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# Act 171 Consumer Protection Report

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Reform

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# Consumer Protection Models

## Connecticut-- government agency public advocacy

- Addresses private insurance issues
- Some case managers with nursing training
- Individual assistance
  - 9,000 calls, 5,000 cases opened
  - Typically receive \$6 million in insurance pay-outs
- Public advocacy
  - Uses information from calls to inform advocacy
  - Partnership with AG's office against rate increases

# Consumer Protection Models

## Maine– Rate Review

- State contracted with Consumers for Affordable Health Care, a non-profit
- Process is quasi legal proceeding
  - Insurance division acts as judge
  - AG’s office represents general public
  - CAHC represents rate payers

# Consumer Protection Models

## Oregon– Rate Review

- Oregon’s insurance division used a 4-year, \$5 million grant from HHS to hire 2 actuaries, a market analyst, a rate filing intake coordinator, an administrative assistance, a grant coordinator, a rate liaison, and a health care reform/exchange coordinator
- Oregon also contracted with OSPIRG to represent the public in rate review hearings
- OSPIRG also does outreach, contacting interested parties when rates increase and creating a rate watch webpage

# Consumer Protection Models– Vermont

## Consumer Assistance Program

- Provides individual assistance through hotline
- Uses information from hotline to inform advocacy

## Department of Public Service

- CAPI– individual assistance
- Public Advocacy Division– public advocacy
- Finance and Economics Division– supervising rates and power purchases, collecting tax

## Medicare Supplemental Rate Review

- Public actuary

# Current Consumer Protection

## Green Mountain Care Board

- Direct public advocacy through public comment
- General advisory committee includes consumers, businesses, and health care providers. HCO provides feedback to the committee
- Public forums twice a year to discuss rate review
  - Forum in November was well-attended
- Website and proposed list serve

# Current Consumer Protection

## Department of Vermont Health Access— preparing for Vermont Health Connect

- Medicaid and Exchange Advisory Board
  - HCO has a seat on the board
- Outreach working group of internal and external stakeholders
- Stakeholder training
- Call center, Navigators and In-Person Assistors
  - Complex issues will go to HCO

# Current Consumer Protection

## Department of Financial Regulation

- Consumer Specialists provide individual assistance for major medical insurance
- \$78,000 recovered for Vermonters from private insurance
- DFR has the power to investigate cases and impose administrative penalties

# Current Consumer Protection

## Health Care Ombudsman (HCO)

- Individual advocacy
  - All areas of health care: government programs and private health insurance
  - Refers calls about private insurance to DFR and assists with complaints
  - 3,060 calls from Vermonters and saved Vermonters \$149,000
- Public policy work
  - Legislative charges include providing feedback to GMCB, sitting on the Medicaid and Exchange Advisory Board, etc.
- Rate Review
  - One part-time attorney

# Assessment of Current Consumer Protections

## Individual Assistance

- HCO and DFR currently coordinate to provide individual assistance. Later this year, DVHA's Navigators and In-Person Assistors will coordinate with HCO to provide individual assistance

## Public Advocacy

- Many statutory protections currently in place
- Needs improvement

## Rate Review

- Needs improvement

# HCO Recommendations

## Individual Assistance

- HCO anticipates an increase in calls during implementation of the Vermont Health Connect
  - 2 more advocates needed

## Public Advocacy

- HCO anticipates increased need for public advocacy
  - 1 more attorney needed to split rate review duties, CON, health policy analysis, advocate in front of GMCB

## Rate Review

- Public actuary, similar to public actuary in Medicare Supplemental rate review cases or more access to information

# Administration Recommendations

## Individual assistance

- Current system works well

## Public Advocacy

- Further coordinate HCO funding
- Create new public advocacy system – more to come

## Rate Review

- Consolidate rate review process
  - DFR must now review rates to determine whether the rate is affordable, promotes quality care and promotes access to health care under 8 V.S.A. § 4062
  - More to come