

Office of the Health Care Advocate



SFY 2019 Annual Report

July 1, 2018 – June 30, 2019

CHIEF HEALTH CARE ADVOCATE

Michael Fisher (mfisher@vtlegalaid.org)

STAFF ATTORNEYS

Kaili Kuiper | Eric Schultheis | Marjorie Stinchcombe

HEALTH CARE ADVOCATES

Kate Bailey | Emily Bens | Annalee Beaulieu | Alicia Roderigue
Mark Hengstler | Laurie Larson | Olivia Sharrow

COMMUNICATIONS COORDINATOR

Amelia Schlossberg

POLICY ANALYST

Julia Shaw

A Special Project of



TABLE OF CONTENTS

Introduction	1
Case Examples	2
Quality Assurance and Consumer Satisfaction	5
Consumer Assistance	7
Public Advocacy	7
Key Projects	8
Consumer Assistance	10
Description of Caseload	10
<i>Access to Care</i>	12
<i>Billing and Coverage</i>	13
<i>Eligibility</i>	14
<i>Vermont Health Connect Calls</i>	16
<i>Resolution of Calls</i>	167
<i>Geographic Distribution of Calls</i>	18
Public Advocacy	18
Coordination	19
Health Website	20
Health Care Advocate Statutory Duties	24

Introduction

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

Every day we talk to Vermonters who can't afford to pay their monthly health care premium, can't find a doctor, or who are unable to pick up their prescription. Vermonters often feel overwhelmed by an unresponsive and unaffordable system. The HCA is working to make that system less overwhelming and more affordable for Vermonters by providing individual consumer assistance to thousands of Vermont families each year. The HCA worked on over 3,591 cases this year, helping consumers navigate an increasingly complicated field.

In SFY2019, the HCA engaged in a broad range of access to care projects with the goal of making health care more available and accessible for all Vermonters. We partnered with Vermont Health Connect to provide feedback on its new consolidated Health Care application. We also did significant outreach to help consumers understand their health care options during Open Enrollment and did additional outreach during tax season to help make sure consumers understood their Premium Tax Credit eligibility.

We also focused on making sure that Vermonters are aware that Hospital Patient Financial Assistance can help reduce health care costs. We continued working with hospitals to make their policies and applications more accessible and understandable, which is ongoing work. We also maintained an active presence in the media to make sure Vermonters know about our services.

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

Finally, the lack of a clear standard for measuring affordability continues to be a challenge for policy makers and Vermont families alike. This year, the HCA engaged in the process of quantifying the health care affordability crisis. This work will be helpful to policy makers as they seek to understand the challenges that Vermonters are facing.

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

Testimonial from a Vermonter

From a Client Satisfaction Questionnaire

Incredibly thankful for this helpful service. Vermont Legal Aid is the best! Very appreciative of the help and consistent assistance I received. Always felt respected . . . I am so thankful that someone helped me solve an issue I was unable to on my own. No improvements needed!

Case Examples

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

Richard's Story

Richard went to the pharmacy to pick up his inhaler, and found out that he no longer had VPharm, the state pharmacy assistance program that helps reduce Medicare Part D out-of-pocket costs. If you are enrolled on VPharm 1, your copayments are generally \$1 to \$2. Without VPharm, the copayment for Richard's rescue inhaler was nearly \$25, and he could not afford that cost. When the HCA advocate looked into what had happened to Richard's VPharm coverage, she found that it had been closed. He had gotten a notice about the closure, but the notice did not clearly identify what program was closing, nor why and when it was closing, so Richard didn't understand that his coverage would be dropped. The HCA advocate asked for reinstatement because of the inadequate notice. She also learned that the closure was triggered by the fact that Richard had not done his annual renewal. After the coverage was reinstated, the HCA advocate helped Richard complete the annual renewal application, and Richard was able to go back to the pharmacy and pick up his inhaler for \$2.

Nora's Story

After taking her son, Will, to the pediatrician, Nora went to the pharmacy to pick up the newly-prescribed medications. At the pharmacy, she found out that Will's Dr. Dynasaur was not active, which meant that she had to pay \$180 for three prescriptions. The cost was more than she could afford, but she paid it. When the HCA advocate took the case, she called VHC to find out why the coverage was not active. Will's family was income-eligible for Dr. Dynasaur and the family had not been sent any closure notices. The advocate found out that there was a discrepancy about Will's birthdate. The system had two different birth dates for Will, and this had caused the coverage to close without generating a notice. The HCA advocate verified Will's correct birthdate and the coverage was immediately reinstated. Nora was able to return to the pharmacy, have the prescriptions re-billed to Medicaid, and was refunded the \$180.

Alina's Story

Alina called the HCA because she found herself without Medicaid coverage. She had been on a special type of Medicaid while she was getting treatment for breast cancer, which she had recently finished. This type of Medicaid covers eligible Vermonters who are getting treatment for breast cancer or cervical cancer. Because she was no longer in need of treatment, she was no longer eligible for that type of Medicaid. When the HCA advocate investigated, she found that VHC had not sent Alina the required closure notice for Medicaid. Before a Medicaid beneficiary's coverage is closed, they need to be sent a notice explaining the reason why and giving the date of closure. The

HCA advocate asked for reinstatement for failure to send the notice, and VHC reinstated the coverage. This allowed Alina time to fill out an application for health care programs, so she could be screened for other programs now that her eligibility for Medicaid had ended.

