

VERMONT LEGAL AID, INC.

OFFICE OF THE HEALTH CARE ADVOCATE

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OFFICES:

BURLINGTON

RUTLAND

ST. JOHNSBURY

OFFICES:

MONTPELIER

SPRINGFIELD

SFY 2017 Budget

Income

Department of Vermont Health Access		
Medicaid Funds (part Federal)	\$	433,654
Vermont Health Connect		300,000
Vermont Department of Financial Regulation		
State DFR Core		173,752
Green Mountain Care Board		
State Bill Back Funds		510,000
Additional legislative funds		40,000
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TOTAL CONTRACT FUNDING	\$	1,457,406
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Quarterly Report

October 1, 2017- December 31, 2017

Case Results

A. Dispositions of Closed Cases

All Calls

We closed 885 cases this quarter, compared to 808 last quarter:

- 35% (312 cases) were resolved by brief analysis and referral
- 29% (261) were resolved by brief analysis and advice
- 18% (160) of the cases were complex interventions involving complex analysis, usually direct intervention, and more than two hours of an advocate's time
- 9% (78) were resolved by direct intervention, including calling an insurance company, calling providers, writing letters, gathering supporting medical documentation, etc.
- In the remaining cases (74), clients withdrew, resolved the issue on their own, or had some other outcome.

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

Appeals: The HCA assisted 24 individuals with appeals: 21 Fair Hearings, 1 Commercial Insurance – Internal 2nd Level appeal, 1 Medicare Part D appeal, and 1 Medicaid MCO Internal appeal.

DVHA Beneficiary Calls

We closed 257 DVHA cases this quarter, compared to 250 last quarter:

- 38% (98 cases) were resolved by brief analysis and/or referral
- 25% (64) were resolved by brief analysis and/or advice
- 20% (51) were considered complex intervention, which involves complicated analysis, usually direct intervention, and more than two hours of an advocate's time
- 12% (31) 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 7 DVHA beneficiaries with appeals: 5 Fair Hearings, 1 Medicare Part D appeal, and 1 Medicaid MCO Internal appeal.

Commercial Plan Beneficiary Calls

We closed 199 cases involving individuals on commercial plans, compared to 153 last quarter:

- 38% (76 cases) were resolved by brief analysis and/or advice
- 25% (50) were considered complex intervention, which involves complicated analysis, usually direct intervention, and more than two hours of an advocate's time
- 20% (40) were resolved by brief analysis and/or referral
- 11% (22) 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 19 commercial plan beneficiaries with appeals: 17 Fair Hearings, 1 Commercial Insurance – Internal 2nd Level appeal, and 1 Medicare Part D appeal.

B. Case Outcomes

The HCA helped 48 people get enrolled in insurance plans and prevented 21 insurance terminations or reductions. We obtained coverage for services for 21 people. We got 20 claims paid, written off, or reimbursed. We estimated VHC insurance program eligibility for 37 more. We provided other billing assistance to 16 individuals. We provided 477 individuals with advice and education. One person was not eligible for the benefit they sought, and nine were responsible for the bill they disputed. We obtained other access or eligibility outcomes for 164 more people.