

# VERMONT LEGAL AID, INC.

## OFFICE OF THE HEALTH CARE ADVOCATE

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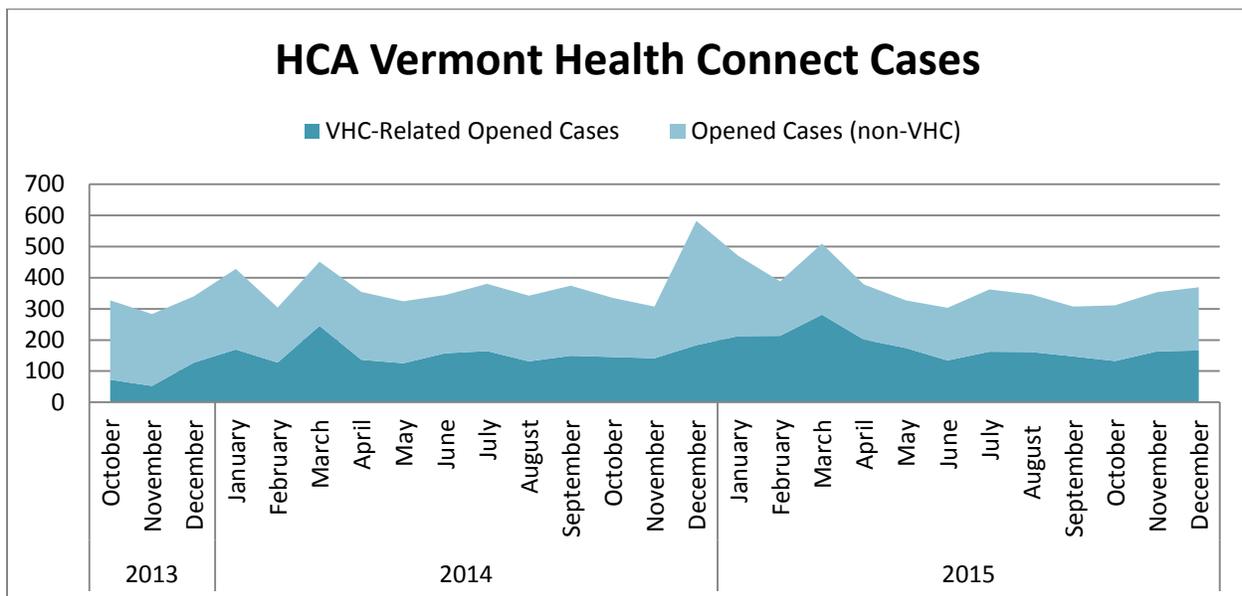
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### VERMONT HEALTH CONNECT UPDATE