Cora's Story

Cora was desperate when she called the HCA. She had cancelled two doctor's appointments and was not able to pick up four prescriptions because her new health plan on VHC was not active. She had signed up for a new health plan on VHC for January, and sent her payment at the end of December, but because her first payment had been sent towards the end of the month, it meant that Cora's coverage was not active on the first day of the month. Cora had called VHC to request that her case be expedited, but her coverage was still not active. When the advocate intervened, she found that Cora's request that her case be expedited had not yet been communicated to the right team at VHC. The advocate submitted another request that the coverage be expedited, and also contacted the carrier which worked to speed up the process. Once the coverage was activated, the advocate contacted the pharmacy, which was able to fill the prescriptions immediately. Cora picked up the prescriptions and was able to re-schedule her doctor's appointments.

Annette's Story

When Annette turned 65, she had not signed up for Medicare. She did not qualify for free Part A and did not believe she could afford it. She called the HCA to see if there were any affordable health care options for her. The advocate explained that Annette qualified for Medicaid, as well as a Medicare Savings Program (MSP). If she was on an MSP, the State of Vermont would pay for her Medicare Part A & B premiums, and the Medicare cost-sharing. The state could also sign her up outside of the general Medicare enrollment times, which meant she could get on right away instead of waiting about six months for Part B coverage to start. The advocate helped her fill out the application for an MSP and Medicaid. The State approved her for both programs. By being on an MSP and Medicaid, she also qualified for what is called Low Income Subsidy (LIS). This federal program helps pay for Part D prescription drug coverage. It meant that Annette was able to sign up for a Part D plan, and LIS would cover the monthly premium. The result was that Annette was fully covered on Medicare, with programs to help cover the cost-sharing for Medicare Part A, B, & D.

Shannon's Story

Shannon called because she and her new husband had received closure notices from Medicaid regarding their Medicaid for the Aged, Blind and Disabled (MABD) from which they each received monthly disability payments. They had just gotten married and did not realize that when they married, their incomes would count together. When their incomes were combined, they were significantly over the income requirements for Medicaid. For MABD, the income limits for a household of one and a household of two are the same. For example, in Chittenden County, the

limit for a household of one and a household of two is \$1,125 a month. The Medicaid coverage was particularly important because both relied on Medicaid transportation to get to their medical appointments. When the advocate researched the situation with them, he realized that they could qualify for another program. The couple had started a small business together. This meant that they could be eligible for Medicaid for the Working Disabled. That program has a higher income and resource limit, and the couple would still be income-eligible for that program. The advocate helped submit the application and the necessary documentation about their business, and the State found them eligible for Medicaid for the Working Disabled. This meant that they would be able to get rides to their medical appointments once again.

Eloise's Story

Eloise called because she got a notice from the State of Vermont telling her that her Medicaid and her Medicare Savings Program (MSP) were closing because she was now over-income for the programs. Her income had not changed, so Eloise did not understand why the programs were closing. When the advocate looked into the issue, he found that Eloise's husband was on Long Term Care Medicaid. When the State of Vermont calculated whether Eloise was eligible for Medicaid, it should have excluded her husband's income from the eligibility calculation. When the State found her ineligible, it had erroneously included her husband's Social Security income. The advocate pointed out the error, and the State agreed that it made a mistake. When the income was calculated correctly, Eloise was found eligible for both Medicaid and an MSP.

Maddie's Story

Maddie called the HCA because she could not afford the premium for her new health plan on Vermont Health Connect (VHC). She did not want to go without insurance but did not think that she could afford the increased monthly premium, and did not understand why it had increased so quickly. When the advocate investigated, she discovered that Maddie was not receiving the correct amount of Advance Premium Tax Credit (APTC) for her current income. The APTC is applied monthly to reduce the premium, and how much you are eligible for depends both on your household size and your income. When the advocate called VHC, she found that it was using incorrect yearly income. VHC had Maddie's income listed as almost \$10,000 more than what she was currently earning, and that was reducing the amount of APTC she qualified for. When the income was corrected, Maddie's monthly APTC increased and her premium decreased by about \$100 a month. Maddie was able to make the payments and stay on the coverage

Quality Assurance and Consumer Satisfaction

The satisfaction of our clients is extremely important to us. To monitor how consumers feel about the way we provide our services, we send a Client Satisfaction Questionnaire (CSQ) to every client on whose behalf we intervene directly. We try to contact every client who requests follow-up on the returned CSQ in order to resolve complaints or outstanding issues, but sometimes that is not possible due to high call volumes or challenges reaching the client.

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

My Advocates were very helpful. They listened well and took steps to help me.

Very helpful in resolving issue!

I am very satisfied with the services provided to me. She responded very quickly, timely, politely with respect. Provided interpreter.

I've worked with three people from the VT Health Care Advocates Office on different issues this year and every single person was brilliant and extremely helpful!

I can't say enough good about how we were treated.

I worked with my Advocate and she was wonderful. So helpful and patient. My Advocate was very willing to take the time to walk me through the steps of the application.

My Advocate is a rock star when dealing with you!! My Advocate is amazing and so compassionate, and returns your calls when she said she would which makes all the difference.

Not satisfied but my Advocate did all she could. It came down to a case of she fought the law and the law won.

My Advocate was kind, courteous and helpful. Could not have been treated better. Getting my son the help he needed could not have happened as quickly as it did without my Advocate's help.

