

Vermont Office of the Health Care Advocate



SFY 2014 Annual Report

July 1, 2013 – June 30, 2014

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BACKGROUND

The Vermont legislature created the Office of Health Care Ombudsman in 1998 to provide advice and advocacy for Vermonters with health care and health insurance concerns. In 2013 the legislature amended the statute and changed the program's name to the Office of the Health Care Advocate (HCA), effective January 1, 2014. The HCA is not a state agency. Rather, the HCA is part of Vermont Legal Aid (VLA), a statewide nonprofit law firm. We provide individual consumer assistance and act as a voice for the Vermont public on policies and matters related to health care and health insurance.

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 expertise of the attorneys in the other VLA projects.

Individuals contact us through our Burlington-based statewide hotline, the Vermont Legal Aid and Vermont Law Help websites, and by walking into one of the five VLA offices located around the state. For each case, HCA advocates analyze the situation, 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 information and advice about the insurance options in Vermont and assist if there are problems with enrollment. We also educate consumers about their rights and responsibilities and provide information about and assistance with appeal processes.

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 public advocacy efforts. The HCA works on behalf of all Vermonters for better access to and improved quality of health care through administrative and legislative advocacy and represents the public in rate review proceedings and other matters before the Green Mountain Care Board (the Board) and other state entities. Pursuant to Act 48 of 2011 and Act 171 of 2012, the Board is required to consult with the HCA about its policies and activities and their impact on consumers.

HIGHLIGHTS

SFY 2014

From July 1, 2013, through June 30, 2014, State Fiscal Year (SFY) 2014, the HCA consumer assistance hotline received 3,907 calls.¹ About 43% of these calls came from individuals on Medicaid programs run by the Department of Vermont Health Access (DVHA), 19% from individuals on commercial health plans, 25% involved Medicare² beneficiaries, and 13% were from uninsured individuals.³

The operational problems of Vermont Health Connect caused a sustained increase of more than 40% in HCA hotline calls beginning in December 2013.

Vermont launched its state-based exchange, Vermont Health Connect (VHC), on October 1, 2013, in compliance with the federal Affordable Care Act. From the beginning there were problems with VHC, which was the only place individuals could purchase and enroll in individual plans.⁴ There were so many problems with the website at first that many people delayed trying to complete their applications in October and November.

However, in December 2013, the last month for individuals to purchase plans for insurance coverage beginning January 1, 2014, Vermonters deluged the website and the VHC call center. The HCA's call volume jumped to a record 339 calls for the month, a 49% increase over December 2012's volume. Call volume each month since then has broken the HCA's record for that month, averaging between 40-45% higher than the previous year's call levels for the same month.

Total HCA call volume increased 23% in SFY 2014.

This year's call volume of 3,907 calls was about 23% more than the 3,167 we received in SFY 2013. The first quarter of the year was slightly lower than in 2013, but the subsequent three quarters were significantly higher. For the three quarters in which VHC was operating, 38% of the calls were VHC calls.

¹ The term "call" also includes individuals who come to us through our website or as walk-ins.

² Medicare beneficiaries may also be on DVHA programs, like Medicaid or VPharm.

³ These percentages do not add up to 100% because we do not ask callers what type of insurance coverage they have if it is not relevant to the issue they are calling us about. Also, some individuals have more than one type of insurance.

⁴ The HCA only provides assistance to individuals. It does not assist small businesses. Small businesses, defined as companies with 50 or fewer employees, were also supposed to purchase plans through VHC, but that requirement was lifted. Those employers were allowed to purchase exchange plans directly through the two insurers selling plans through VHC.

Calls related to eligibility increased 37%.

Calls about Eligibility for state benefits increased 37%, from 843 to 1156. This was a result of the elimination of the Catamount Health and VHAP programs, the creation of the new Medicaid “expansion” program pursuant to the Affordable Care Act, and the new premium tax credits and cost sharing reductions available for plans purchased through VHC to lower costs.

Calls related to difficulties accessing health care decreased 6%.

Access to Care calls decreased 6%, from 869 to 813. Although this was only a slight decrease, it is a positive sign that perhaps the new programs are increasing access.

Based on HCA call volume, health care appeared to become slightly more affordable.

The HCA received 15% fewer calls related to the lack of affordability of health care. When both primary and secondary issues are counted,⁵ we received 450 calls this year in which consumers complained that a specific service was unaffordable, compared to 527 last year. This was the first year since we started tracking Affordability that complaints on the issue have decreased.

The HCA saved individual consumers \$339,827.37 in SFY 2014.

This year, the HCA saved Vermonters 59% more than last year. HCA advocates got claims paid, written off or otherwise covered in 247 cases, prevented 67 individuals from losing their insurance and got 372 individuals onto insurance. We achieved this significant increase in good outcomes even though the number of complex cases we handled also increased by 44%.⁶

The HCA represented the public before the Green Mountain Care Board in 35 rate review proceedings.

This was the second SFY that the HCA has been the public’s voice in rate review cases. Because of the timing of the filings, particularly the VHC plan filings, no hearings were held this year.⁷ We appeared in 35 new contested cases and submitted 33 written memoranda. All cases were decided solely on the documents without hearings. In eight cases, the Board decisions reflected our requests. In 23 others, the Board adopted parts of what we requested.

⁵ The HCA assigns every case a primary issue. If more than one issue is raised in the call, we code the ones that are not the primary focus of the call as secondary. There can be multiple secondary issues in one call and thus the data on secondary issues can overlap.

⁶ A complex case is one that requires more than two hours of an advocate’s time.

⁷ The exchange plan hearings for the 2015 plan year were held in August, after the close of SFY 2014.

As the Green Mountain Care Board worked to bend the curve on health care costs through various payment reforms, the HCA worked to protect consumers and improve the quality of patient care.

Through the Board's efforts, in 2013 the State of Vermont was awarded a four-year, 45-million-dollar State Innovation Model (SIM) grant from the federal government. The grant funds the Vermont Health Care Innovation Project (VHCIP). The goal of the VHCIP is to expand and integrate innovative health care provider payment and information technology reforms to support a high-performing health care system in Vermont. The VHCIP includes seven work groups, a Steering Committee, and a Core Team. The HCA, coordinating with colleagues in other VLA projects, has been actively participating in VHCIP activities on behalf of consumers, focusing on Accountable Care Organization (ACO) standards, quality measures and consumer involvement.

The HCA launched a new website and expanded its outreach efforts.

In addition to launching a new health section of the *Vermont Law Help website* with clearly written, up-to-date text and many technology enhancements in the first quarter of SFY 2014, the HCA engaged in direct outreach with the public and with health and social services organizations, reached out to Vermonters through radio and television, published a brochure that included directions in eight languages telling how to get assistance from us through an interpreter, and worked diligently to keep the new website updated to provide the latest and most accurate information to Vermont consumers.

