/billing Problem 164 (125)
4. VHC Renewals 160 (46)
5. VHC Change of Circumstance 155 (122)
6. VHC Premium Tax Credit eligibility 137 (93)
7. Information about DVHA programs 122 (127)
8. Affordability issue that created an access problem 117 (87)
9. DVHA/VHC Premium billing 103 (68)
10. MAGI Medicaid eligibility 101 (108)
11. Complaints about providers 96 (101)
12. Access to Prescription Drugs 87 (92)
13. Form 1095-A 86 (new code)
14. IRS Reconciliation consumer education 82 (new code)
15. Medicare consumer education 79 (236)

Vermont Health Connect Calls 706 (compared to 469 last quarter)

1. VHC complaints 202 (162)
2. Information about VHC 196 (163)
3. VHC Invoice/Payment/Billing problem 164 (125)
4. VHC Renewals 160 (46)
5. Change of Circumstance 155 (122)
6. Premium Tax Credit Eligibility 136 (91)
7. DVHA/VHC Premium billing 101
8. MAGI Medicaid eligibility 94 (103)
9. Form 1095-A 86 (new code)
10. IRS Reconciliation consumer education 82 (new code)

DVHA Beneficiary Calls 414 (compared to 501 last quarter)

1. Information about DVHA programs 58 (60)
2. Complaints about Providers 57 (61)
3. Affordability 44 (28)
4. Access to Prescription Drugs 42 (47)
5. Problem with Medicaid PBM 42 (new code)
6. Medicaid Billing 41 (33)
7. MAGI Medicaid eligibility 39 (43)
8. Medicare consumer education 23 (146)
9. VHC complaints 22 (27)
10. Information about VHC 21 (33)

Commercial Plan Beneficiary Calls 491 (compared to 308 last quarter)

1. VHC complaints 129 (80)
2. QHP Renewals 123 (33)
3. VHC invoice/payment problem 119 (81)
4. Information about 108 (78)
5. Change of Circumstance 102 (79)
6. Premium Tax Credit eligibility 81 (52)
7. DVHA/VHC premiums billing 78 (42)
8. IRS Reconciliation consumer education 66 (new code)
9. Form 1095-A 62 (new code)
10. VHC website/technology problem 53 (39)

G. Hotline call volume by type of insurance:

The HCA received 1,367 total calls this quarter. Callers had the following insurance status:

- **DVHA program beneficiaries** (Medicaid, VPharm, or both Medicaid and Medicare aka “dual eligibles”) insured **30%** (414 calls), compared to 41% (502) last quarter;
- **Medicare³ 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 **19%** (264), compared to 31% (380) last quarter;
- **Commercial plan beneficiaries** (employer sponsored insurance, small group plans, or individual plans) insured **36%** (491), compared to 25% (308) last quarter; and
- **Uninsured** callers made up **11%** (149) of the calls, compared to 10% (126) last quarter.
- In the remainder of calls insurance status was either unknown or not relevant.

H. Dispositions of closed cases

All Calls

We closed 1,340 cases this quarter, compared to 1,155 last quarter.

- 27% (366 cases) were resolved by brief analysis and advice;
- 29% (390) were resolved by brief analysis and referral;
- 26% (344) of the cases were complex interventions involving complex analysis, usually direct intervention, and more than two hours of an advocate’s time;

³ Because Medicare beneficiaries can also have commercial or DVHA coverage, these Medicare numbers overlap with those figures.

- 14% (191) were resolved by direct intervention, including calling an insurance company, calling providers, writing letters, gathering supporting medical documentation, etc.;
- Just 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: 29 cases involved help with appeals: 5 commercial plan appeals, 22 Fair Hearings, 1 DVHA internal MCO appeals and 1 Medicare appeal. Most of our cases involving VHC and DVHA problems are resolved without using the formal appeals process.

DVHA Beneficiary Calls

We closed 395 DVHA cases this quarter, compared to 500 last quarter.

- 31% (122 cases) were resolved by brief analysis and advice;
- 30% (119) were resolved by brief analysis and referral;
- 21% (81) were considered complex intervention, which involves complex analysis, usually direct intervention, and more than two hours of an advocate's time;
- 16% (65) were resolved by direct intervention on the caller's behalf, including advocacy with DVHA and providers, writing letters, and gathering medical information;
- No DVHA cases were 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: 22 Fair Hearings, no Expedited Fair Hearings, and 1 internal MCO appeal.

