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TESTIMONY ON ACCESS TO HEALTH CARE

Trinka Kerr, Chief Health Care Advocate

September 18, 2014

HCA Statistics (January through August)

Although our call volume has increased more than 40%, our Access to Care cases only increased 4%. Complaints about the affordability of health care have decreased 44%.

Complaints about copayments have also decreased by 40%.

All Calls

2014 2927 (43% increase); 1248 VHC (43% of All calls)

2013 2051

Access calls

2014 952 (4% increase); 301 VHC (32% of Access calls)

2013 913

Eligibility calls

2014 1292 (79% increase); 913 VHC (71% of Eligibility calls)

2013 723

Issue Codes related to Access to Care

Affordability (Access)

2014 197 (44% decrease); 92 VHC (47%)

2013 354

Copayments (Billing & Coverage)

2014 71 (40% decrease); 32 VHC (31%)

2013 119

Cost Sharing (Other)

2014 20; 15 VHC (75%)

2013 No code in 2013

Premiums Too High (Buying Insurance)

2014 7; 5 VHC (71%)

2013 7

Eligibility Issue Codes AND Access to Care Code (cross-tabs)

MAGI Medicaid and Access

2014 66 (23% of 289 total MAGI calls)

Medicaid and Access

2014 59 (22% of 270 total Medicaid calls)

Premium Tax Credit and Access

2014 37 (20% of 182 total PTC calls)

VHC Invoice/Payment/Billing and Access

2014 11 (7% of 160 total Invoice calls)

VHC Special Enrollment Period and Access

2014 8 (16% of 50 total SEP calls)

Specific Issues

Copayments

Some people transitioning from Catamount to Qualified Health Plans have had trouble with copayments. When they were on Catamount Health they were eligible for Chronic Care Management Programs if they had certain medical conditions, which eliminated copayments for treatment of those conditions. CCMPs are not available to QHP beneficiaries. In particular this was a problem for individuals receiving substance abuse treatment on a daily basis. That problem was alleviated by Blue Cross Blue Shield, which agreed to shift to monthly billing that required just one copayment per month. It remains a problem for other chronic conditions.

Individuals who were on VHAP had no copayments for prescriptions on that program. On MAGI Medicaid they do have copayments. This was a real problem for individuals who were very low income, below 100% FPL. This problem was alleviated somewhat by DVHA reminding all pharmacies that they cannot refuse to give an individual a prescription if they cannot pay the copayment. However, pharmacies can inform customers that they will not fill their prescriptions in the future unless the person pays their bill.

Deductibles/Health Care Literacy

We have heard that hospitals have seen increases in Patient Financial Assistance requests and bad debt due to high deductibles, but we are not getting calls from consumers about this. We have talked to some consumers who did not understand the cost sharing of their new plans, and were upset about the costs they incurred when they started to use their insurance.