Trinka Kerr
Chief Health Care Advocate
December 2014

CONSUMER ASSISTANCE

DESCRIPTION OF CASELOAD

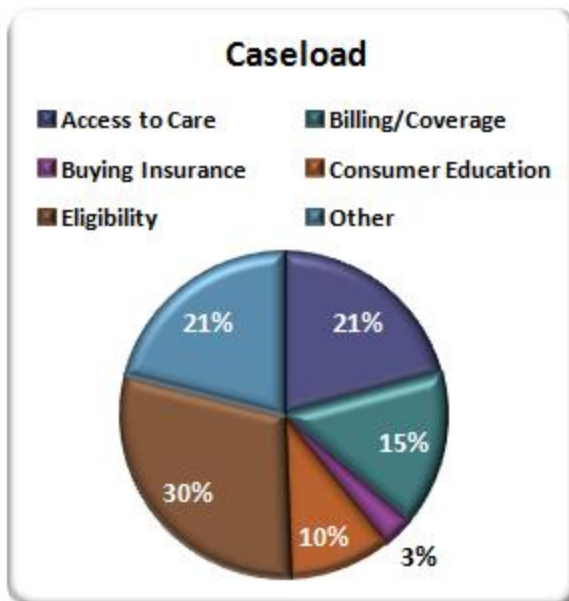
In State Fiscal Year (SFY) 2014, we handled 3,907 calls to our statewide hotline, compared to 3,167 in SFY 2013 and 3,060 in SFY 2012. We closed 3,816 cases during this period and had 151 cases pending at the end of June 2014. A total of 1,210 (31%) of the calls were related to Vermont Health Connect.

We subdivide the issues into six categories: *Access to Care*, *Billing and Coverage*, *Buying Insurance*, *Consumer Education*, *Eligibility*, and *Other*. Every case is assigned to one of these categories. While some cases span multiple categories, the case numbers in this section are based on the identified primary issue from each caller in order to avoid counting the same case more than once.

The distribution of issues also changed slightly. *Access to Care* and *Other* calls decreased, but every other category increased. The distribution was:

Access to Care (21% compared to 27%), *Billing and Coverage* (15% compared to 14%), *Buying Insurance* (3% compared to 1%), *Consumer Education* (10% compared to 9%), *Eligibility* (30% compared to 27%), and *Other* (21% compared to 22%).

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



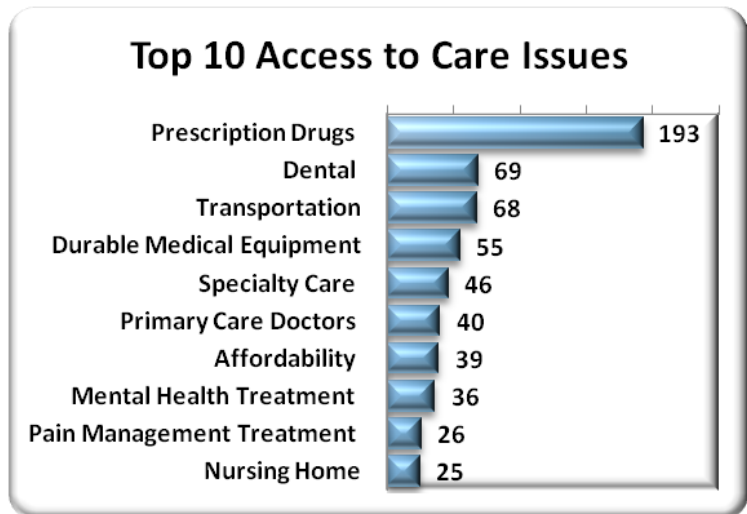
Access to Care

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 813, which is 6% lower than last year’s total of 868. An additional 1,234 callers cited access issues as secondary to their primary problem.

We have 48 subcategories in *Access to Care*. As has been the case for years, Prescription Drugs represented the greatest number of access issues. We received calls from 193 Vermonters unable to promptly get necessary medications, compared to 164 last year. The number of Prescription Drug cases increased by 18%, despite the fact that for the first time since Medicare Part D plans were introduced in 2006, we had no calls in which Medicare Part D was the primary problem.

The top ten *Access to Care* issues were similar to last year. Substance abuse treatment dropped to number 11 and was replaced by nursing home issues. The number of calls about nursing homes increased by 67%, and calls about durable medical equipment increased by over 14%. The top 10 access to care issues this year were:

- prescription drugs (193, compared to 164 in SFY 2013)
- dental care, dentures, orthodontia (69, compared to 93)
- transportation (68, compared to 79)
- durable medical equipment, supplies and wheelchairs (55, compared to 48)
- specialty care (46, compared to 53)
- primary care doctors (40, compared to 45)
- affordability (39, compared to 49)
- mental health treatment (36, compared to 56)
- pain management treatment (26, compared to 39)
- nursing home (25, compared to 15)



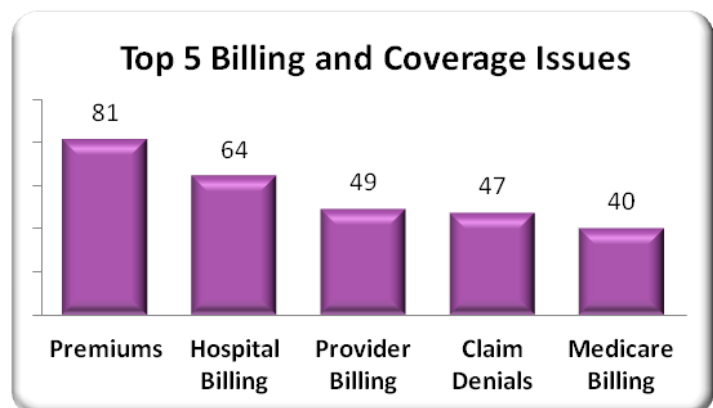
Billing and Coverage

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. We answered 602 calls in this category, compared to 451 last year. Despite the increase in the number of *Billing and Coverage* calls, the proportion of *Billing and Coverage* cases remained at 15% of total calls, the same as SFY 2013.

As a general rule, we now provide advice on ways to resolve billing problems, rather than providing direct intervention.

This change has enabled us to give higher priority to *Access to Care* and *Eligibility* calls.

Billing and Coverage calls are broken down into more than 35 subcategories. The top five most common types of billing calls were the same as last year, in a slightly different order.



They were:

- premiums (81, compared to 20 in SFY 2013)
- hospital billing (64, compared to 67)
- provider billing (49, compared to 34)
- claim denials (47, compared to 51)
- Medicare billing (40, compared to 22)

Eligibility

The number of calls related to *Eligibility* for health care coverage offered through the state increased by 37% in SFY 2014 over 2013. We received 1,155 calls in SFY 2014 about eligibility, representing 30% of this year’s total calls, compared to 843 (27%) in 2013 and 815 (27%) in 2012. Notably, an additional 1,702 calls raised *Eligibility* as a secondary issue, for a total of 2,857.

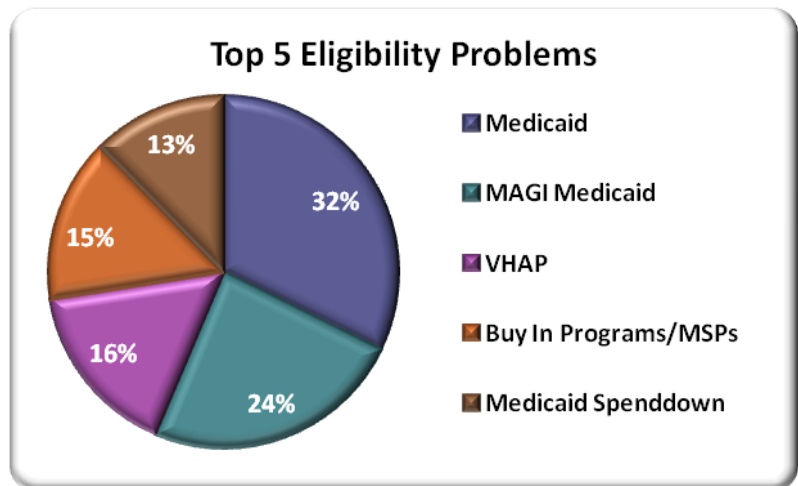
We expanded the number of subcategories within *Eligibility* from about 30 to 45 to capture the more complex issues associated with the new health care marketplace.

