
Vermont Legal Aid
Office of the Health Care Advocate

Quarterly Report
July 1, 2018- September 30, 2018
to the
Agency of Administration
submitted by
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Office of the Health Care Advocate

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Introduction

The Office of the Health Care Advocate (HCA) advocates for all Vermonters through both individual consumer assistance and systemic advocacy on health care issues. We work to increase access to high quality, affordable health care for all Vermonters through individual advocacy and representing the public before the Green Mountain Care Board, state agencies, and the state legislature.

This quarter, the HCA focused on developing coherent and understandable messaging for consumers about 2019 Open Enrollment. The HCA is helping consumers understand how the changes to the premium pricing will impact their households. In 2019, households eligible for Advance Premium Tax Credit (APTC) will be getting on average \$100 more in APTC per month. With this increased APTC, consumers on silver plans can buy gold plans for about the same monthly premium. Consumers who are not eligible for APTC can enroll in Reflective Silver plans directly with the carriers. The HCA wants to make sure that consumers understand both the opportunities and risks presented by silver-loading.

The HCA also sounded the alarm about risks to Vermont's marketplace stability due to segmentation caused by Association Health Plans. The HCA is concerned that the introduction of these plans in 2019 will undermine the marketplace and drive premium prices up. The HCA continues to work toward ensuring all Vermonters are able to access affordable, quality health care coverage.

The HCA is committed to helping Vermonters navigate the health care system. Today's uncertainty makes the role of the HCA even more essential.

The HCA supports Vermonters through individual advocacy as well as at the legislative and administrative policy levels. Our policy priorities are informed by our daily work with Vermonters struggling with a health care system that often does not meet their needs, such as Elise's experience described in the case narrative at right. We work to control unnecessary costs and make the health care system sustainable, and to ensure that Vermont consumers are heard by providers and policy-makers.

Elise's Story:

Elise called the HCA because she needed to sign up for Medicare Part B. She was already on Medicare A that covers hospital care. But she was not on Medicare Part B that covers out-patient care. She had not enrolled in Part B when she was first eligible because she did not think that she could afford to pay the monthly Medicare Part B premium. Now she needed the coverage. She still could not afford the premium, and she was now going to owe the late enrollment penalty for failing to enroll in Part B during her initial enrollment period. She was also outside the regular enrollment period for Medicare which meant that she would have to wait for months to get on Part B. The HCA advocate investigated and found that Elise was eligible for a Medicare Savings Program (MSP). With this program, the State of Vermont would pay for her Part B premiums. Her late enrollment penalty would also be waived. It also meant she could enroll immediately, instead of waiting for the regular enrollment period. The advocate helped her complete the application for the MSP. Elise was approved for the program and enrolled in Part B. This meant that Elise was able to make an appointment to see her physician.

Overview

The HCA provides assistance to consumers through our statewide hotline (**1-800-917-7787**) and through the Online Help Request feature on our website, Vermont Law Help (www.vtlawhelp.org/health). We have a team of advocates located in Vermont Legal Aid's Burlington office that provides this help to any Vermont resident free of charge, regardless of income.

The HCA received 839 calls¹ this quarter. We divided these calls into five issue categories. The figures below are based on the All Calls data. The percentage and number of calls in each issue category, based on the caller's primary issue, were as follows:

- **25.60%** (215) about **Access to Care**
- **13.33%** (112) about **Billing/Coverage**
- **1.55%** (13) about **Buying Insurance**
- **9.76%** (82) about **Consumer Education**
- **27.74%** (233) about **Eligibility** for state and federal programs
- **21.90%** (184) were categorized as **Other**, which includes Medicare Part D, communication problems with providers or health benefit plans, access to medical records, changing providers or plans, confidentiality issues, and complaints about insurance premium rates, as well as other issues.

We have a customized case management system that allows us to track more than one issue per case. This enables us to see the total number of calls that involved a particular issue. For example, although 233 of our cases had eligibility for state and federal healthcare programs listed as the primary issue, a total of 405 cases had eligibility listed as a secondary concern.