Commercial Plan Beneficiary Calls

We closed 488 cases involving individuals on commercial plans, compared to 253 last quarter.

- 25% (124 cases) were resolved by brief analysis and advice;
- 19% (94) were resolved by brief analysis and referral;
- 35% (172) were considered complex intervention, which involves complex analysis, usually direct intervention, and more than two hours of an advocate's time (this measure increased by 20% over last quarter);
- 17% (83) 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 commercial plan beneficiaries were resolved in the initial call.
- In the remaining cases clients withdrew, resolved the issue on their own, or had some other outcome.
- Appeals: 5 cases involved appeals.

I. Case outcomes

All Calls

The HCA helped 116 people get enrolled in insurance plans and prevented 6 insurance terminations or reductions. We obtained coverage for services for 59 people. We got 44 claims paid, written off or reimbursed. We helped 7 people complete applications and estimated VHC insurance program eligibility for 20 more. We provided other billing assistance to 57 individuals. We obtained hospital patient assistance for 2 people. We provided 717 individuals with advice and education. We obtained other access or eligibility outcomes for 135 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 \$219,054** in cases opened this quarter. So far in SFY 2015, we have saved Vermonters **\$518,776.76**.

J. Case examples

Here are a few examples of the problems we helped Vermonters resolve this quarter:

1. 90 year old woman denied premium subsidies. Ms. A called the HCA because she could not afford her monthly premiums, which were 20 percent of her monthly income. Although she was 90 years old, she was not eligible for Medicare or Medicaid. She had purchased insurance on VHC, and been found ineligible for any subsidies, so she was struggling to make the monthly payments. The advocate reviewed her case with VHC. To qualify for federal subsidies, a VHC applicant must agree to file federal taxes. Ms. A's income was so low that it did not meet the tax filing threshold, and she had originally told VHC that she did not plan to file a return (because she hadn't had to do so in years past). Because of this, VHC denied her application for subsidies. When she explained to VHC that she would file a tax return now that she understood its importance, VHC told her it was too late. The HCA advocate intervened and VHC approved Ms. A for APTC, which reduced the cost of her monthly premium by almost 80 percent.
2. Two cent payment error caused a series of problems. When Mr. B went to file his 2014 tax return, he discovered he had not yet received a necessary form, Form 1095-A, from VHC. He called the HCA. His advocate helped him get the form. However, when she reviewed it, she saw that it said that Mr. B had only paid his premiums through November 2014. Mr. B did not understand this because he had sent in twelve premium payments to VHC, and was sure he was paid through December. The advocate studied the payment history, and discovered that one of the premium payments was too low by

two cents. This had caused VHC records to show that Mr. B was not completely paid up for the whole year. The advocate directed Mr. B to send in the payment for two cents. When VHC received the payment, however, it applied it to 2015 coverage instead of 2014 coverage. This meant that it still looked like Mr. B had not paid all his premiums for 2014. The advocate got VHC to move the two cent payment to 2014. Once the payment was correctly applied, VHC sent him a corrected 1095-A that showed that he had made all his premium payments, and Mr. B was able to file his return.

3. Investigation into one VHC mistake leads to the discovery of another. Ms. C contacted the HCA when her medical providers threatened to send her bills to collections because they had not been paid. With much difficulty, Ms. C had paid her Qualified Health Plan premiums for over six months. When the HCA advocate investigated why the bills were not being paid, she learned that Ms. C's QHP had never been activated. The advocate also figured out that VHC had made a mistake in calculating Ms. C's income. When the income was calculated correctly, Ms. C and her family were eligible for Medicaid. The advocate requested that VHC put the family on Medicaid retroactive to the original application, which it did. This meant that Ms. C's providers could be paid by submitting the outstanding bills to Medicaid. She also received a \$1,600 refund for the premiums she had paid for the QHP coverage she never had.
4. There can be multiple barriers to transportation to medical care. Mr. D, who was 89 years old, needed transportation to a medical appointment. He had requested a ride from Medicaid, but Medicaid had denied the request because it said that Mr. D could get a ride from his son. Mr. D called the HCA for help. His advocate investigated and learned that the son's car was inoperable. She got a report from a mechanic to show that the car was not in working order. She then helped Mr. D submit a new transportation request to Medicaid with this evidence. Mr. D then faced a new obstacle: the driver wanted to pick him up at the end of his driveway because it was mud season. The driveway was nearly a half mile long, a distance that the elderly Mr. D could not walk. So, the advocate requested that the Medicaid driver pick Mr. D up at his house. The advocate provided evidence that the driveway was passable, despite it being mud season. Medicaid approved the ride, and specified that Mr. D had to be picked up at his house. Mr. C was able to make it to his appointment.
5. Insurance carrier denied coverage for treatment of a serious illness. Mr. E needed treatment for a life-threatening condition, which his insurance carrier denied. The insurer said the treatment was experimental and unproven for this particular condition.