Medicaid, in particular, dominated four of the top five subcategories, which included:

- Medicaid - 182 calls, compared to 150 last year
- MAGI Medicaid - 136 (this category is new this year)
- VHAP - 91, compared to 160
- Buy In Programs/MSPs - 85, compared to 46
- Medicaid Spend Down Program - 70, compared to 78

Of the 1,155 calls in which *Eligibility* was recorded as the primary issue, 570 (49%) were related to Vermont Health Connect. Vermont Health Connect technology, application processing, change of circumstance, and invoice/payment and billing problems together accounted for 178 (more than 15%) of all *Eligibility* calls. Looking at both primary and secondary issues, the following subcategories provided significant challenges to our callers:

- VHC Website Technology (231)



- Premium Tax Credits (176)
- DCF/HAEU Mistakes (128)
- VHC Change of Circumstance (119)

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 2014, state health care programs include Medicaid, Dr. Dynasaur, VHAP, VHAP-ESIA, VHAP Pharmacy, VScript, VPharm, and combinations of Medicaid and Medicare. Commercial insurance consists of both individuals with small and 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 or is unknown, and the HCA does not get the information.

The breakdown this year, as compared to the previous two years is shown in this table.

	2014	2013	2012
State Programs	1,180 (30%)	1,053 (33%)	1,262 (41%)
Catamount & Premium Assistance ⁸	148 (4%)	149 (5%)	108 (4%)
Commercial Insurance	573 (15%)	355 (11%)	371 (12%)
Medicare	539 (14%)	400 (13%)	414 (14%)
Dual Eligible ⁹	415 (11%)	405 (13%)	316 (10%)
Uninsured	501 (13%)	340 (11%)	283 (9%)
Other	80 (2%)	100 (3%)	71 (2%)
Irrelevant/Unknown	471 (12%)	365 (12%)	622 (20%)

When beneficiaries who are Dual Eligible or have VPharm coverage are added into the Medicare total, more than 25% of the calls were from Medicare beneficiaries. The percentage of Medicare calls is stable this year, but the number of calls is up 35% - a trend that is likely tied to the aging of the population.

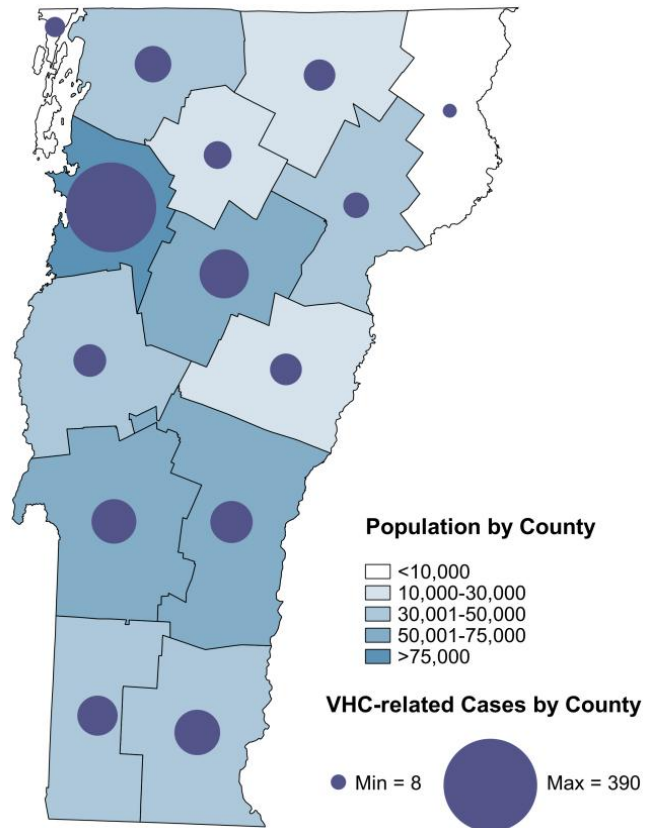
⁸ The Catamount Health and Catamount Health Premium Assistance (CHAP) programs were ended on March 31, 2014.

⁹ Dual Eligible is also known as Medicaid plus Medicare.

Vermont Health Connect Calls

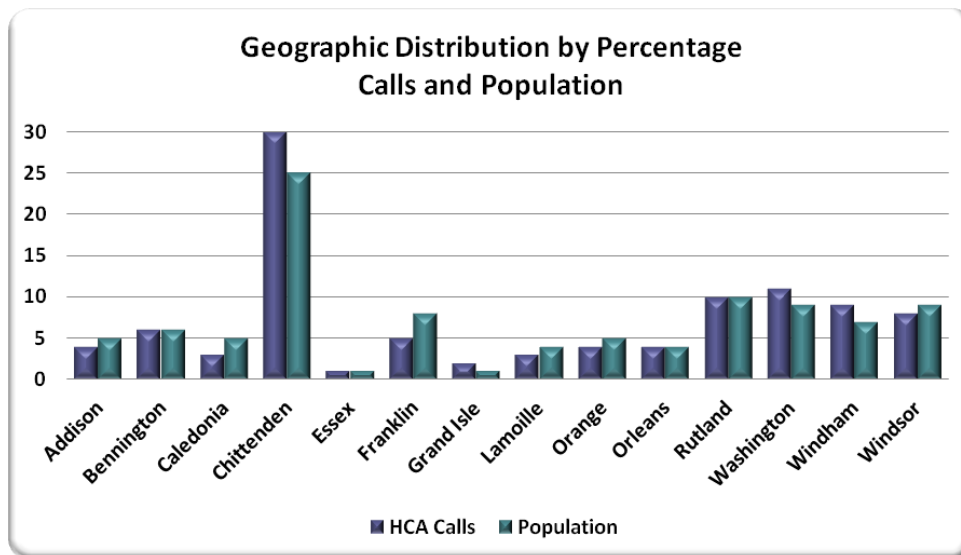
For the last three quarters of SFY 2014, many of the HCA’s calls were related to VHC. During those three quarters, 1,210 or 38% of our calls were from Vermonters seeking coverage through VHC.

Due to VHC’s initial problems, however, many people delayed trying to get coverage until December, so our call volume did not substantially increase until then. From December 1 through June 30, 43% of our calls were related to VHC.



Geographic Distribution of Calls

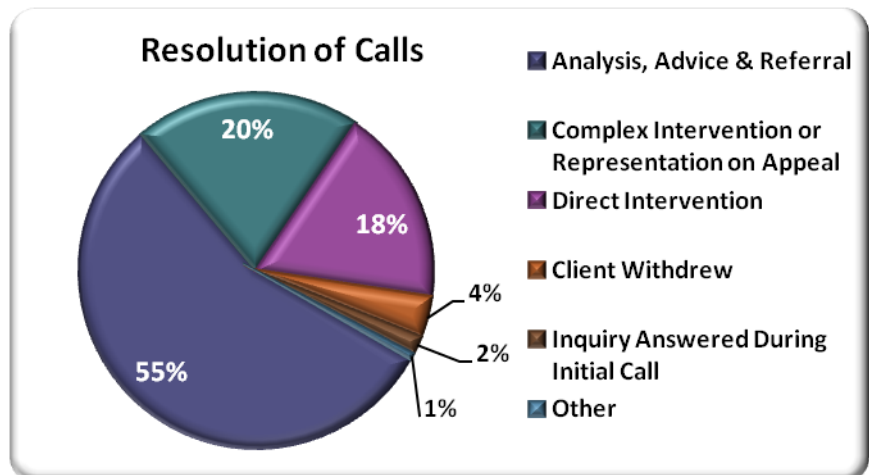
The HCA provides services statewide. While there was some variation by county, our calls are spread across the state in almost direct proportion to the population of the state. The chart below shows the number of calls the HCA received in SFY 2014 compared with the general population.