In each section of this narrative, we indicate whether we are referring to data based on just primary issues, or primary and secondary issues combined. Determining which issue is the "primary" issue is sometimes difficult when there are multiple causes for a caller's problem. This has proven to be particularly true for Vermont Health Connect (VHC) cases. See the breakdowns of the issue numbers in the individual data reports for a more detailed look at how many callers had questions about issues in addition to the "primary" reason for their call.

The most accurate information about eligibility for state programs is in the All Calls data report because callers who had questions about Vermont Health Connect and Medicaid programs fell into all three insurance status categories.

The full quarterly report for July 1 - September 30, 2018 includes:

- This narrative, which contains sections on **Individual Consumer Assistance**, **Consumer Protection Activities** and **Outreach and Education**
- Seven data reports, including three based on the caller's insurance status:
 - **All Calls/All Coverages**: 839 calls (compared to 968 last quarter)

¹ The term "call" includes cases we get through the intake system on our website.

- **Department of Vermont Health Access (DVHA) beneficiaries:** 297 calls (355 calls last quarter)
- **Commercial Plan Beneficiaries:** 151 calls (165 calls last quarter)
- **Uninsured Vermonters:** 79 calls (90 calls last quarter)
- **Vermont Health Connect (VHC):** 170 calls (243 calls last quarter)
- **Reportable Activities (Summary & Detail):** 88 activities and 8 documents (94 activities, 14 documents)

Individual Consumer Assistance

Case Examples

These case summaries illustrate the types of problems we helped Vermonters resolve this quarter:

Lauren's Story:

When Lauren was making an appointment to see her doctor, she found that her VHC insurance coverage had been cancelled. She was confused because she had been paying her premiums on time and did not understand why her coverage was closed. When the advocate researched the case, she found that Lauren had actually been slightly late on one premium payment, and that had put her into a grace period. Once she was in a grace period, it meant that Lauren had to catch up and pay everything that she owed by the end of the grace period. Lauren did not do this, so her coverage was closed. Lauren, however, had not known she was in a grace period. She had not received the required grace period notices telling her that she was behind and in danger of losing her coverage. When the advocate looked at the grace period notices, she found that they were being sent to the wrong address. VHC was using one address and the insurance carrier was using a different, incorrect address. This meant that Lauren never received the grace period notices as required under the eligibility rules, and so she was not aware that she was even in a grace period. The advocate pointed out the error in the address, and VHC agreed to reinstate. Lauren's coverage was reinstated, and her address was corrected going forward.

Elliot's Story

When Elliot went to pick up his asthma inhaler, the pharmacist told him that it would cost him over \$400. He could not afford this cost, and did not understand why the price had increased so much. The last time he had filled the prescription, the cost was less than \$5. The HCA advocate discovered that Elliot had been on Medicaid for Children and Adults (MCA), but it had just terminated. Because Elliot was on Medicare, it meant that he was not eligible for MCA Medicaid. He had been on MCA in error. He actually needed to be on a different type of Medicaid called Medicaid for the Aged, Blind and Disabled (MABD). Because he was on Medicare, he also needed to sign up for a Medicare Part D prescription drug plan. First, the HCA advocate helped get Elliot's MABD Medicaid active. Once he was found eligible for MABD Medicaid, it also meant that he was deemed eligible for a

program called “Extra Help.” Extra Help will pay for Part D premiums, and it reduces copayments. Elliot then signed up for a Part D plan. Because he was now on “Extra Help,” his copayment for the inhaler was about \$3 instead of \$400.

Samantha’s Story

Samantha was scheduled for surgery, and needed to pick up medication before the surgery. When she went to pick up the medication, she could not afford it because the copayment was several hundred dollars. This was much more than she had paid for any of her previous prescriptions. She could not get the surgery if she did not take her prescription first. First, the advocate investigated whether Samantha was on VPharm. VPharm is a state of Vermont program that reduces Medicare Part D prescription drug costs. If a person is enrolled in VPharm, their prescription copayments are limited to \$1 to \$2. Samantha, however, was not enrolled in VPharm. Instead, she had been on a program called “Extra Help.” Extra Help also reduces Medicare Part D copayments, but because Samantha’s income had increased, she had lost her eligibility for that program. She did not understand that the program had ended for her until she went to get her prescription. The advocate realized that Samantha would still be eligible for VPharm, and he helped her apply and expedited the application. Samantha’s application was processed, her premium was received in time, and her VPharm was activated. That meant she was able to pick up the prescription and go forward with the surgery as scheduled.

