

Notes on issues generating calls - last Q of calendar year 2016. - Office of Health Care Advocate

HHC 2017-18
1/12/17
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G. The top issues generating calls

The listed issues in this section include both primary and secondary issues, so some of these may overlap.

All Calls 883 (compared to 1018 last quarter)

1. MAGI Medicaid eligibility 130 (126)
2. VHC Premium Tax Credit eligibility 95 (78)
3. Complaints about providers 75 (81)
4. VHC invoice/billing problem affecting eligibility 65 (59)
5. VHC complaints 59 (63)
6. Information/applying for DVHA programs 59 (58)
7. Access to prescription drugs 56 (76)
8. Buy-in programs/Medicare Savings Programs 55 (48)
9. VHC Change of Circumstance 54 (74)
10. DVHA/VHC premium billing 52 (99)
11. Medicaid eligibility (non-MAGI) 44 (52)
12. HAEU mistake 43 (37)
13. VPharm eligibility 42 (29)
14. Consumer education about IRS reconciliation 39 (32)
15. Affordability affecting access to care 38 (25)
16. Consumer education about Medicare 36 (41)
17. Confusing notice related to eligibility 35 (45)
18. Information about VHC 33 (27)
19. Special Enrollment Periods (eligibility) 32 (49)
20. Medicaid spend down (eligibility) 31 (21)
21. VHC renewals (eligibility) 27 (6)

Commented [RW1]: Items on the Top 20 list last quarter not on the list this quarter: Information about HCA (27 last Q, 16 this Q), Consumer education about Fair Hearings (49, 26), Grace periods - VHC (43, 24)

Vermont Health Connect Calls 359 (compared to 442 last quarter)

1. MAGI Medicaid eligibility 121 (116)
2. Premium Tax Credit eligibility 94 (75)
3. VHC invoice/payment/billing problem affecting eligibility 65 (55)
4. VHC complaints 59 (62)
5. Change of Circumstance 52 (65)
6. DVHA/VHC premium billing 48 (94)
7. Termination of insurance 43 (50)
8. HAEU mistake 39 (36)
9. Consumer education about IRS reconciliation 39 (31)
10. Information about VHC 32 (22)
11. VHC renewals (eligibility) 27 (6)

Commented [RW2]: Items not on list this Q from last Q: Grace periods - VHC (43 last Q, 24 this Q); Special enrollment periods (40, 22); Consumer ed about Fair Hearings (37, 20); Access to prescription drugs (32, 24)

DVHA Beneficiary Calls 269 (compared to 300 last quarter)

1. MAGI Medicaid eligibility 58 (46)
2. Information/applying for DVHA programs 29 (26)
3. Complaints about providers 27 (33)
4. Medicaid eligibility (non-MAGI) 20 (20)
5. Confusing notice 16 (14)

Commented [RW3]: Not on the list this Q from last Q: Info about Medicaid Renewal/Review (14, 7); Consumer ed about Fair Hearings (12, 5); HAEU mistake (11, 8)

6. VHC Premium Tax Credit eligibility 16 (9)
7. Buy-in programs/Medicare Savings Programs 16 (9)
8. Change of Circumstance 15 (19)
9. Provider billing problems 15 (1)
10. Medicaid/VHAP Managed Care Billing 14 (11)
11. VPharm eligibility 13 (10)
12. Access to dental care 10 (6)
13. Home health 10 (1)
14. PA Denial 10 (7)
15. Transportation 9 (18)
16. Medicaid Renewal/Review 9 (14)
17. Consumer education about Medicare 9 (10)

Commercial Plan Beneficiary Calls 178 (compared to 252 last quarter)

1. Premium Tax Credit 51 (46)
2. VHC invoice/payment/billing problem related to eligibility 36 (48)
3. DVHA/VHC premium billing 30 (69)
4. Consumer education about IRS reconciliation 26 (22)
5. VHC complaints 24 (37)
6. Change of Circumstance 22 (40)
7. VHC renewals (eligibility) 21 (3)
8. MAGI Medicaid eligibility 19 (23)
9. HAEU mistake 14 (13)
10. Grace periods – VHC 12 (28)

Commented [RW4]: Confusing notice (17, 8); Consumer education about IRS Penalty (17, 7); Disenrollment at consumer request (13, 6); Termination of insurance (13, 7)