Resolution of Calls

In SFY 2014, the HCA closed 3,907 cases, compared to 3,190 last year. When each case is closed, we document how we resolved the case, where we referred the individual, and what materials we sent. The chart below compares the percentage of call resolutions, while the accompanying text describes how this year’s call resolutions compared with last year’s:

- *Analysis, Advice and Referral* (advice and/or referral after analysis for cases that are slightly more complex): 2,119 calls (55%), compared to 1,894 calls (59%), in SFY 2013



- *Complex Intervention* (direct intervention that took more than two hours to resolve case):

786 calls (20%), compared to 545 calls (17%) The number of *Complex Intervention* cases increased almost 70% in SFY 2014 compared to 2013, after having increased more than 96% in 2013 compared to 2012.

- *Direct Intervention* (made calls or took other action on behalf of the client, up to two hours of work per case): 683 calls (18%), compared to 439 calls (14%). The number of *Direct Intervention* cases increased 56% over the number handled in 2013.
- *Client Withdrew*: 141 calls (4%), compared to 163 (5%)
- *Inquiry Answered During Initial Call*: 63 calls (2%), compared to 143 (4%)
- *Other*: 24 calls (less than 1%), compared to 6 calls (less than 1%)

Appeals: The HCA helped individuals with 92 appeals, 54 (59%) of which were DVHA Fair Hearings, 9 were DVHA MCO internal appeals, 13 involved Medicare, and 16 were commercial plan appeals. With all the problems VHC had, we expected a sharp increase in the number of appeals. However, because VHC was aware of the high number of errors in processing eligibility, it resolved most complaints outside of the appeal system.

Outcomes

The HCA records outcomes whenever we know them. Frequently when we give advice, we do not know the ultimate result of that advice. However, we make every effort to track our outcomes when possible.

The HCA saved individual consumers \$339,827.37 in SFY 2014.

This table provides a summary of the services we provided to clients and the outcomes we obtained on their behalf in 2014, compared with 2013.

Outcome Summary	SFY 2014	SFY 2013
Advice or Education	1,971	1,814
Assisted with Application for Insurance	45	11
Bill Written Off	29	18
Claim Paid as a Result of HCA Intervention	35	28
Client Not Eligible for Benefit	32	14
Client Responsible For Bill	43	30
Estimated Eligibility for Insurance	188	108
Got Client onto Insurance	372	178
Obtained Coverage for Services	120	64
Other Access/Eligibility Outcome	274	199
Other Billing Assistance	97	71
Other Outcome	453	523
Patient Assistance Provided	24	9
Prevented Termination or Reduction in Coverage	67	89
Reimbursement Obtained	63	32
Service Excluded Under Contract	3	1
Grand Total	3,816	3,190

Case Examples

Here are two case examples that demonstrate the kind of work we do:

- Ms. A could not get post-surgery medication because her insurance had been incorrectly terminated for nonpayment of premium.

Ms. A went to the emergency room because she was having severe abdominal pain and was rushed into surgery. After she came home from the hospital, her husband went to pick up her prescriptions. The pharmacist told him that Ms. A had no insurance coverage. Because he could not afford the full cost of the medication, Mr. A left the pharmacy empty handed. He called VHC Member Services, but could not get through, so he called the HCA.

The HCA advocate determined that Mr. A's VHAP coverage had been improperly closed for nonpayment, as Mr. A had in fact paid the premium. The advocate was able to get the

processing of the payment expedited and get the As' VHAP reinstated so that Mr. A could get his wife the medication she needed. By getting their coverage reinstated, the HCA saved the As over \$5,000: the cost of her prescriptions, the hospitalization and the surgery.

- Mr. B and his family were incorrectly denied Medicaid.

Mr. B and his wife were very low income and were on VHAP. Their children were on Dr. Dynasaur. Knowing that the VHAP program was ending, Mr. B applied for other coverage in December by calling the VHC Customer Support Center. After two hours on the phone, the customer service representative told him the family was not eligible for Medicaid or Dr. Dynasaur and would have to buy a Qualified Health Plan for the family to continue coverage. The CSR did not adequately explain the subsidies they might get to reduce the cost of the premium.

Very discouraged, Mr. B concluded that they could not afford insurance. However, he was very worried because his wife has a chronic health condition and needed coverage. He called the HCA and asked for our help. The HCA advocate determined that VHC had not calculated the family's income correctly under the new rules. The advocate contacted VHC multiple times in order to get the income calculation corrected. In the end, both parents were found eligible for Medicaid and the children for Dr. Dynasaur.

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.

This year we sent out 1,468 CSQs and 422 (29%) were returned. Of those returned, 96% said they were Satisfied or Very Satisfied with the service they received from our office. About 87% reported they were Very Satisfied. Thirteen individuals said they were not satisfied. Most of these individuals had cases that lacked sufficient merit to obtain the outcome they desired. Many respondents used the CSQ as an opportunity to expound upon their frustrations with Vermont Health Connect.

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

I am so thankful for all the help as we are elderly and don't understand all the ins and outs of all these programs. We don't have computers and technology is moving so fast. I was so pleased to actually talk to a person the phone. [My advocate] was so comforting. It should not be so confusing.

Our advocate got further in one week than we did in three months!

**Our advocate
got further in
one week than
we did in three
months!**

[My advocate] was unbelievable! She helped unravel a very confusing error. I am so grateful you are there. I am generally capable of untangling most of life's situations but THIS was way over my head! I was reduced to nerves and sleepless nights but [it was all] smoothed over because of your help. Thank you!

You people are lifesavers and I'm very grateful.

I don't understand a lot of things. My wife who died last month always took care of everything. [My advocate] was very kind and sincere, and I was emotional and she understood. Thank you so much.

I was treated as an intelligent adult.

Your office helped me keep my Medicaid and helped with my prescriptions. I am very grateful. Your action helps my voice to be heard and I appreciate that very much. I feel safe just knowing you are there.

Thankful for a place where people care about their clients: professional, effective and caring. Your advocacy stands out in a most positive way in a health care system that appears to be very dysfunctional.

[My advocate] was extremely helpful. She was able to settle issues with my insurance in two days when I had tried for two months.

[It was] a great relief getting help with insurance. I was feeling like no one was listening to my problem but your team listened and was very helpful.

I was "protected" — meaning, what I didn't know or understand [my advocate] explained to me... I felt completely like I had someone on my side to make sure I was treated fairly... I'm sure that I would not have had the outcome to my case that I had if I had not had the assistance of [my advocate].

Thank you for explaining to me what happened. I've been trying to get an answer for over a year. I wonder why my insurance company couldn't have done that?