Anna’s Story

Anna called the HCA because she needed to pick up a prescription and discovered that her Medicaid was closed. Anna had been on Medicare and Medicaid for the Aged Blind and Disabled (MABD). Since Medicare was her primary insurance, her Medicare Part D plan covered her prescriptions. But Anna was on a specific prescription that her Part D plan did not cover. Because it was excluded from her Part D plan, Medicaid covered that prescription. When her Medicaid had closed, it meant that she could not afford the price of the prescription out of pocket. The HCA advocate researched Anna’s Medicaid and found the Medicaid application was pending. VHC needed to verify her income and resources before granting the Medicaid. The HCA advocate helped Anna verify her resources by faxing VHC the necessary information, and he requested that the application be expedited. Within a day, VHC had approved the application for MABD. This meant that Anna was able to pick up her prescription.

Hayden’s Story

Hayden called the HCA because he was anticipating getting a settlement from a lawsuit. He was fearful that the settlement of about \$10,000 would make him ineligible for Medicaid. Hayden was on Medicaid for the Aged, Blind and Disabled (MABD). This type of Medicaid has a \$2,000 resource limit, which means that if you have more than that amount of money in a bank account, you will be found ineligible and lose your Medicaid coverage. Hayden could maintain his Medicaid eligibility by “spending down” the settlement money, which means that he would have to spend all of the money beyond the \$2,000. However, he wanted to save the money for future use. During their conversations, the HCA advocate found that Hayden had been disabled before the age of 26. This made him eligible for a new type of account called a STABLE account. A federal law called the ABLE Act made it possible for disabled individuals to save money while staying on public benefits

programs. In Vermont, a person who qualifies can open what is called a “STABLE” account, and save up \$14,000 a year. To find out more about Stable Accounts, see <https://www.vermontable.com/stable-account>. This money can later be used for education, housing, training, and basic living expenses. Hayden was able to set up a STABLE account and deposit the settlement money into that account so that he could save that money for future expenses and stay on Medicaid.

Allison’s Story

Allison called the HCA because her Medicaid had closed and she was unsure why. When the advocate looked into why she was closed, he asked for a copy of the Medicaid closure notice. He found that Allison’s notice did not explain why her Medicaid was closing or give a closure date. VHC is required to give advance notice when it closes a beneficiary’s Medicaid coverage and explain the basis for its decision. When the advocate talked to VHC, they said that they had closed Allison’s coverage because she had not done her yearly renewal to verify her Medicaid eligibility. VHC, however, agreed that their closure notice was not adequate and reinstated Alison’s Medicaid coverage. The advocate then helped Allison complete and submit the Medicaid application which meant that her Medicaid stayed active and Allison had no further breaks in coverage.

Linda’s Story

Over the summer, Linda had gotten a raise at work that pushed her over the Medicaid income limit. She called Vermont Health Connect to report her new income, and her MCA Medicaid closed because she was over-income. Because her Medicaid had closed, that she had a 60-day Special Enrollment Period (SEP) to enroll in a VHC plan. Linda did not apply immediately to get on her VHC plan because she was worried about affording the monthly premium. Unfortunately for her, Linda’s chronic health condition suddenly flared up. This meant that she needed her prescription immediately, but did not have any coverage. The HCA advocate explained that Linda was still within her 60-day SEP period. She was also eligible for an Advance Premium Tax Credit (APTC) to help pay for the monthly premium and cost-sharing reductions to help reduce her out of pocket costs. Linda was able to apply and enroll in a VHC plan. For help with the immediate prescription needs, the HCA referred Linda to the Health Assistance Program at the University of Vermont. They assisted Linda in getting her prescription filled until her VHC insurance was activated.