Mr. E's providers believed this treatment was Mr. E's best, possibly only, hope. After Mr. E lost his first level internal appeal, he contacted the HCA. The HCA advocate helped Mr. E with a second level internal appeal. After he lost that one, too, the advocate helped him file for external review. The advocate provided guidance on what evidence should be submitted, and how, to the independent review organization. The IRO decided that the treatment had been studied and shown to be effective for Mr. E's condition, and as a result the insurance carrier must cover it. The cost of this treatment was approximately \$175,000.

K. Recommendations to Vermont Health Connect

This has been a very difficult period for many people dealing with VHC. As evidenced by this report, the problems we are seeing are increasing, and not yet diminishing. We do, however, appreciate all the efforts that VHC has made to ease the problems for consumers while waiting for the exchange's functionality to be improved, which we all hope will happen by the end of May. VHC has continued to work with us and set up systems to resolve our clients' problems. Our first two recommendations are repeats of earlier recommendations because the problems remain. We realize that VHC is well aware of these issues, so we're not detailing the problems here.

- 1. Improve the Vermont Health Connect invoice and billing system.*
- 2. Make the change of circumstance functionality operational as soon as possible.*
- 3. Keep working to improve quality control on manual operations.*

We continue to see VHC errors compounded by other errors.

- 4. Reinstate high level stakeholder consumer experience meetings to keep everyone up to date on VHC's efforts and to elicit specific suggestions for improved customer service.*

We have not had a regular monthly meeting with VHC leadership, the carriers, navigators and the HCA since February. As we approach the long hoped-for deployment of change of circumstance functionality and more complete reconciliation of payments between VHC and the carriers, it would be beneficial to all if we could have regular discussions about what is happening and what to expect. And, if the changes do not happen as planned at the end of May, it will be even more important for all the stakeholders to know what is going on in order to help consumers. Open and ongoing communication among the stakeholders is a critical factor in the resolution of consumer problems.

III. Consumer protection activities

A. Rate review work

Five new rate review cases were filed with the Green Mountain Care Board in this quarter. The HCA entered Notices of Appearance in all five of these cases. None of the cases was ready for hearing during the quarter.

The Department of Vermont Health Access and the Board have developed a schedule for the rate review hearings for plans offered on Vermont Health Connect in 2016. The carriers are expected to file their requests for rates on May 15, 2015, and the Board will issue a decision by August 13, 2015. The HCA will work with Donna Novak of NovaRest, Inc. as its independent actuary to review the filings, propose questions for the carriers, and present testimony at the hearings which are currently scheduled for the end of July.

B. Certificate of Need Applications

The HCA continues to monitor the Green Mountain Care Board's Certificate of Need (CON) examinations. This quarter, we participated in several CON processes as an interested party. In January, we submitted questions to the Board for Northwestern Medical Center regarding its inpatient bed renovation CON application (GMCB-022-14con). Our questions focused largely on the benefits it expects to gain from the renovations and whether its plans will efficiently utilize available space. Also in January, we received a call from a Vermont citizen regarding Copley Hospital's surgical suite renovation project which is currently under CON review (GMCB-015-13con). The citizen expressed concern about the fact that Copley recently dismissed the last of its general surgeons in favor of using locum tenens physicians. We subsequently submitted an additional question to the Board for Copley Hospital asking the hospital to explain its rationale behind this staffing change.

In February, we provided written and oral testimony for the Attuned Eating and Living Centers CON hearing (GMCB- 013-14con). Our testimony outlined our concerns with the project which included the lack of evidence demonstrating the effectiveness of the proposed treatment model, the lack of evidence on the cost-effectiveness of the proposed project, the adverse impact the project could have on existing health care facilities in Vermont, and the lack of significant benefit to Vermont residents likely to arise from the project.