Thank you! I have been able to get my medication after going without for weeks and hope to return to work soon. [My advocate] treated me not only with dignity and respect but also with compassion, a trait I feared lost within bureaucracy... I worry that you will soon be swamped with people needing help. Please keep up the good work you do. Do your best not to be overwhelmed by people that turn to you for assistance. For many of us you are the last hope we have.

Your office was finally, after many calls to other places, able to get me the information I needed to give my providers, who were unable to get paid before your help.

Keep up the good work. I was dead in the water without your help.

It is a great service you provide for the people.

Thank you so much for listening to me when I was upset and crying.

My appeal was granted! [My advocate] provided excellent guidance in helping me write a thorough

It is a great service you provide for the people.

appeal to [my insurance company].

Before calling your office, I spent many hours on the phone, waiting to be helped due to “heavy call volumes and not getting the information or help I really needed. I wasn’t feeling well and each call was disappointing. I wasn’t sure anyone understood what I was really going through. Then, when I called you, I was helped immediately, and my questions were acted on and followed through on. It was a huge comfort to me at a very difficult time in my life.

I worked with the BEST woman in the whole State of Vermont!

Thank you very much for your help. I’m eighty-five now. I live on my Social Security and don’t like asking for help, but I have to.

Phenomenal reassurance after pulling my hair out for weeks. I truly believe this case would never have resolved without the HCA. It is unfortunate that utilizing your services was so necessary.

[My advocate] was quick to understand the challenges I was facing, very clear in explaining the details affecting my case, kept me up to date on the progress, and best of all, resolved my issue. Impressive.

I am overjoyed beyond words! You gave me back my insurance that I knew I was entitled to! I don’t know what I would have done without your help.

I am very grateful that the HCA exists and is so effective!

Not only was I treated with dignity and respect: the HCA saved my life.

Thank God you are there for people in times of need!

Not only was I treated with dignity and respect: the HCA saved my life.

PUBLIC ADVOCACY

GREEN MOUNTAIN CARE BOARD ACTIVITIES

Rate Reviews

The HCA entered appearances in 35 new contested health insurance rate review cases that came before the Green Mountain Care Board (the Board) in SFY 2014. We submitted 33 written memoranda and the cases were decided solely on the documents. In eight cases the Board's decisions reflected our requests, and in 23 others the Board adopted parts of our requests.

The HCA hired a new independent actuary during the year, Donna Novak of NovaRest, a firm based in Sahuarita, Arizona.

Filings

Because of the timing of the filings in 2013 and 2014 for products to be offered through the Vermont health insurance marketplace [Vermont Health Connect (VHC)], no hearings on VHC products were held during SFY 2014.

New filings for 2015 VHC products were filed by Blue Cross Blue Shield of Vermont (BCBSVT) and MVP on June 2, 2014. The HCA worked with its independent actuary to review these filings and prepare suggested questions for the Board to pose to the carriers. Four pre-hearing conferences for these filings were held in June.¹⁰

Significant Rate Filing for the End of Catamount Health

An important rate review case decided during the year involved a significant premium increase proposed by BCBSVT for its Catamount Health plan. The Catamount program was scheduled to end on December 31, 2013, and the carrier proposed a 24.4% increase for the final six-month period of the program. The Commissioner of the Department of Financial Regulation (DFR) recommended modifications to the rates which would have reduced the rate increase to 13.9%, and we recommended further reductions to medical trend, pharmacy trend and contribution to surplus. We argued that the Board should increase the rate no more than 5%.

The Board adopted some, but not all, of the HCA's suggested modifications and approved an increase of 11.9% in July. Out of 15,351 people in the Catamount program, 11,902 had state premium subsidies. For them, the state absorbed the increase. The remaining 3,449 were responsible for the full amount of the higher rate. Due to issues with VHC in the fall of 2013,

¹⁰ The hearings for the exchange plans for 2015 were held in August 2014, after the close of SFY 2014.

Catamount enrollees were allowed to stay on the program until April 1, 2014.

Rate Review Regulations

During the first half of the fiscal year, the HCA worked on proposed rate review regulations which were promulgated pursuant to changes in statute made in Act 79 of 2013. These rules took effect in January 2014. The HCA met with the Board's General Counsel and attended a public hearing with the Board and the carriers about these new rules. We also submitted written comments, which largely focused on maximizing opportunities for consumers to obtain information and offer input in the rate review cases.

The Board adopted many of the HCA's suggested changes in the version of the proposed regulations it filed with the Secretary of State in September. The changes clarified the process by which an individual or group can request interested party status, added to the information that will be made available to the public on the Board's website, ensured that the parties in the rate review filings will have timely access to the answers to questions posed to the carrier by the Board actuary, and made changes to the procedures followed by the Board during its 30-day review period. We also reviewed further changes in the regulations proposed by the staff attorney for the Legislative Committee on Administrative Rules (LCAR) and attended two meetings of LCAR when the regulations were considered.

Public Engagement in Rate Review

The HCA attended a presentation about design plans for a new DFR/Board website explaining rate review. When work on the new state website was completed in December 2013, we reviewed it and suggested changes to some of the content. For example, we identified issues with the way individuals signed up to receive notices about new rate filings through an RSS feed.

As part of our efforts to encourage public involvement in rate review proceedings, we worked with the HCA's outreach specialist to develop consumer education materials about the *rate review process* for our new website, including information about how the public can participate in rate review cases.

Other Rate Review Activities

The HCA participated in a panel at a rate review forum held by the Board in Burlington in May.

The HCA worked with two law school interns during the year. In 2013, Kroopa Desai assisted with our draft comments on the proposed Board rate review regulations and helped develop materials for the Vermont Law Help web site describing the rate review process. In 2014, Xavier Hardy helped to review and analyze the 2015 VHC rate filings and researched topics

including the effect of cost sharing on different populations in plan benefit design.

During the second half of the year, the HCA participated in national advocate discussions through two e-mail forums organized by Consumers Union, The Health Cost Forum, and a rate review group. The HCA also participated in calls about rate review organized by Families USA and Consumers Union. We contributed information for a Families USA five-part blog series *Challenging Health Insurance Premium Rates* published from April through June 2014. The blog entries shared tips and best practices from consumer advocates in several states about how to effectively participate in the health insurance rate review process.

Certificates of Need (CON)

The HCA began in January 2014 to monitor new and pending Certificate of Need (CON) letters of intent, requests for jurisdictional determination, and applications. We filed a Notice of Intervention as an Interested Party in the Fletcher Allen Health Care South Burlington Property Acquisition CON in June. The HCA has the right under the CON statute and rules to intervene in any case.

Hospital Budget Review

In August 2013, the Board performed its second annual hospital budget review. We prepared for the hearings by reviewing each hospital's budget materials and Community Health Needs Assessments, researching issues that affect the hospitals' budgets and care quality, and submitting suggested questions for the Board to pose to the hospitals. We attended all 14 hearings and submitted post-hearing comments to the Board.

Our hospital budget comments focused on the need for hospitals to increase consumer input on hospital planning and budgeting, the necessity for research and policy reforms on hospitals' treatment of individuals with mental illness, health care reform initiatives relating to hospitals, and the negative impact of the Medicaid cost shift on hospital budgets. We also commented on each hospital's specific budget.

At the suggestion of the Board's General Counsel, we also sent our hospital budget comments to each Vermont hospital.

Other Green Mountain Care Board Activities

Pursuant to Act 48 of 2011 and Act 171 of 2012, the Board is required to consult with the HCA about various health care reform issues. The HCA is directed in Act 79 of 2013 to "suggest policies, procedures, or rules to the Board in order to protect patients' and consumers' interests." The primary areas we focused on in 2013 are outlined below.