Priorities

A. The HCA participated in a working group to develop clear communication about 2019 Open Enrollment and silver-loading.

The HCA worked with other stakeholders to develop coherent messaging for the 2019 Open Enrollment. In particular, stakeholders worked on developing clear and understandable communication for all segments of the market. The HCA wants to reach consumers whose eligibility for increased APTC this year gives them an opportunity to buy a gold plan for about the same cost as the silver plan. We also focused on reaching consumers who were not APTC eligible, and who would benefit by directly enrolling in Reflective Silver plans with the carriers. Overall, the HCA is working toward creating a coherent, consistent, and accessible message for all Vermonters.

B. The HCA added a new outreach, communications, and education coordinator to help reach more Vermonters.

The HCA added a new Outreach and Education Coordinator to our team. The coordinator will work on further expanding the HCA's outreach throughout the state. The coordinator will focus on making sure consumers know how to access the HCA and also on helping consumers understand both state and federal health care programs. The new coordinator, Amelia Schlossberg, had been an HCA hotline advocate since 2015. She also previously worked at Vermont Health Connect. She is additionally going to focus on developing even closer relationships with our community partners, so they are aware of exactly how the HCA can help consumers. The HCA will also continue to work on developing clear and accessible explanations of complex health care issues on our website.

C. The HCA continued its participation in the COTS clinic in an effort to reach underserved populations.

The HCA is working on developing a closer relationship with the Committee on Temporary Shelter (COTS), so we can identify Vermonters who need our assistance. At the clinic, the HCA advocates educated consumers about both state and federal health care programs and about how the HCA could help them. They also talked to individual consumers about their eligibility for health care programs. Specifically, they advised multiple consumers how to apply for Medicaid. We are also working on increasing our referrals from COTS. The HCA handed out brochures and cards, and plans to have ongoing participation in the clinic.

D. Overall call volume decreased but was similar to call volume during the same quarter in 2017.

The total call volume decreased by 13% (839 this quarter vs. 967 last quarter). Call volume this quarter is very similar to call volume in the same quarter in 2017. In 2017, the HCA had 825 calls in the third quarter compared to 840 in 2018. About 11% of those calls involved getting consumers onto new coverage, preventing the loss of coverage, or obtaining coverage for services. We saved consumers \$66,933.20 this quarter.