In March, the HCA participated in a meeting with the University of Vermont Medical Center (UVMC) and the Board's hearing officer to discuss UVMC's proposed inpatient bed renovation CON project (GMCB 21-14con). We also provided information to a Vermont consumer assistance organization on how to apply for "interested party" status as a part of the CON

review process. We also reviewed the updated report on the Soteria mental health treatment program CON (GMCB-005-13con).

C. Other Green Mountain Care Board activities

The HCA is active in the Board's regulatory responsibilities beyond our regular rate review and CON work. This quarter, the HCA monitored proposed legislative changes to the Board's duties. In addition, we submitted two sets of formal public comments to the Board, one on the state's proposed changes to the Vermont health insurance exchange's qualified health plan designs and a second on our office's position on the administration's health policy proposal. Further, in the last quarter we met with the Board's chair, attended weekly Board meetings, met with the Board's staff to discuss current health care legislation proposals and other consumer protection priorities, attended the Board's Advisory Committee meeting, and attended the Board's monthly Data Governance Committee meetings. We also attended two extra board meetings on hospitals budgets, one comparing the previous year's approved hospital budgets to the actual numbers, and one discussing the upcoming hospital budget review and Board guidance to hospitals.

D. Vermont Health Care Innovation Project

The HCA continues to participate in the Vermont Health Care Innovation Project (VHCIP), which is funded by Vermont's State Innovation Model (SIM) grant. This quarter we:

- Participated in 1 meeting as a member of the VHCIP Steering Committee
- Participated, along with representatives from other projects of Vermont Legal Aid, as "active members" in six of the seven VHCIP work groups:
 - Payment Models Work Group
 - Quality and Performance Measures Work Group
 - Population Health Work Group
 - Care Models and Care Management Work Group
 - Disability and Long Term Services and Supports Work Group
 - Health Information Exchange/Health Information Technology Work Group
- Attended 10 VHCIP work group meetings
- Attended 3 meetings of the VHCIP Core Team as an interested party
- Gave a formal interview to provide the HCA's perspective on Vermont's Health Information Technology Plan in preparation for an upcoming rewrite of the plan

E. Affordable Care Act Tax-related Activities

The federal Affordable Care Act made tax law newly important to effective health advocacy. It imported tax concepts into Medicaid, created a new federal tax credit to subsidize private health insurance purchased through health benefit exchanges, and created a tax penalty for failure to have insurance coverage. In October 2014, the HCA partnered with the Low Income

Taxpayer Project at Vermont Legal Aid to engage in education, outreach, and advocacy relating to the Affordable Care Act. This partnership continued during the reporting period.

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 legal developments and educate our staff to effectively field calls related to the ACA and Vermont Health Connect. In addition, the tax attorney consulted with HCA advocates when particularly difficult tax issues arose in HCA cases.

Through the tax attorney alone, the HCA answered more than 100 tax-related questions from VHC, tax preparers, health assisters, advocates in other states, Congressional caseworkers, and from Vermont consumers. This quarter, many of the questions involved Form 1095-A, the Premium Tax Credit eligibility rules, or the Individual Shared Responsibility Payment. A significant number of consumers did not understand how Advance Premium Tax Credits (APTC) worked when they applied last year. Some consumers and assisters erroneously believed that there were exemptions from the reconciliation process, particularly for errors made by VHC. 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.

We alerted the IRS Taxpayer Advocate Service to hardships facing Vermonters due to APTC reconciliation. In particular, we reported that VHC's lack of functionality in 2014 caused many consumers to receive excess APTC through no fault of their own. We suggested that IRS should compromise the resulting tax debt if the consumer was not at fault and cannot afford to repay the debt.

HCA also had meetings and other communications with VHC regarding substantive issues that arose such as APTC overlap with non-QHP health insurance coverage. The HCA's tax attorney presented at three VHC cross training events for health and tax assisters. We provided case examples and scenarios to VHC for use in trainings. We commented on VHC outreach and educational materials. We also commented on proposed revisions to DCF's Health Benefits Eligibility and Enrollment Rule, which implements the Affordable Care Act in Vermont.

F. Other Activities

Policy Paper on Health Literacy and Plain Language

This quarter we completed policy paper entitled Health Literacy and Plain Language. All of the HCA's policy papers are available on the Health Care Policy page on our website: <http://www.vtlawhelp.org/health-care-policy>.