QHP Plan Design

The HCA submitted brief comments to the Board supporting a proposed 2015 plan design adjustment for pediatric dental benefits for the VHC Qualified Health Plans that was requested by the Department of Vermont Health Access.

VITL's Vermont Health Information Exchange (VHIE) Consent Policy

VITL (Vermont Information Technology Leaders) is an organization that is creating an electronic health information exchange in Vermont. In early 2014, the HCA learned that VITL had proposed to change its patient consent policy from one which allowed patients to decide which of their providers would have access to their records on the health information exchange to giving patients only two choices: to allow all of their providers access or none.

In addition to concerns about the scope of the global opt-in policy, the HCA identified two major concerns: the need for plain language consent forms, revocation forms, and informational materials to protect patient confidentiality and security and the lack of protections against security breaches of patients' private health information proposed to be stored on the Exchange.

The HCA submitted public comments on the proposed revisions to the consent policy to the Agency of Administration and two sets of public comments to the Board. The Agency of Administration adopted some of the changes the HCA recommended regarding clarifying language in the consent policy. The Board responded to the HCA's comments by ordering VITL, at the HCA's request, to work with the HCA to develop plain language information materials including consent forms, revocation forms, and supplemental materials. The HCA and VITL completed the revised materials in the spring of 2014. VITL's original consent form was written at a reading level of grade 18, which is considered to be understandable to readers with six years of post-high-school education. The final, revised consent materials were written at an average eighth grade reading level. The HCA's work with VITL will help Vermont patients to understand the Vermont Health Information Exchange and what it will mean if the individual gives or withholds consent for his or her information to be accessed on the exchange.

Plain Language Materials

In the past year, the HCA prioritized advocating for the use of plain language in materials written for health care consumers. Many agencies draft materials in language too complex or high-level for the average consumer to read and understand.

The HCA worked extensively with the two Medicaid Shared Savings Program ACOs (OneCare Vermont and Community Health Accountable Care), VITL, and DVHA to improve the readability of their consumer materials. The VITL project is described above, and the ACO project is detailed below. The revised materials included patient notices, opt out and change

of preference forms, phone scripts for call center staff who answer consumer questions, and consumer advisory group recruitment materials.

Additionally, we brought the issue of plain language materials to the Green Mountain Care Board at one of our monthly meetings with board staff and subsequently created a summary of widely used guidelines for writing in plain language. We shared the summary with the Board and DVHA staff.

Additionally, this year we:

- Attended 41 Board meetings, including six meetings related to hospital budget review
- Met three times with the Board Chair and met regularly with Board staff
- Attended three Board Advisory Committee meetings
- Submitted a letter to the Board reviewing our 2013 recommendations to the Board
- Participated in the Patient Experience Survey RFP review

VERMONT HEALTH CARE INNOVATION PROJECT ACTIVITIES

In 2013, the State of Vermont was awarded a four-year, 45-million-dollar State Innovation Model grant from the federal government. The grant funds the Vermont Health Care Innovation Project (VHCIP). The goal of the VHCIP is to expand and integrate innovative health care provider payment and information technology reforms to support a high-performing health care system in Vermont. The VHCIP includes seven work groups, a Steering Committee, and a Core Team.

The Chief Health Care Advocate is an active member of the VHCIP Steering committee. In 2013, HCA staff members and the Chief Health Care Advocate participated as active members in six of the seven VHCIP work groups:

- Quality and Performance Measures Work Group (formerly the ACO Measures Work Group)
- Payment Models Work Group (formerly the ACO Standards Work Group)
- Population Health Work Group
- Health Information Exchange/Health Information Technology Work Group
- Disability and Long Term Services and Supports Work Group (formerly the Duals Demonstration Work Group)
- Care Models and Care Management Work Group

Additionally, the HCA monitored the activities of the Health Care Workforce Work Group, which is appointed by VHCIP and the Governor, and the VHCIP Core Team as an interested party.

VHCIP activities required a significant amount of HCA staff members' time and resources in 2013. Beginning in January, each of the seven work groups and two governing bodies met approximately monthly for two to three hours, with many meetings requiring review of substantial materials in advance. Additionally, the HCA produced numerous sets of written comments on myriad topics for the work groups, Steering Committee, and Core Team.

The VHCIP payment reform pilot projects include Vermont's Medicaid and Commercial Accountable Care Organization (ACO) Shared Savings Programs. The HCA has done extensive work on the ACO model within the VHCIP structure, including contributing to the development of ACO standards and quality measure sets. Additionally, the HCA has worked directly with the ACOs to improve the readability of their consumer outreach materials and to recruit for their consumer engagement activities, including consumer advisory boards and consumer members for the ACOs' governing bodies.

POLICY PAPERS

The HCA researches and writes policy papers about health care issues that affect Vermonters. In SFY 2014, HCA staff members wrote three policy papers, which are available on the [health care policy page](#) of our website:

- Accountable Care Organizations
Accountable Care Organizations - What is the Evidence? (January 2014)
- Affordable Care Act: Taxes and Penalties
Low-Income Taxpayers and the Affordable Care Act (January 2014)
- Personal Health Information
Protected Health Information: What Vermonters Should Know (June 2014)

OTHER PUBLIC ADVOCACY

In addition to providing services to individuals, the HCA works for systemic change. Because we talk to consumers every day and track data, we can serve as a sentinel to policy makers. We see trends in problem areas and try to get them fixed. We inform public agencies and the legislature about the health care concerns of consumers, and we make recommendations for changes. We monitor, analyze, and comment on federal and state laws and regulations. We collaborate with federal and state advocacy organizations in order to strengthen the voice of consumers in the public debate. We strive to promote the development of consumer organizations and to educate citizens about their rights and responsibilities.

Legislative Advocacy

The HCA staff frequently speaks to state legislators, attends committee hearings, submits reports on the trends and cases we are seeing, and provides written and oral testimony to

standing committees. When the legislature is not in session, we report regularly to the Health Care Oversight Committee and Health Reform Oversight Committee.

In the past year:

- The HCA Participated in at least 114 legislative activities, including attending numerous committee hearings, testifying 15 times, and submitting 10 documents to legislative committees.
- The HCA’s legislative work focused primarily on two areas: the major health reform bill (introduced as S. 252 and passed as H. 596) and Vermont Health Connect.

Administrative Advocacy

The HCA works for systemic change through state and federal agencies. This year, our administrative advocacy focused on Vermont Health Connect, including extensive work on the Health Benefit Eligibility and Enrollment (HBEE) regulations.

Vermont Health Connect

In the past year, the HCA advocated extensively for improvements to VHC. We submitted more than 20 sets of comments on notices developed by VHC and DVHA; participated with other stakeholders in a work group to improve the VHC application; and submitted numerous questions, complaints, and suggestions to VHC as the program’s rollout and implementation caused problems for consumers. We also shared information and coordinated with several Navigators to try to improve Vermonters’ experiences with VHC and to resolve problems; met several times and communicated with BCBSVT and MVP to develop strategies for helping consumers; and starting on October 30, met every two weeks with Maximus (the VHC call center vendor), VHC, and Economic Services Division staff to give feedback on the problems we were seeing and discuss possible solutions.