Trinka Kerr, Chief Health Care Advocate

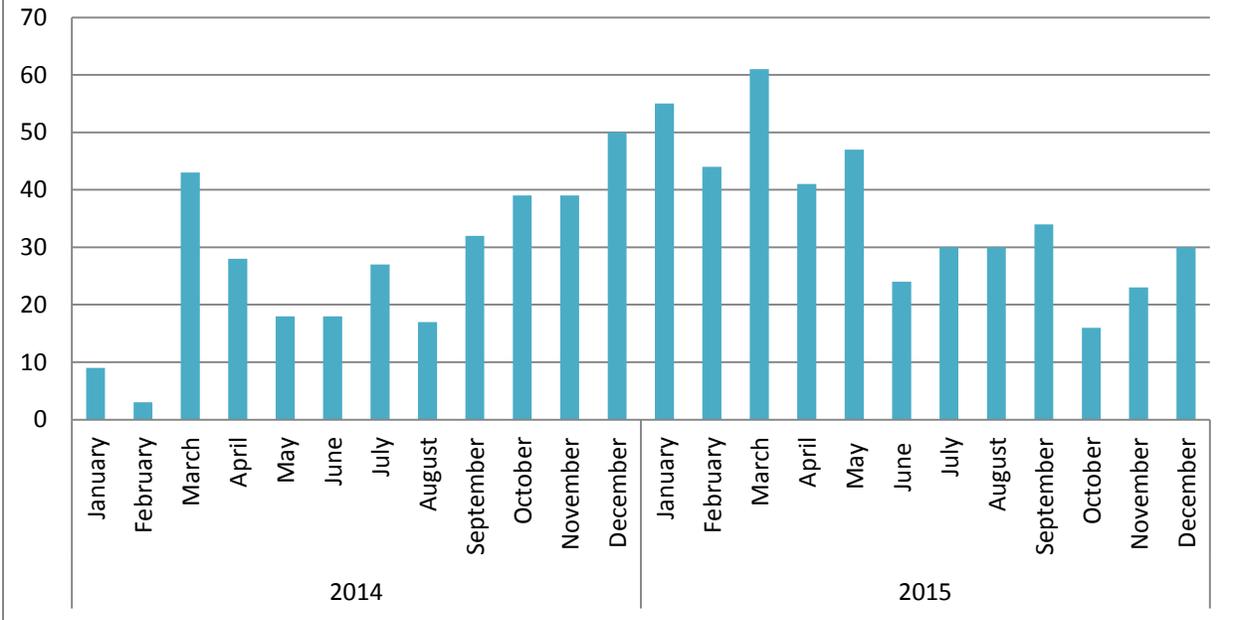
January 20, 2016

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

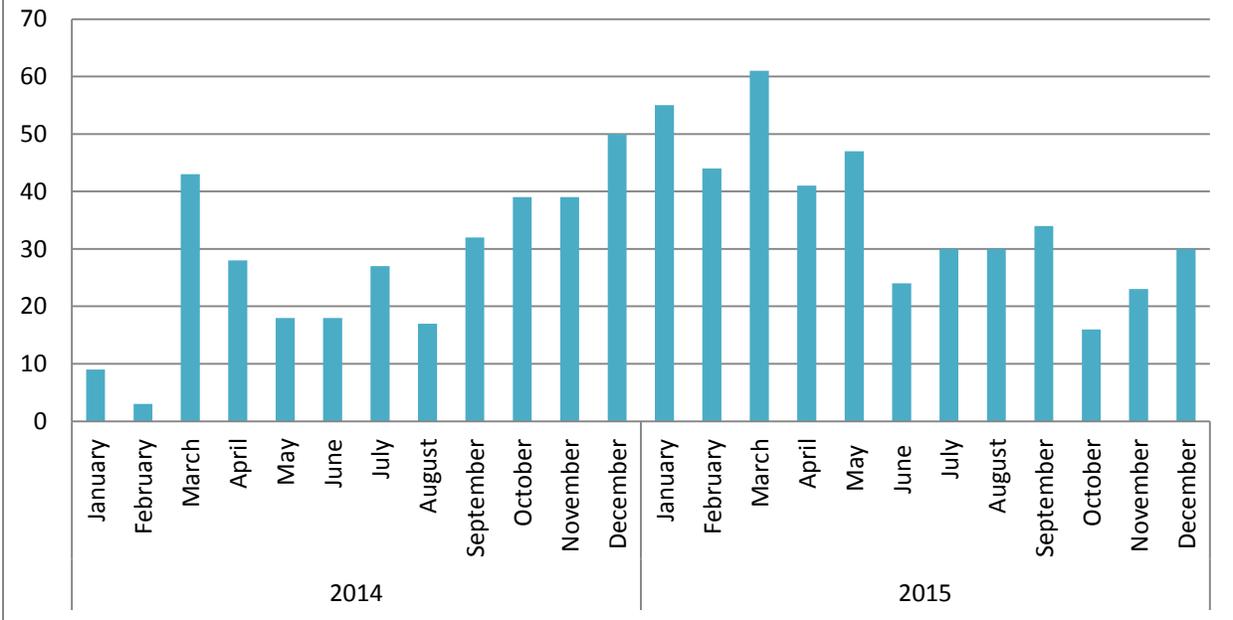


*The Office of the Health Care Advocate, previously named the Office of Health Care Ombudsman, is a special project of Vermont Legal Aid.*