Very helpful and supportive during this difficult time in our lives. Very kind, patient and informative. Quick to answer phone calls and emails. It was all very good.

She was very helpful. If we ever come across an insurance issue again we will reach out. Very professional, insightful, and helpful.

I received the medication that my heart doctor ordered. My Advocate was fantastic and on top of getting positive results! I did an appeal for my medication. My Advocate helped me to be ready.

Excellent listener and also a good thinker, brought some ideas to me. They were concerned and responded. I would have had no answer or consideration of my side of the question and that is always an improvement. The other party was not open to discussion. Thank you.

I was overwhelmingly pleased with the efficiency and outcome of my call.

My inquiry/request was a long shot from the get-go, I understand that going in and truly appreciate all of the leg work done on my behalf. My Advocate was amazing! Great demeanor, respectful, and the follow up was much appreciated. Highly recommend! Great work! Thanks again for all that you do. Even though my case did not end in my favor, I am very appreciative.

She was great at explaining a spenddown and honestly, that stuff is hard to understand! She broke it down well for a layman to understand. She called Green Mountain/Health Connect for us and was much appreciated. I think she did a great job.

The case was solved very quickly - so quickly that the advocate in charge wasn't sure whether she had made a difference or whether it had finally just worked out. Nevertheless she was really helpful and explained all of the possibilities to use. I was impressed and grateful.

My Advocate went out of her way to get my insurance problem corrected. One could not ask for more caring, helpful and supportive case workers. I'm very grateful. This was my third time having to request help from the Health Care Advocate services and everyone has always been so supportive and patient, which is so wonderful for a person my age (senior). Thank you so much.

My Advocate was amazing - caring, persistent, thorough, accurate

[Back to Table of Contents](#)

Consumer Assistance

The HCA helps individuals navigate the complexities of health insurance and assists them with health care problems. We advise and assist Vermont residents, regardless of income, resources or insurance status. Our services are free. As part of VLA, we are able to utilize the broad range and depth of legal knowledge of attorneys in the other VLA projects.

Individuals contact us through our Burlington-based statewide helpline (**1-800-917-7787**) and the *Vermont Legal Aid* and *Vermont Law Help* websites, as well as by walking into one of the five VLA offices located around the state. For each case, HCA advocates analyze the situation and provide information, advice and referrals or directly intervene and represent the individual.

One of our main goals is to help individuals get access to care. We give highest priority to individuals who are having difficulty getting immediate health care needs met, who are uninsured, or who are about to lose their insurance. We give them information and advice about the insurance options in Vermont and assist if people have problems with enrollment. We also educate consumers about their rights and responsibilities, and provide information about and assistance with appeals.

Our cases can involve any type of insurance, including all commercial plans as well as public programs such as Medicaid, Dr. Dynasaur, and Medicare.

Public Advocacy

Part of the HCA's statutory mandate is to act as a voice for Vermont consumers in health care policy matters and as their advocate before government agencies. Our individual cases inform our public policy and advocacy efforts. Working on behalf of all Vermonters, we advocate for laws and administrative rules that provide better access to and improved quality of health care. We represent the public in rate review proceedings and other matters before the Green Mountain Care Board (the Board) and other state entities. Act 48 of 2011 and Act 171 of 2012 require the Board to consult with the HCA about their policies and activities and how they impact consumers.

[Back to Table of Contents](#)

Key Projects

The HCA added a new Outreach and Education Coordinator to help reach more Vermonters.

The HCA added a new Outreach and Education Coordinator to our team in SFY 2019. The coordinator works on further expanding the HCA's outreach throughout the state. The coordinator also focuses on making sure consumers know how to access the HCA as well as helping consumers understand both state and federal health care programs. The new coordinator, Amelia Schlossberg, had been an HCA helpline advocate since 2015, and previously worked at Vermont Health Connect. She is focusing on developing even closer relationships with our community partners, so they are aware of exactly how the HCA can help consumers. The HCA will also continue to work on developing clear and accessible explanations of complex health care issues on our website.

The HCA finished its pilot project with VHC on the new Health Care Application.

The HCA partnered with VHC to provide an evaluation of the new streamlined paper application for Health Care programs. The HCA helped get 11 households onto healthcare using the new application. During the project, the HCA used social media to find Vermonters who did not have insurance and were interested in applying on VHC. The HCA advocates were able to see how Vermonters understood and experienced the application, and what areas were confusing or problematic. The HCA also provided its own assessment of the application, and submitted comments to improve its clarity. The new, integrated application allows Vermonters to apply for multiple health care programs with one application, including both Medicaid for Children and Adults, and Medicaid for the Aged, Blind and Disabled. The application is now being used in SFY 20, and the HCA advocates are able to assist Vermonters through the process.

Vermont Health Information Exchange Consent Policy

The HCA advocated for meaningful, informed consent for patient participation in Vermont's Health Information Exchange. The HCA commented about this issue at a Green Mountain Care Board meeting. When the legislature decided to move to an opt-out consent policy, the HCA engaged with state partners to assure that there is a robust outreach and communications plan to ensure that Vermonters understand how and why their health information will be shared. The HCA participated in a preliminary meeting with DVHA regarding the stakeholder input process for the change from an opt-in consent policy to opt-out, and in SFY 20 we will be working with VITL to help Vermonters understand the issue.