Other Boards, Task Forces, and Work Groups

The HCA participated in:

- 3 Medicaid and Exchange Advisory Board (MEAB) meetings

- 2 MEAB Improving Access Work Group meetings (a subgroup of the MEAB which works on improving access to Medicaid services, which the Chief Health Care Advocate Chairs)
- 2 MEAB Individuals and Families Work Group meetings
- 2 VHC Consumer Experience Work Group meetings
- 3 VHC Customer Support meetings with Maximus, VHC, DVHA and HAEU

Legislative Activities

This quarter the HCA actively advocated for the following legislative initiatives:

- An act relating to notification of individuals placed in hospital observation status
- An act relating to establishing and regulating dental therapists
- An act relating to surrogate decision making for do-not-resuscitate orders and clinician orders for life-sustaining treatment
- An act relating to supporting health care initiatives and establishing payroll and sugar-sweetened beverage taxes

Additionally, HCA staff consistently monitored the activities of legislative committees that took up issues related to health care and health reform.

This quarter, HCA staff:

- Testified before legislative committees 10 times
- Submitted 5 sets of written comments/testimony
- Met informally with legislators about legislative initiatives
- Regularly met and collaborated with other advocates on legislative initiatives, including participation in the Surrogate Decision Making working group and the Oral Health Care for All legislative team
- Conducted an educational presentation for the House Ways & Means Committee, explaining the Advance Premium Tax Credit reconciliation process and the tax issues that VHC consumers may encounter during the filing season.
- Attended:
 - 1 meeting of the Health Reform Oversight Committee
 - 3 meetings of the General Assembly
 - 1 meeting of the House Committee on Appropriations
 - 1 joint meeting of the House Committees on Appropriations and Health Care
 - 42 meetings of the House Committee on Health Care
 - 2 meetings of the House Committee on Human Services
 - 19 meetings of the House Committee on Ways and Means
 - 1 meeting of the Senate Committee on Appropriations
 - 20 meetings of the Senate Committee on Finance
 - 5 meetings of the Senate Committee on Government Operations
 - 10 meetings of the Senate Committee on Health and Welfare
 - 2 joint meetings of the Senate Committee on Health and Welfare and the House Committee on Health Care

Administrative Advocacy

This quarter, the HCA:

- Submitted formal comments on VHC regulations
- Submitted 4 sets of formal comments on VHC notices
- Submitted 7 sets of complaints and suggestions about VHC operations
- Participated in weekly 1095-A check-in phone calls
- Attended a 1095-A press round table
- Met and corresponded with SHIP and DVHA about improving the VPharm annual notice
- Signed on to a letter to congress in support of funding for CHIP with First Focus and numerous other organizations
- Corresponded with DVHA about work products related to the MEAB Improving Access work group

Collaboration with other organizations

The HCA worked with the following organizations this quarter:

- AARP Vermont
- American Cancer Society of Vermont
- American Heart Association Vermont Chapter
- American Civil Liberties Union (ACLU)
- Alliance for a Healthier Vermont
- Bi-State Primary Care Association
- Community Catalyst
- Community of Vermont Elders
- Disability Rights Vermont
- Families USA
- Iowa Legal Aid
- Main Street Alliance
- National Health Law Program
- Peoples Health and Wellness Clinic
- Planned Parenthood of Northern New England
- Springfield Area Public Access Television
- University of Vermont Medical Center
- Valley Health Connections
- Vermont Association of Hospitals and Health Systems
- Vermont Oral Health Care for All Coalition
- Vermont Campaign for Health Care Security
- Vermont Dental Hygienists' Association
- Vermont Health Connect
- Vermont Low Income Advocacy Council (VLIAC)
- Vermont National Education Association (NEA)
- Vermont Public Interest Research Group
- Vermont Technical College

- Voices for Vermont’s Children

Trainings

- Vermont Health Information Technology Plan webinar
- National Consumer Law Center webinar: Medical debt – Overview of New IRS Regulations and Industry Best Practices
- Community Catalyst webinar: Meaningful Engagement in Community Health Needs Assessments
- Community Catalyst webinar: Final IRS Rules for Tax-Exempt Hospitals

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 150 pages of consumer-focused health information maintained by the HCA. Since the launch of Vermont Health Connect, we have worked diligently to keep the site updated in order to provide the latest and most accurate information to Vermont consumers.