Health Benefit Eligibility and Enrollment (HBEE) Regulations

Throughout the year, the Agency of Human Services (AHS) worked on regulations for implementing the new health insurance programs required by the Affordable Care Act. These proposed and emergency rules went through the Administrative Procedures Act process. They not only set out the requirements for Vermont’s expanded Medicaid program and the purchase of commercial plans through VHC, but also integrated some of the previous Medicaid program rules into one set of rules.¹¹

¹¹ These regulations continue to evolve as the federal government issues more guidance.

The HCA, in collaboration with other projects at Vermont Legal Aid, has been highly involved in this process. We submitted multiple sets of extensive comments, including comments on the emergency rules and 40 pages of formal comments on the HBEE final proposed regulations. We also had numerous discussions with VHC attorneys and AHS staff about the rules.

On June 26, 2014, we testified before the Legislative Committee on Administrative Rules (LCAR) about the HBEE regulations. Although we had resolved many of our concerns with AHS, we opposed portions of the rules at that LCAR meeting. We believed certain provisions changed the Choices for Care program and might harm a small group of Vermonters. As a result, LCAR delayed its decision on the rules until its next scheduled meeting, on July 10, 2014. By that time the HCA and VLA had reached a resolution with AHS. We withdrew our opposition to the rules and AHS agreed to continue to work with us to improve the regulations, including the provision related to the Choices for Care program. LCAR approved the rules with a number of amendments that AHS had negotiated with various stakeholders, including the HCA.

Medicaid and Exchange Advisory Board

Over the past year the Chief Health Care Advocate has been an active participant in the Medicaid and Exchange Advisory Board (MEAB). This year the chief participated in 9 MEAB meetings and chaired a MEAB work group on Improving Access to Medicaid services. The work group's role is to give consumers a way to provide feedback and suggestions to DVHA. This year, the work group developed a "roadmap" for consumers seeking durable medical equipment and raised a number of other access issues that continue to be discussed.

Other Activities

This year, the HCA:

- Gave a presentation on consumer assistance programs at the National Health Law Program annual conference in Washington, D.C. in December.
- Submitted a final report to the federal Center for Consumer Information and Insurance Oversight (CCIIO) at the conclusion of our Consumer Assistance Program funding under the ACA.
- Participated in a work group pursuant to Act 150 of 2012 that developed recommendations to improve the accessibility and comprehensibility of filings required by health insurers.
- Participated in the Palliative Care and Pain Management Task Force, created pursuant to Act 25 of 2009 and led by the Vermont Ethics Network.

- Participated in the Unified Pain Management System Advisory Council, created by Act 75 of 2013, which advises the Commissioner of the Vermont Department of Health (VDH) on matters relating to the appropriate use of controlled substances in treating chronic pain and addiction and in preventing prescription drug abuse.
- Participated in the Surrogate Consent workgroup run by VDH, which is working to resolve issues surrounding Do Not Resuscitate orders, Clinical Orders of Life Sustaining Treatment, and admission to hospice for individuals who have not designated an agent through an advance directive.
- Participated in the Governor’s Consumer Advisory Council
- Participated in Single Payer Advocates meetings
- Developed a training on VHC eligibility and enrollment for other Vermont Legal Aid projects and staff
- Participated in the VHC Consumer Experience Work Group
- Participated in VHC Customer Support meetings with Maximus, VHC, DVHA and HAEU

Additionally, HCA staff participated in the following staff training activities:

- The Families USA Health Action 2014 Conference, January 23-25, 2014 in Washington, D.C.
- A webinar on Designing Silver Health Insurance Plans with Affordable Out-of-Pocket Costs for lower and moderate income individuals
- Webinars on rate review hosted by Consumers Union
- A webinar on meaningful Consumer Engagement, hosted by CMS in collaboration with The Lewin Group and Community Catalyst
- A webinar on Community Health Needs Assessments and Health Equity, hosted by the Association of State and Territorial Health Officials (ASTHO)

COORDINATION

The HCA works closely with the Long Term Care Ombudsman and other VLA attorneys. In addition, we coordinate our efforts with many consumer and advocacy groups to expand access to health care, including the American Civil Liberties Union (ACLU), Bi-State Primary Care, Community of Vermont Elders (COVE), Disability Rights Vermont, Families USA, Planned Parenthood of Northern New England, Vermont Campaign for Health Care Security, Vermont CARES, Vermont Family Network, Vermont Interfaith Action, Vermont Public Interest Research Group (VPIRG), and Voices for Vermont’s Children.

OUTREACH AND EDUCATION

In addition to launching a new health section of the Vermont Law Help website with clearly written, up-to-date text and many technology enhancements this year, the HCA engaged in direct outreach with the public and with health and social services organizations, reached out to the public through radio and television, published a brochure that included directions in eight languages telling how to get assistance from us through an interpreter, and worked diligently to keep the new website updated to provide the latest and most accurate information to Vermont consumers.

New Health Website Launched

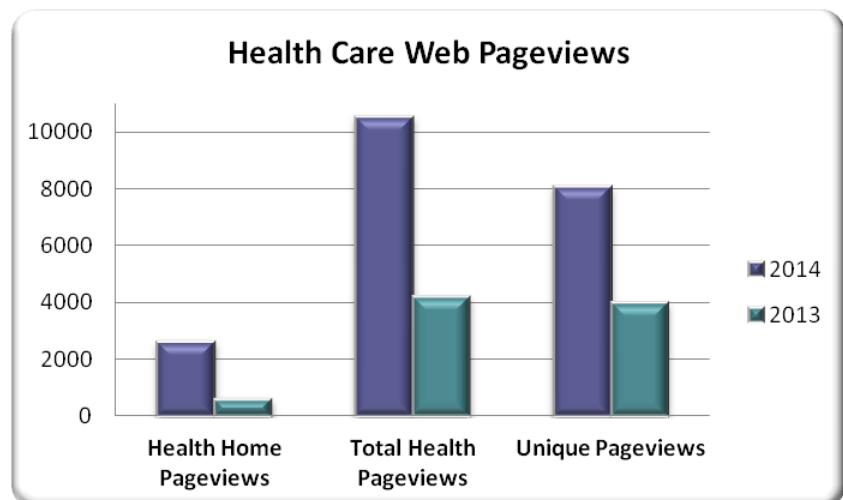
The new *Vermont Law Help website* was launched on September 4. We worked to improve consumers' ability to easily find information and to navigate through the site. An advanced search function enables us to identify the most relevant resources that should be returned for a given search. Easy-to-find tools let users adjust the font size and translate the entire site, including navigation buttons and sidebars, into the seven languages that are most common among the populations we serve.

The *Health section* offers more than 150 pages of consumer-

focused information maintained by the HCA and features an online intake form that allows Vermonters across the state to submit a request for assistance 24/7. The HCA launched a new *policy section* to share policy papers and the HCA's work to represent consumers before the Green Mountain Care Board, the legislature, and state agencies, committees, boards and task forces.

Google Analytics indicate that consumers are interacting more with the site compared with last year:

- The number of views of the health home page jumped by 358% to 2,610 (SFY 2014) from 569 (SFY 2013)
- Total pageviews increased by 152%, to 10,507 (SFY 2014) from 4,171 (SFY 2013)
- Unique pageviews increased by 103%, to 8,045 (SFY 2014) from 3,960 (SFY 2013)
- The bounce rate (the number of people entering and exiting from a page without interacting with the page) has decreased



Besides the health home page, the page topics that were most viewed included Medicaid, dual eligible (Medicare/Medicaid), prescription drugs, health care reform, health insurance, Vermont Health Connect, dental, rate reviews and health care policy.