Hospital Patient Financial Assistance Policies

The HCA continued to advocate for improvements to Vermont hospitals' patient financial assistance policies (FAPs). The HCA closely reviewed the FAPs of the five largest Vermont hospitals and provided those hospitals with our analysis of their policies' compliance with federal regulations. During the hospital budget review process, hospitals committed to working with us to improve their policies. We completed the first set of meetings this fall. This project transitioned into a work group effort with UVMHC, RMC, VAHHS, and the HCA, to develop a plain language summary template that will be a

resource for all Vermont hospitals. In addition, we have started to advocate for best practices improvements to financial assistance policies and patient financial counseling practices at all Vermont hospitals. This work is ongoing.

The HCA developed tax messaging encouraging Vermonters to take advantage of Advanced Premium Tax Credits.

The HCA distributed a simple fact sheet to inform consumers and tax preparers of the Premium Tax Credit's benefit cliff at 400% of the federal poverty line. The fact sheet tells consumers they may be able to save significantly on their health insurance and tax credits by contributing money to a retirement plan. The HCA partnered with the Vermont Department of Taxes to distribute the form on their website and social media. The HCA also distributed this tax messaging in a new online HCA newsletter to community partner organizations, including 2-1-1, Disability Rights Vermont, and the Pride Center of Vermont.

The HCA participated in a working group to develop clear communication about 2019 Open Enrollment and silver-loading.

The HCA worked with other stakeholders to develop coherent messaging for the 2019 Open Enrollment. In particular, stakeholders worked on developing clear and understandable communication for all segments of the market. The HCA wanted to reach consumers whose eligibility for increased APTC this year gave them an opportunity to buy a gold plan for about the same cost as the silver plan. We also focused on reaching consumers who were not APTC eligible, and who would benefit by directly enrolling in Reflective Silver plans with the carriers. Overall, the HCA worked toward creating a coherent, consistent, and accessible message for all Vermonters.

[Back to Table of Contents](#)

Consumer Assistance

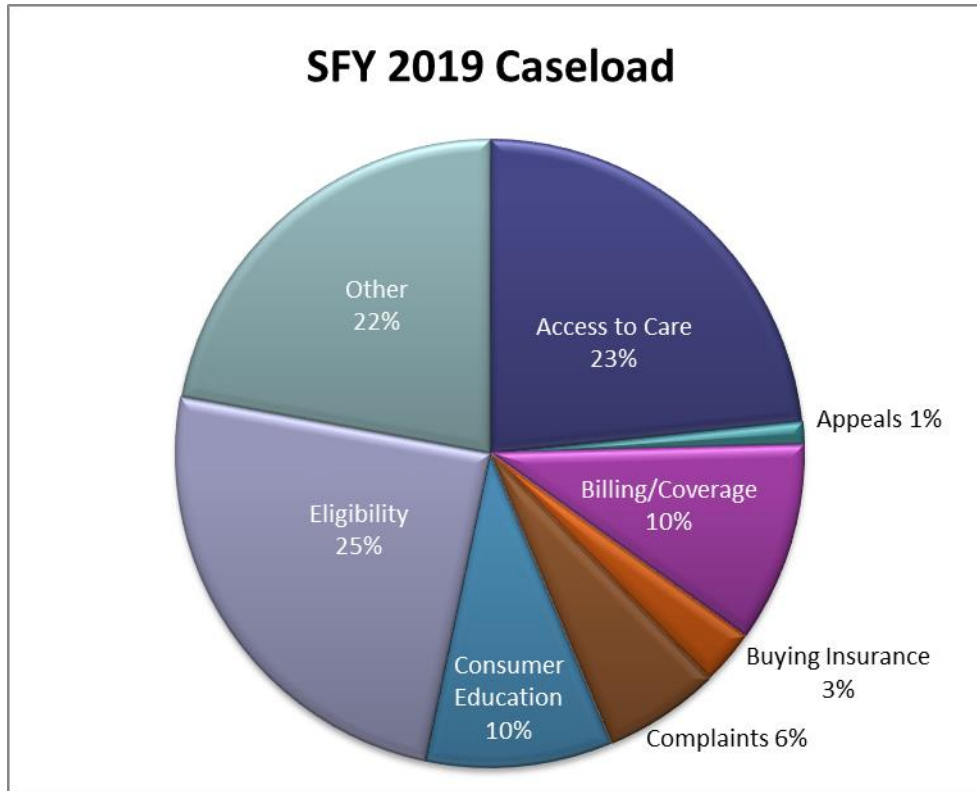
Description of Caseload

In State Fiscal Year (SFY) 2019, we handled 3,591 calls to our statewide hotline, compared to 3,730 calls in SFY 2018 and 3,742 in SFY 2017. We closed 3,586 cases during this period and had 6 cases pending at the end of June 2019. A total of 828 (23%) of the calls were related to Vermont Health Connect, compared to 28% in the previous year.

We assign each case to one or more of these six categories: *Access to Care, Billing and Coverage, Buying Insurance, Consumer Education, Eligibility, and Other*. While some cases span multiple categories, the case numbers in this section are based on the primary issue identified for each call in order to avoid counting the same case more than once.