Google Analytics statistics show that:

- The total number of health pageviews increased by 131% in the reporting quarter ending March 31, 2015 (6,320 pageviews), compared with the same quarter in 2014 (2,732 pageviews).
- The number of people seeking information about [dental services](#) increased by 961%. (191 pageviews this quarter, compared with 18 in the same period last year)
- A significant part of the overall increase in the number of health pageviews can be attributed to new pages that did not exist last year. Many of these pages were developed as part of the education and outreach effort to better inform consumers about the tax implications of the Affordable Care Act, as described in Section III.E. of this report. These pages include:
 - [Health Insurance, Taxes and You](#) (359 pageviews)
 - [ACA for Assisters](#) (217 pageviews)
 - Several news items that we posted to keep the information readily visible to site visitors.
- There was a sharp uptick in the number of people seeking information about [Medicaid income limits](#) (1,404 pageviews this quarter, compared with 89 in the same quarter in 2014, an increase of 2,280%). Since the number of Vermont Law Help visitors to other pages providing information about Medicaid showed much more modest gains, we believe that search engines are delivering this page as a top source of information about Medicaid income limits.

24 Out of 50 PDF Downloads Were on Health Care Topics

Health-related PDFs accounted for 336 out of 1,140 PDFs that were downloaded from the Vermont Law Help website during this quarter. The majority of these were related to the Affordable Care Act, shown in italics below.

- *Premium Tax Credit - Marriage, Separation and Divorce 12-8-14.pdf* (61)
- *Form 1095-A FINAL 1-27-15.pdf* (40)
- *Low-Income Taxpayers and the Affordable Care Act Nov-2014.pdf* (32)
- *Tax Issues for Health Assistants Form 8965 example.pdf* (29)
- *MAGI 2.0 (it's complicated) 12-8-14 Final.pdf* (21)
- *Advance Directive Short Form.pdf* (17)
- *No Health Insurance (flyer) FINAL 1-21-15.pdf* (15)
- *APTC Reconciliation (flyer) FINAL 1-21-15.pdf* (14)
- *Tax Issues for Health Assistants 1095-A example John.pdf* (14)
- *Catamount or VHAP to Medicaid.pdf* (10)
- *Tax Issues for Health Assistants 1-27-15.pdf* (10)
- *Affordable Care Act - 2014 Tax Returns and Beyond.pdf* (9)
- *APTC Reconciliation Examples (Updated).pdf* (9)
- *HCA Tax Training (PowerPoint) 10-22-14.pdf* (9)
- *Tax Issues for Health Assistants Hardship Exemption Application.pdf* (7)
- *Tax Issues for Health Assistants ISRP Form 8965 instructions.pdf* (7)
- *Vermont Dental Clinics Chart - 2013.pdf* (6)
- *Advance Directive For Health Care Long Form.pdf* (5)
- *The Health Care Assister Guide to Tax Rules.pdf* (5)
- *Vermont Medicaid Coverage Exception Request - 10 Standards and Provider Request Form.pdf* (4)
- *ACA and Federal Income Tax Filing Requirements 2-24-15 (slide deck).pdf* (3)
- *Form 8965 example 2-24-15 presentation.pdf* (3)
- *HCA Comments to GMCB on Hospital Budget Review 09.03.14.pdf* (3)
- *Health Literacy and Plain Language Jan 2015 posted 1-21-15.pdf* (3)

B. Education

During this quarter, the HCA provided education materials, presentations, and public services announcements both directly to consumers and to individuals and organizations who serve populations that may benefit from the information and education provided.

Flyers, Letter Templates, Other Printed Material

In January, we created three flyers to inform consumers about important new tax implications of health care reform. The first flyer encouraged those who did not have insurance to apply during open enrollment and provided a clear chart showing the steep increases in penalties for not having health insurance in 2015. The second flyer explained IRS Form 1095-A and what

consumers should do if they don't receive a form or if it has incorrect information. The third flyer explained why consumers who received APTCs should file a tax return and what would happen if they were paid too much or too little APTC. Electronic versions of the flyers were emailed to more than 150 partners and assisters; almost 500 print copies of each flyer were distributed to organizations and partners for redistribution to consumers; and the flyers were available to download and print from our website.

In February the American Bar Association (ABA) published the 6th edition of its manual, *Effectively Representing Your Client Before the IRS*, which includes a chapter on the Affordable Care Act co-authored by the HCA tax attorney. It builds on the policy paper that HCA originally published on our public website in January 2014. The chapter outlines the main components of the ACA that are relevant to low-income taxpayers and provides practice tips and information about important ACA tax issues such as Individual Shared Responsibility Payments and Premium Tax Credits. A free copy of the manual was furnished by the ABA to the 132 Low Income Taxpayer Clinics nationwide, giving more than 1,300 advocates access to the information to use when assisting clients.