The Health section features an online intake form that enables Vermonters to request help at a time that is convenient for them.

Presentations

The HCA tabled or presented programs at 13 venues in several locations in Vermont. The outreach efforts included a workshop on Vermont Health Connect at Vermont Family Network’s annual meeting and at Vermont Legal Aid’s annual Staff College, tabling on Church Street and the Farmers’ Market in Burlington, meeting with the staff of an agency serving seniors, and a presentation in public libraries in three towns simultaneously via videoconference. The HCA reached approximately 350 Vermonters directly, with the potential to reach an estimated 20,000 through those participants.

Brochure

In October, we published a new brochure explaining what the Health Care Advocate’s office does and how Vermonters can get help with health care access/insurance issues. We distributed all 250 copies within two months and re-published the brochure using our new name. By early spring, we were printing for the third time. The brochure includes instructions in eight languages telling New Americans living in Vermont how to get help from the HCA through an interpreter. We emailed a PDF of the brochure to the HCA’s partner organizations and agencies and to the Vermont Congressional delegation offices.

Email Outreach

We sent an email to 470 UVM social work undergraduate and graduate students and alumnae to explain what the HCA is and how Vermonters can get help with health care access and insurance issues. Additionally, we sent a branded email campaign about the new Health website to 40 HCA partners who may refer Vermonters to the HCA or to the website for help. A total of 177 recipients opened the email, suggesting that the email was passed along to many others with an interest in the HCA’s work. A branded email about the entire Vermont Law Help website, including the health section, was sent to more than 200 friends of Vermont Legal Aid, netting more than 400 opens. We also sent a traditional email to 40 HCA partners and 32 Navigator organizations with a PDF of the new brochure and a link to our website.

Need an Interpreter?

هل انت بحاجة إلى مساعدة بالعمية؟ إتصل بنا رقم التالى 1-800-917-7787 وإختر 0 ثم أخيرا عن إسمك وعن رقم هاتفك ولى عربى

တင်ဆက်မှု အကူအညီ လိုအပ်က ၀-၀၀၀-၉၁၇-၇၇၈၇ သို့မဟုတ် ၀ (၁၁၁၁) ဝန်ထောက် သင့်အားကူညီပေး နိုင်မည်ကို ဝန်ထောက်များ ဖြစ်ကော့ မြန်မာဘာသာ (Burmese) လိုအပ်ပါသည်။

您需要母语的帮忙吗？请拨打 1-800-917-7787, 请按0, 告诉我们您的姓名和电话, 讲“中文”

¿Necesitas ayuda en tu idioma? Llame al 1-800-917-7787. Elegir 0. Dinos tu nombre y número de teléfono. Diga "Español."

Unahitaji msada kwa lugha yako? Piga simu 1-800-917-7787. Chagua 0. Twambie jina lako na namba yako ya simu. Sema "Kiswahili."

के तपाईं तपाईं को भाषा को लागि साहाय्य चाहन्छ? निम्न लिखित नम्बर मा सार्के गर्नु होस् 1-८००-९१७-७७८७ त्यस पछि (सुन्नु) • तपाईं को नाम अनि फोन नम्बर बताउनुहोस् । अनि "नेपाली" भन्नुहोस् ।

Mi'ubaahantahay in Laguu raadiyu Turjubaan? Waxaad wacdaa 1-800-917-7787. Waxaad riixdaa "0". Noo sheeg Magacaaga iyo Telefoon Nambarkaaga. Dheh "Somali"

Bạn cần giúp bằng ngôn ngữ của mình không? Xin gọi 1-800-917-7787. Chọn 0. Cho chúng tôi Tên và số phôn của bạn. Nói "Vietnamese"

VERMONT LEGAL AID

Health Care Advocate (HCA)

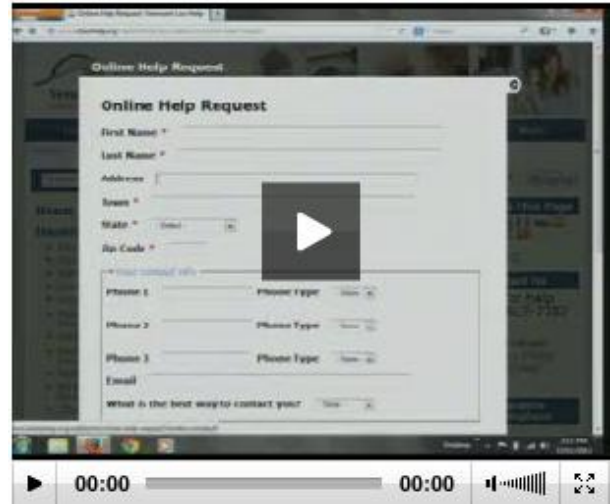


Free service to help all Vermonters with medical care, billing or health insurance issues

1-800-917-7787

Television

In mid-November, we produced a 30-second video PSA focusing on the HCA’s new website and how to contact us for assistance. The program was distributed to cable access stations across Vermont and aired numerous times. In mid-December, we produced a half-hour television program at a local access television station about the HCA, what we do and how Vermonters can get help from us. The program was distributed to cable access stations across Vermont, aired numerous times and is embedded in our website.



Press Releases

We issued a total of nine press releases this quarter. Trinkia Kerr was quoted about health care issues in numerous media articles published in outlets throughout the state and the U.S.

EXPENDITURES

Vermont Legal Aid, Inc.

HCA ANNUAL REPORT SFY 2014
 July 1, 2013 to June 30, 2014

Personnel	SFY 2013 Total
Project Director	\$93,791.21
Attorneys	\$231,042.38
Lay Advocates and Para Professional Staff	\$261,677.46
Management Professional Staff	\$102,237.11
Clerical Support	\$42,982.97
	<i>Total Salaries:</i> \$731,731.13
	<i>Fringe Benefits:</i> \$358,978.75
	Total Personnel: \$1,090,709.89
<u>Operating Costs</u>	
Occupancy	\$101,190.11
Office Supplies and Other Office Overhead	\$21,149.41
Copiers and Other Office Equipment	\$8,440.34
Computer Services and Support	\$43,137.39
	Total Operating: \$173,917.25
<u>Grant or Contract Specific Expenses</u>	
Actuarial Services	\$25,687.50
Travel	\$10,273.42
Training	\$9,679.59
Law Library	\$4,065.32
Other Specific Costs	\$19,182.19
	Total Specific Expenses: \$68,888.02
<u>Administrative Overhead</u>	
Administrative Support Expenses	\$19,094.81
Depreciation	\$14,773.27
	Total Administrative Overhead: \$33,868.08
	TOTAL: \$1,367,383.23

SFY 2014 INCOME**Advocacy**

Department of Vermont Health Access	\$303,500.00
Vermont Department of Financial Regulation	\$157,500.02
Vermont Department of Financial Regulation (federal grant)	\$39,708.72
Vermont Agency of Administration	\$447,516.56
<i>Advocacy Subtotal</i>	\$948,225.31

Outreach and Website

Vermont Department of Financial Regulation (federal grant)	\$46,004.45
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Rate Review and Green Mountain Care Board

Vermont Department of Financial Regulation (federal grant)	\$74,809.09
Vermont Agency of Administration	\$298,344.38
<i>Rate Review and GMCB Sub-Total</i>	\$373,153.47

<u>Total</u>	\$1,367,383.23
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