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

- Eligibility (25% compared to 27%)
- Other (22% compared to 23%)
- Access to Care (23% compared to 24%)
- Billing and Coverage (10%, compared to 13%)
- Consumer Education (10% compared to 12%) and
- Buying Insurance (3%, compared to 1%)



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

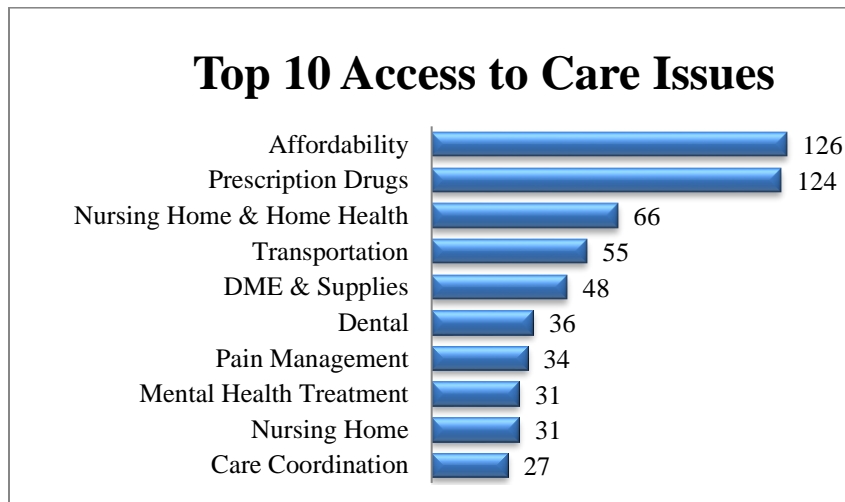
Access to Care

Access to Care cases are those in which individuals are seeking care. The number of calls reporting difficulties getting access to health care as the primary issue was 918, compared to last year’s total of 878. An additional 1070 callers cited access issues as secondary to their primary problem.

We track 49 subcategories in *Access to Care*.¹ The top two Access to Care issues were: Affordability affecting access to care (126 calls) and Prescription Drugs (124 calls). Access to prescription medication has been a top issue for several years. The HCA started to track the “Affordability affecting access to care” as a separate code because we were talking to many Vermonters who could not afford to get the care they needed.

The top ten issues on this year’s Access to Care list are quite similar to those on last year’s list, but this year Care Coordination appeared on the list for the first time.

Despite the fact that more Vermonters are insured, and a large proportion of Vermonters who purchased VHC plans qualified for cost-sharing reductions, many people find affordability to be a barrier to health care access. Affordability was the most common Access to Care issue in SFY 2019 with 126 calls, compared to 73 calls last year. An additional 196 callers cited affordability as secondary to their primary access issue. We again saw a significant number of Vermonters struggling to find nursing home coverage (66 calls compared to 55 last year), as well as difficulty accessing transportation to their providers (55 calls compared to 51 last year).



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

The number of calls about other top Access to Care issues compared to the number of calls last year were:

- Dental (36, compared to 33)
- DME & Supplies (48, compared to 78)
- Nursing Home (31, compared to 55)
- Pain Management Treatment (34, compared to 33)
- Mental Health Treatment (31, compared to 39)

Billing and Coverage

Calls in this category are from Vermonters who received the care they needed, but subsequently experienced problems getting their insurance to pay for that care, or had other problems with the billing process. In order to give higher priority to *Access to Care* and *Eligibility* calls, we often provide advice on ways to resolve billing problems, rather than providing direct intervention. Additionally, we enhanced the information on our website about resolving billing problems. In SFY 2019, we answered 404 calls in this category, compared to 478 last year.

We track 35 subcategories of *Billing and Coverage* calls. Two of the top five issues were related to hospital billing and hospital patient financial assistance. In SFY 2018, DVHA/VHC premiums were the number one issue with 38 calls. This year, we only answered 11 calls on this issue, reflecting that the payment system is working better for Vermonters.

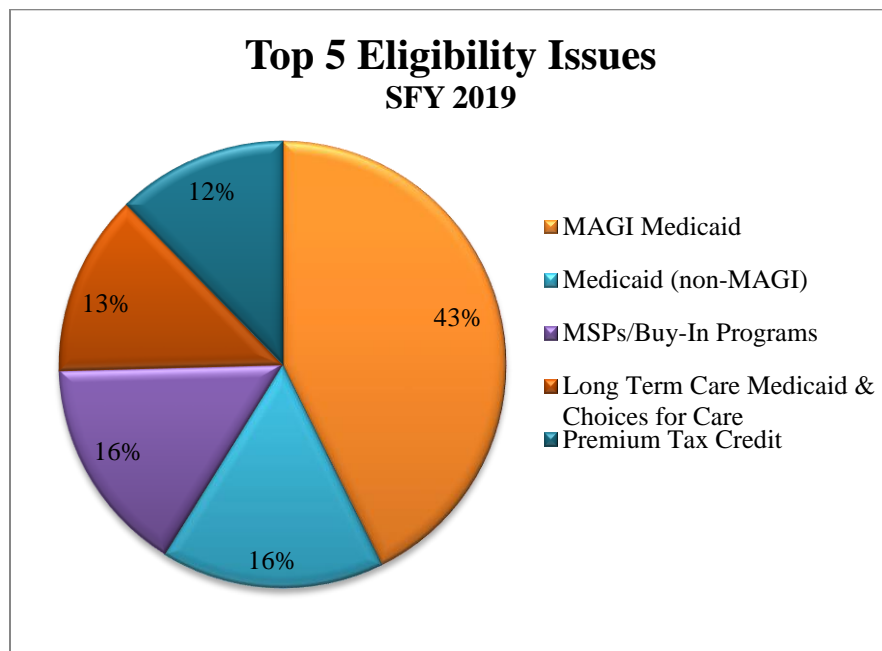
The number of calls about the top 5 issues compared to the number of calls last year were:

- Hospital Billing (38, compared to 65 last year)
- Hospital Financial Assistance (32, compared to 13)
- Claim Denials (35, compared to 28)
- Copayments & Coinsurance (22, compared to 20)
- Provider Billing (24, compared to 29)

Eligibility

The percentage of calls related to *Eligibility* for health care coverage offered through the state was nearly the same: 26.84% in SFY 2019 and 27.40% SFY 2018. This was again the category with the most calls. Eligibility was the primary issue for 964 callers. An additional 1,755 callers named eligibility as a secondary issue for a total of 2,719.