We developed template advice letters for clients on issues including how individuals having to repay Advance Premium Tax Credits can claim IRS penalty relief. The materials we developed for advocates have been shared with health and tax advocates in Vermont and nationwide.

In collaboration with the Champlain Valley Agency on Aging, the HCA created a handout to inform seniors and people with disabilities about Moving from Vermont Health Connect to Medicare. (January)

The HCA created a VPharm fact sheet to accompany notices the state sends to VPharm recipients. The fact sheet explains about eligibility and costs of VPharm, as well as benefits. (February)

This quarter the HCA also provided brochures to Planned Parenthood of Northern New England (January) and Champlain Valley Office of Economic Opportunity (February).

Public Service Announcements

We collaborated with Valley Health Connections to record two Public Service Announcements (PSAs) on Springfield Area Public Access Television to help the public prepare for the tax filing season. The first PSA explained what everyone needs to know about health insurance and taxes. It focused on the individual shared responsibility provision. The second PSA was aimed and individuals who had a QHP through VHC. It explained the APTC reconciliation process. Both PSAs were posted to a statewide network of 26 public access stations.

We collaborated with VHC staff in several outreach and educational efforts this quarter. The HCA had two tax outreach planning meetings with VHC outreach staff, and was in frequent communication with VHC regarding tax outreach events and materials.

Presentations

During this quarter, the HCA provided education to more than 400 individuals who serve populations that may benefit from the information and education provided.

VocRehab Vermont (January 8)

The HCA presented via teleconference to inform 9 VocRehab Vermont staff members about what the HCA advocacy team does and the kinds of cases that VocRehab Vermont can refer to us for help. We also provided HCA brochures for staff use and distribution to clients. With more than 120 staff members statewide, VocRehab Vermont services over 8,000 clients with disabilities each year.

VHC Cross Training Events for Tax and Health Assistants (January 12, 13, and 14)

The HCA presented at three VHC events designed to prepare health and tax assistants to help consumers with ACA issues during the tax filing season. Topics included basic tax season information for health assistants, resource and referral information, and VHC procedures. There were 19 total attendees.

VHC Webinar for Health Assistants (January 27)

The HCA presented a webinar on tax filing season issues to 24 health assistants. The webinar was organized by VHC and posted to the VHC assistant website. The presentation covered basic IRS procedures, 1095-A issues, tax filing resources for consumers, and referral information.

Low Income Taxpayer Clinics (LITC) Networking Group (February 3)

The HCA presented ACA Filing Season Issues to 15 tax attorneys at other legal services organizations around the country at a meeting of the Low Income Taxpayer Clinics (LITC) networking group. The presentation discussed ACA tax issues likely to surface this filing season, and gave examples of cases already received by the HCA.

Bi-State Primary Care Association Navigator Peer to Peer Meeting (February 18)

The HCA co-authored an advanced presentation on Taxable Income and MAGI with an assistant from the Bi-State Primary Care Association. The webinar was presented by the Bi-State assistant to approximately 20 other health assistants. HCA's tax expert participated in the webinar to answer tax questions from attendees, and recruited an experienced Enrolled Agent to answer questions as well. The presentation covered advanced topics and frequently asked questions regarding taxable income, household income, and MAGI, and provided links to helpful resources.

University of Vermont Social Work Class (February 18)

The HCA presented about the HCA to the UVM class, Biosociopolitical Issues in Social Work, to 31 students, many of whom have field placements doing social work with various local agencies. We also provided HCA brochures for staff use and distribution to clients.

National Health Law Program (NHeLP) Webinar (February 24)

The HCA's tax expert presented The ACA and Federal Income Tax Filing Requirements to 176 legal services health law attorneys nationwide in a webinar sponsored by the National Health Law Program. The presentation emphasized ACA issues that consumers will encounter during the tax filing season. Topics included tax filing mechanics related to the Premium Tax Credit and the ACA penalty, IRS assessment and collection issues, IRS and HHS procedures, tax help available for consumers, and advocacy areas. The presentation was recorded and posted on the NHeLP and VT Law Help public websites.

Vermont Workers' Center (February 25)

The HCA met with a staff member from Vermont Workers' Center on February 25 to inform about what the HCA does and the kinds of cases the VWC can refer to HCA. We also provided HCA brochures for staff use and distribution to clients.