H. The top issues generating calls

The HCA received 883 total calls this quarter. Callers had the following insurance status:

- **DVHA program beneficiaries** (Medicaid, Medicare Savings Program also called Buy-In program, VPharm, or both Medicaid and Medicare also known as “dual eligible”): 30% (265 calls), compared to 31% (316 calls) last quarter
- **Medicare¹ beneficiaries** (Medicare only, Medicare Advantage Plans, Medicare and a Medicare Supplemental Plan aka Medigap, Medicare and Medicaid also known as “dual eligible,” Medicare and Medicare Savings Program also called Buy-In program, Medicare and Part D, or Medicare and VPharm): 30% (316 calls), compared to 26% (266) last quarter
- **Commercial plan beneficiaries** (employer-sponsored insurance, small group plans, or individual plans): 18% (159), compared to 22% (220) last quarter
- **Uninsured:** 14% (124) of the calls, compared to 13% (132) last quarter

Case Results

A. Dispositions of Closed Cases

¹ Because Medicare beneficiaries can also have commercial or DVHA coverage, these Medicare numbers overlap with the figures for those categories.

All Calls

We closed 913 cases this quarter, compared to 1,059 last quarter:

- 28% (256 cases) were resolved by brief analysis and advice
- 27% (249) of the cases were complex interventions involving complex analysis, usually direct intervention, and more than two hours of an advocate's time
- 26% (240) were resolved by brief analysis and referral
- 11% (103) were resolved by direct intervention, including calling an insurance company, calling providers, writing letters, gathering supporting medical documentation, etc.
- In the remaining cases (65), clients withdrew, resolved the issue on their own, or had some other outcome.

Appeals: The HCA assisted 38 individuals with appeals: 27 Fair Hearings, 2 Medicaid MCO Internal appeals, 2 Commercial Insurance – Internal 2nd Level appeals, 2 Commercial Insurance – Internal 1st Level appeals, 4 Commercial Insurance – External appeals, and 1 Medicare Part A, B, or C Appeal.

DVHA Beneficiary Calls

We closed 274 DVHA cases this quarter, compared to 315 last quarter:

- 36% (99 cases) were resolved by brief analysis and/or advice
- 24% (67) of the cases were considered complex intervention, which involves complicated analysis, usually direct intervention, and more than two hours of an advocate's time
- 23% (62) were resolved by brief analysis and/or referral
- 13% (35) of the cases were resolved by direct intervention on the caller's behalf, including advocacy with DVHA and providers, writing letters, and gathering medical information.
- In the remaining cases, clients withdrew, resolved the issue on their own, or had some other outcome.

Appeals: The HCA assisted 5 DVHA beneficiaries with appeals: 3 Fair Hearings and 2 Medicaid MCO Internal appeals

Commercial Plan Beneficiary Calls

We closed 284 cases involving individuals on commercial plans, compared to 345 last quarter:

- 22% (62 cases) were resolved by brief analysis and/or advice
- 14% were resolved by brief analysis and/or referral
- 39% (112) were considered complex intervention, which involves complicated analysis, usually direct intervention, and more than two hours of an advocate's time
- 19% (55) were resolved by direct intervention on the caller's behalf, including advocacy with the carrier and providers, writing letters, and gathering medical information
- In the remaining cases clients withdrew, resolved the issue on their own, or had some other outcome.

Appeals: The HCA assisted 34 commercial plan beneficiaries with appeals: 4 Commercial Insurance – External appeals, 2 Commercial Insurance – Internal 1st Level appeals, 2 Commercial Insurance – Internal 2nd Level appeals, 25 Fair Hearings, and 1 Medicaid Part A, B, or C appeal.

B. All Calls Case Outcomes

The HCA helped 91 people get enrolled in insurance plans and prevented 14 insurance terminations or reductions. We obtained coverage for services for 20 people. We got 20 claims paid, written off, or reimbursed. We estimated VHC insurance program eligibility for 34 more. We provided other billing assistance to 28 individuals. We provided 499 individuals with advice and education. Four people were not eligible for the benefit they sought, and five were responsible for the bill they disputed. We obtained other access or eligibility outcomes for 82 more people.