In SFY 2019, three of the top SFY 2018 eligibility issues remained in the top five: MAGI Medicaid, Medicaid (non-MAGI), and MSPs/Buy-In Program. VHC Grace Periods and Changes of Circumstances both fell out of the top five issues, reflecting VHC’s continued improvement in those areas. Premium Tax Credit Eligibility and Long Term Care Medicaid Eligibility both entered the top five in SFY 2019. The number of calls about the top five issues compared to the number of calls last year were:



- MAGI Medicaid (250, compared to 191)
- Buy-In Programs/MSPs (92, compared to 105)
- Medicaid-Non MAGI (95, compared to 82)
- Premium Tax Credit (72, compared to 62)
- Long Term Care Medicaid (77, compared to 33)

Of the 964 calls in which *Eligibility* was recorded as the primary issue, 384 calls (40%) were related to Vermont Health Connect. This is a decrease from SFY 2018, when 55% of *Eligibility* calls were related to VHC.

Types of Coverage

The HCA receives calls from Vermonters with all types of health insurance and from the uninsured. The chart below breaks down our calls by the caller's type of coverage. For SFY 2019, state health care programs included Medicaid FFS, Medicaid Managed Care, VPharm, and Healthy Vermonters.

Commercial insurance comprised both individuals with small or large group coverage and those with individual coverage, including those who purchased Qualified Health Plans through Vermont Health Connect. In some cases, the caller's insurance status is not relevant to the problem, and the HCA does not ask for the information.

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

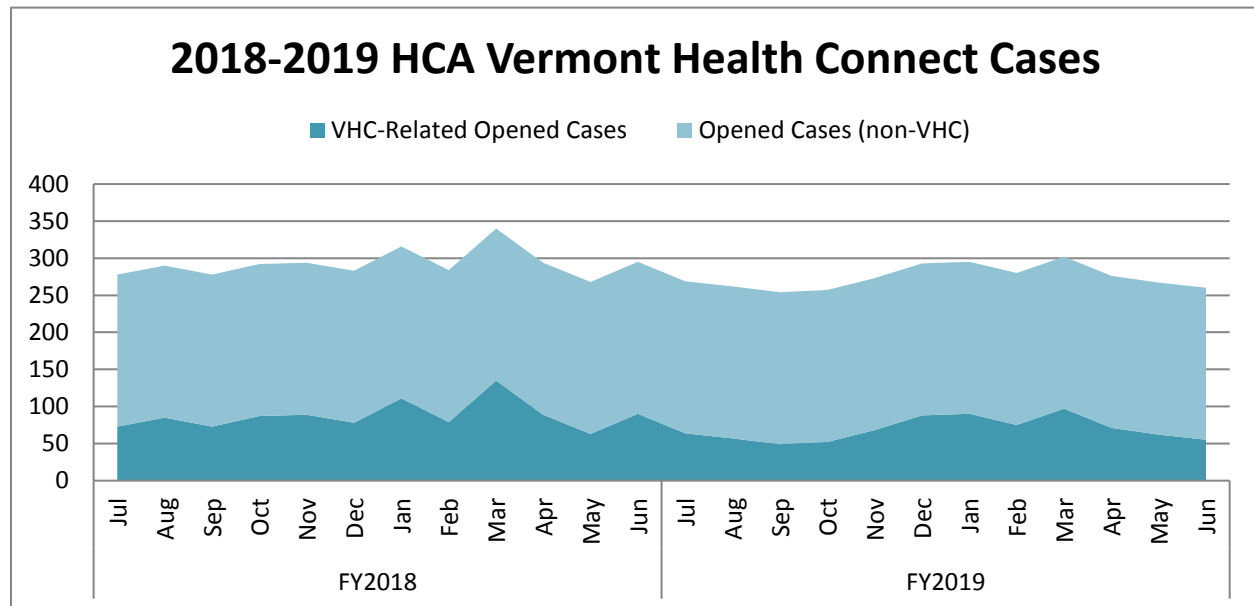
Insurance	SFY 2019	SFY 2018	SFY 2017	SFY 2016
State Programs	901 (25%)	883 (24%)	917 (21%)	900 (20%)
Commercial Insurance	639 (18%)	662 (18%)	708 (16%)	1,135 (26%)
Uninsured	306 (9%)	342 (9%)	482 (11%)	558 (13%)
Medicare	552 (24%)	569 (15%)	497 (11%)	389 (9%)
Dual Eligible ²	294 (8%)	290 (8%)	210 (5%)	272 (6%)
Dental	7 (<1%)	6 (<1%)	16 (<1%)	55 (1%)
Other	78 (2%)	104 (3%)	105 (2%)	154 (4%)
Irrelevant/Unknown	782 (22%)	874 (23%)	807 (18%)	926 (21%)

When beneficiaries who are Dual Eligible (294) or have VPharm coverage (32) are added into the Medicare total (552), about 24% of the calls were from Medicare beneficiaries in SFY 2019.