### 2014-2015 VHC Change of Circumstance Calls



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## **Examples of VHC Problems**

We're seeing a lot of VHC cases where the coverage dates, plans, and payments do not match between various systems. 834/SLA errors seem to be the norm and they occur not just between Seibel (VHC computer system) and the carrier, but between Seibel and Benaissance ("Bena") as well. Even basic COCs are not completed (or only completed in one system). I've listed some examples below:

### **Inexplicably Strange Things Happening:**

- Person A fought for a COC throughout 2015 – this was finally processed, retroactively moving Person A from a family plan onto a couple's plan. Then, 2016 renewal was processed and mysteriously, the corrected couple's plan was erased from Seibel and Bena, and the family plan reinstated for all of 2015 and now for 2016 renewal. In addition to incorrect coverage, paid through dates and invoices – VPA and APTC are showing in different systems for the different plan configurations. VHC staff have no idea how this happened.

### **Different plan coverage showing in different computer systems:**

- Person B appears to be enrolled in three different plan combinations in three different systems: In ACCESS (Legacy Medicaid computer system), they are on Dr. Dynasaur for Pregnant Women with a BCBSVT QHP as primary; in Seibel, they are on Dr. Dynasaur ONLY and NOT eligible for a BCBSVT QHP; in BCBSVT's system, they are on BCBSVT with cost-sharing reductions.

### **Different coverage dates showing in different computer systems:**

- After HCA worked on this case, we're informed by VHC Staff that everything is "all set" for Person C, but HCA contacts MVP and learns there are still problems: Person C's 2015 plan and dates are correct (1/1/15-12/31/15), but Person C's 2016 plan is wrong. Person C's husband's 2015 plan and dates are wrong – MVP notes "----- was on the Catastrophic plan from 08.01.2015-12.31.2015 on one ID and *also under another ID* active from 06.01.2015-12.31.2015 on the Catastrophic plan and is set to be on that plan for 2016 as well." Person C's husband should only have one 2015 plan with a start date of 8/1/2015 and end date of 12/31/15. He should be on a totally different plan for 2016.
- Person D gets a notice from the IRS that they need to file Form 8962 and we discover that there are conflicting coverage dates in Seibel, at BCBS, and on the 1095-A. BCBS shows that Person D had coverage from April 1, 2014 – September 30, 2014. Seibel shows Person D had coverage from April 1, 2014 - Dec. 31, 2014. The 1095-A shows coverage from April 1, 2014 - Dec. 31, 2014, however, with Person D having paid only from April 1 – August, 31, 2014 and continuing to receive APTC through Dec. 31, 2014. In reality, Person D should be showing as paid through Dec. 31, 2014 and in excess (they were never refunded by VHC). Unless Person D gets a corrected 1095-A, the IRS would

ask them to re-pay APTC from Sept - Dec, and also charge them the ISRP for going uninsured for 3 months or more.

**COCs either not processed or only processed in one system, leading to discrepancies between systems:**

- Person E called VHC to report an address change. The change was updated in Siebel, yet Person E continued to receive VHC mail at their ex-husband's house. HCA intervened and discovered that the address was never corrected in ACCESS. HCA asked VHC to update the address in ACCESS. Later, when the client still wasn't receiving their invoices, HAEU found that the address had never been updated in Benaissance.

These are just a few examples of common problems that we're seeing with our VHC cases.

Other common issues – VPA & APTC amounts sometimes don't match between Seibel & Bena systems, payments will show in only one system (Seibel, but not Bena), and paid through dates are often wrong because coverage (plan) and dates are different between Seibel & Bena - making it appear that someone should be charged one thing in one system, and another in a different system.

It seems like VHC cases used to be more straight forward (even if a fix was elusive). Now, it's becoming increasingly difficult to disentangle the fragments of a case and pinpoint all of the errors (and the location of those errors) that are impacting any given client.