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

Vermont Health Connect Calls

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



In SFY 2019, 828 (23%) of the calls received by the HCA were related to Vermont Health Connect. This is a significant decrease from the proportion in SFY 2017, when the 1,503 calls related to Vermont Health Connect accounted for 40% of total calls, and in SFY 2018 when VHC calls accounted for 28% of total calls. Since the launch of Vermont Health Connect, the HCA’s call volume has averaged 300 calls per month. The overall VHC numbers reflect that the system is functioning better and that problems are being resolved more quickly.

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

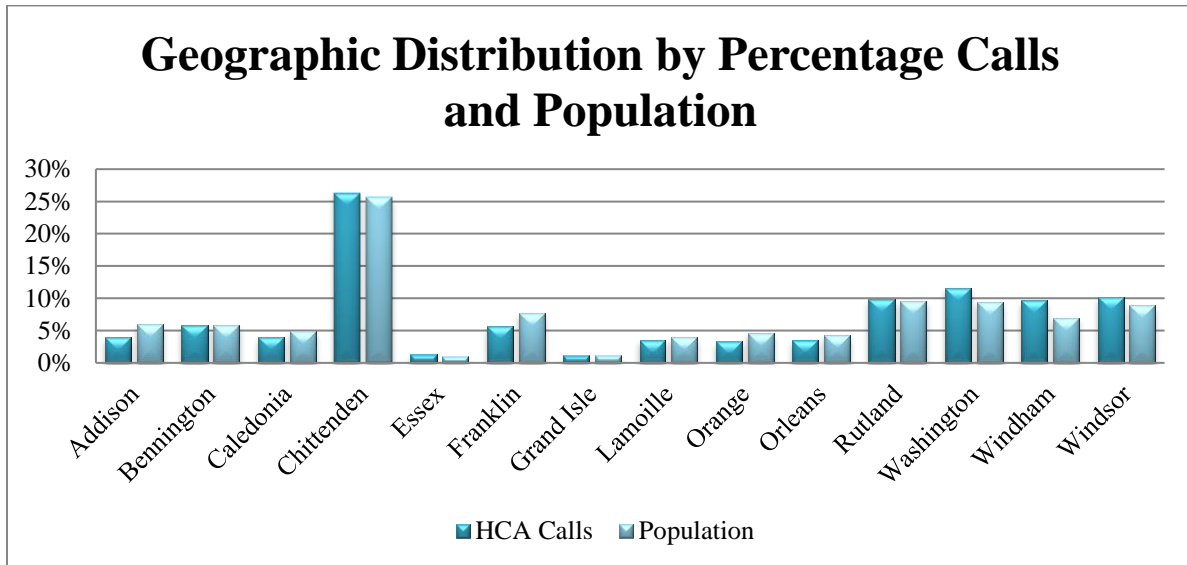
Resolution of Calls

In SFY 2019, the HCA closed 3,586 cases compared with 3,730 cases, last year. When we close a case, we document how we resolved the case, where we referred the individual, and what materials we sent. In SFY 2019, the HCA saved consumers \$288,961.

Outcome Summary	SFY 2019	SFY 2018	SFY 2017
Advice or Education	1,991	2,055	2,174
Assisted with Application for Insurance	43	21	7
Bill Written Off	41	22	14
Claim Paid as a Result of HCA Intervention	30	36	24
Client Not Eligible for Benefit	39	36	22
Client Responsible for Bill	55	40	19
Estimated Eligibility for Insurance	232	152	138
Got Client onto Insurance	235	279	347
Obtained Coverage for Services	95	91	86
Other Access/Eligibility Outcome	306	291	328
Other Billing Assistance	78	62	91
Hospital Patient Assistance Provided	10	11	3
Prevented Termination or Reduction in Coverage	58	70	62
Reimbursement Obtained	15	20	32
Service Excluded Under Contract	5	7	2
Service Not Medically Necessary	2	2	N/A
Other Outcome	351	496	499
Grand Total	3,586	3,691	3,848

Geographic Distribution of Calls

The HCA provides services statewide. While proportions varied in some counties, our calls are spread across the state in almost direct proportion to the population of the state. The chart below shows the percentage distribution of calls the HCA received in SFY 2019 compared with the general population distribution (based on 2014 census information).



Public Advocacy

SFY 2019 was another busy and productive year for the HCA’s public advocacy team. The HCA actively participated in many proceedings before the Green Mountain Care Board including QHP and large group insurance rate review proceedings, hospital and ACO budget reviews, certificate of need proceedings, and numerous other meetings and activities.

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

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

All of the details of the HCA's public, administrative, outreach and other activities was reported upon in detail in the four quarterly reports that make up SFY 2019. These quarterly reports can easily be found at the following link: <https://vtlawhelp.org/hca-reports>.

Back to Table of Contents

Coordination

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

- Altarum Health Care Value Hub
- American Civil Liberties Union of Vermont
- Bi-State Primary Care
- Blue Cross Blue Shield of Vermont
- Burlington School District
- Community Catalyst
- Dartmouth Institute for Health Policy & Clinical Practice
- Families USA
- IRS Taxpayer Advocate Service
- MVP Health Care
- National Center for Transgender Equality
- NHelp, National Health Law Program
- OneCare Vermont
- Outright Vermont
- Pride Center of Vermont
- Planned Parenthood of Northern New England
- SHIP, State Health Insurance Assistance Program

- University of Pennsylvania Leonard Davis Institute of Health Economics
- University of Vermont Medical Center
- Vermont Association of Hospitals and Health Systems
- Vermont Businesses for Social Responsibility
- Vermont Care Partners
- Vermont CARES
- Vermont Defender General’s Prisoners’ Rights Office
- Vermont Department of Health
- Vermont Department of Taxes
- Vermont Developmental Disabilities Council
- Vermont Health Connect
- Vermont Medical Society
- Vermont Program for Quality in Health Care
- Vermont Workers’ Center
- You First

[Back to Table of Contents](#)

Health Website

The *Health section of our Vermont Law Help website* offers more than 250 pages of consumer-focused information maintained by the HCA. The health section also provides easy access to an online intake form that allows Vermonters across the state to submit a request for assistance 24/7.

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

Pageviews

Overall, the health section pageviews increased this year by 14% compared to last year (50,860 pageviews in FY2019 compared to 44,495 in FY2018).

The top 10 health pages were:

- Medicaid Income Limits (12,735 pageviews — ↑4% over last year)
- Health Home Page (7,821 — ↑ 40%)
- Services Covered by Medicaid (1,801 — ↑9%)
- Dental Services (1,763 — ↑8%)
- Vermont Choices for Care (1,713 — stayed even)
- Medicaid Resource Limits (1,625 — ↓8%)

- HCA Online Help Request Form (1,200 — ↑35%)
- Medicaid (1,043 — ↑58%)
- Health Insurance, Taxes and You (883 — ↑636%)
- Medicare Savings Programs (883 — ↑32%)

Besides those mentioned above, several other pages showed notable increases in the number of pageviews this year:

- Medicare Supplemental Plans (426 pageviews — ↑1021%)
- Hospital Complaints (103 — ↑544%)
- VHC Coverage for Individuals and Families (217 — ↑352%)
- Applying for Choices for Care (304 — ↑223%)
- How to Prepare for a Fair Hearing (271 — ↑198%)
- Complaints About Providers (255 — ↑158%)
- Dr. Dynasaur (520 — ↑135%)
- Resources for Uninsured Vermonters (302 — ↑108%)

PDF Downloads

Of the list of unique documents that were downloaded from the entire VTLawHelp website, 30% were on health topics. This year we saw a 4% increase in downloads of health-related documents.

The top health-related downloads were:

- Advance Directive Short Form (downloaded 520 times)
- Vermont Dental Clinics Chart (372)
- Advance Directive Long Form (336)
- Vermont Medicaid Coverage Exception Request Standards (139)
- Premium Tax Credit Allocation Rules Summary (51)
- How to Get Durable Medical Equipment Through VT Medicaid (49)
- Blue Cross Blue Shield of VT Annual Report 2016 (44)
- Fair Hearing Steps (40)
- Long-Term Care – Know Your Rights (32)
- Moving from VHC to Medicare (25)
- Premium Tax Credit Allocation Spreadsheet (25)

The Advance Directive Short Form ranks 3rd among all PDF downloads on the VTLawHelp website and it took the top spot among the health-focused downloads. The Vermont Dental Clinics Chart ranked 4th among all PDF downloads on the website. These were the top health-related downloads last year as well.

Online Help Tool

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

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

Website visitors used this tool to access health care information **618 times** this year. Of the 67 health care topics that were accessed using this tool, the top topics were:

- Dental Services - I need help finding a low-cost dentist and paying for dental care.
- Long-Term Care - I want to go over my long-term care options (nursing homes, in-home care, and more).
- Complaints - I want to file a complaint against a doctor or hospital.
- Long-Term Care - How do I know if I can get Choices for Care Long-Term Care Medicaid?
- Medicaid - I want to apply for Medicaid or Dr. Dynasaur for myself or for my children.
- Dental Services - I need help with dentures.

[Back to Table of Contents](#)

Vermont Legal Aid, Inc.
HCA ANNUAL REPORT SFY 2019

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

CONTRACT EXPENDITURES

Personnel

Project Director	\$85,828
Attorneys and Health Care Policy Analyst	241,739
Lay Advocates and Para Professional Staff	316,906
Management and Support Staff	188,668
<u>Other (Fringe Benefits)</u>	<u>282,286</u>
Total Personnel	1,115,428

Other Direct Costs

Office Operations	80,344
Project Space	99,612
<u>Other</u>	<u>34,103</u>
Total Other Direct Costs	214,059

Purchased Services

Legal Services Vermont (formerly Law Line) Subcontract	13,358
<u>Professional Services</u>	<u>72,805</u>
Total Purchased Services	86,163

CONTRACT EXPENDITURES **\$1,415,650**

[Back to Table of Contents](#)

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

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

§ 9603. Duties and authority

The HCA shall:

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

The HCA may:

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

§ 9604. Duties of State agencies

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

§ 9605. Confidentiality

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

§ 9606. Conflicts of interest

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

§ 9607. Funding; intent

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

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

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

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

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

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

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

§ 9377. Payment reform; pilots

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

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

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

§ 9445. Enforcement

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

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

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

§ 1807. Navigators

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

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

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

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

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

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

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

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

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

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

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

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

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

Other Duties

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

Office of the Health Care Advocate

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

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