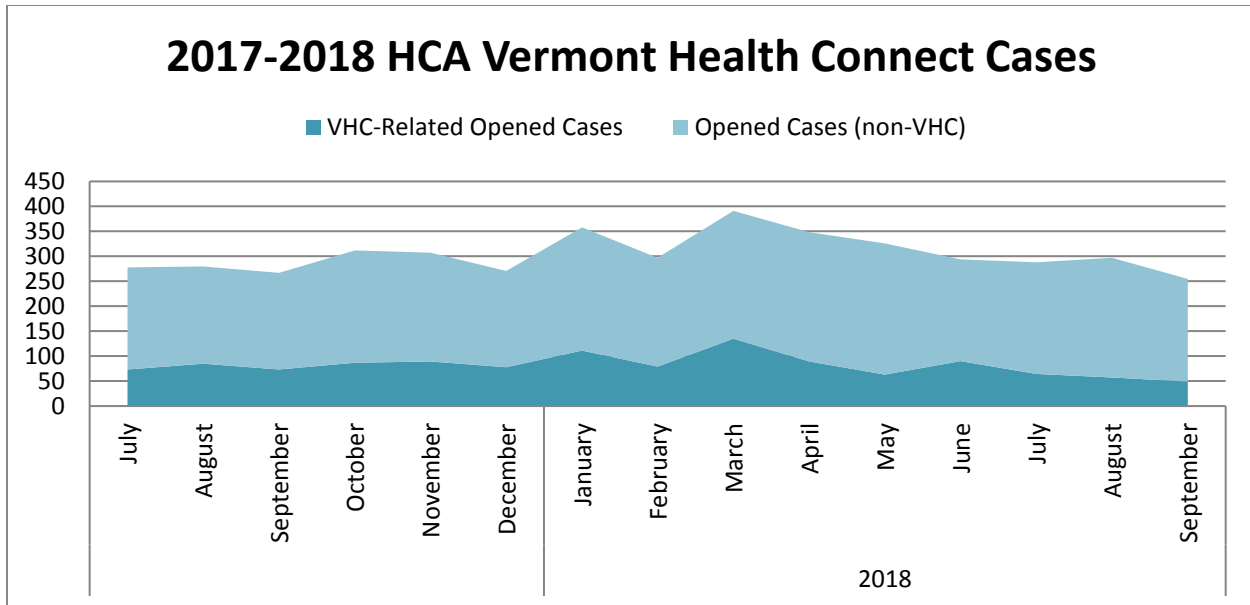
| | All Calls (2008-2018) | | | | | | | | | | |
|------------------|-----------------------|------|------|------|------|------|------|------|------|------|------|
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
| January | 309 | 240 | 218 | 329 | 282 | 289 | 428 | 470 | 411 | 340 | 358 |
| February | 232 | 255 | 228 | 246 | 233 | 283 | 304 | 388 | 511 | 330 | 297 |
| March | 229 | 256 | 250 | 281 | 262 | 263 | 451 | 509 | 416 | 308 | 391 |
| April | 235 | 213 | 222 | 249 | 252 | 253 | 354 | 378 | 333 | 240 | 348 |
| May | 207 | 213 | 205 | 253 | 242 | 228 | 324 | 327 | 325 | 332 | 326 |
| June | 245 | 276 | 250 | 286 | 223 | 240 | 344 | 303 | 339 | 289 | 294 |
| July | 205 | 225 | 271 | 239 | 255 | 271 | 381 | 362 | 304 | 278 | 288 |
| August | 152 | 173 | 234 | 276 | 263 | 224 | 342 | 346 | 343 | 280 | 297 |
| September | 147 | 218 | 310 | 323 | 251 | 256 | 374 | 307 | 372 | 267 | 255 |
| October | 237 | 216 | 300 | 254 | 341 | 327 | 335 | 311 | 312 | 312 | - |
| November | 192 | 170 | 300 | 251 | 274 | 283 | 306 | 353 | 287 | 307 | - |
| December | 214 | 161 | 289 | 222 | 227 | 340 | 583 | 369 | 284 | 271 | - |
| Total | 2604 | 2616 | 3077 | 3209 | 3105 | 3257 | 4526 | 4423 | 4237 | 3554 | 2854 |

E. Calls concerning Vermont Health Connect decreased for the third quarter in a row.

The volume of calls concerning Vermont Health Connect decreased this quarter (170 vs. 243). The top two VHC issues were eligibility for MAGI Medicaid (85) and eligibility for Premium Tax Credits (60). This quarter, 76 VHC cases required complex interventions that took more than two hours of an advocate's time to resolve, and another 25 cases required a direct intervention to resolve the case.

The HCA continues to resolve its cases by working directly with Tier 3 Health Access Eligibility Unit (HAEU) workers, who are trained to resolve all aspects of complex cases. In addition, the HCA meets with VHC as needed to discuss cases and has regular email contact with Tier 3. This quarter we had 39 escalated cases (39 vs. 69 last quarter). Of the 39 escalated cases, 33 were resolved within the quarter.

Tier 3 also now works on resolving Green Mountain Care cases (VPharm, Medicaid for Aged Blind and Disabled (MABD), Medicare Saving Programs, and Medicaid Spenddowns). This quarter we continued to receive significant numbers of consumers calling with questions about Medicare Savings Programs (39), MABD (61) and VPharm eligibility (19).



F. Medicaid eligibility calls represented 29% of all our cases (241 cases/839 total cases). Consumers need assistance with all types of Medicaid.

Medicaid eligibility was again the top issue generating calls. We had 143 calls about eligibility for Medicaid for Children and Adults (MCA) Medicaid, 61 about eligibility for Medicaid for the Aged Blind and Disabled (MABD), 12 about Medicaid Spenddowns, and 10 about Medicaid for Working Disabled. We also had 15 calls specifically about the Medicaid renewal process. MAGI Medicaid and MABD Medicaid have different eligibility and income rules, and HCA advocates assess and advise on eligibility for both programs. Consumers frequently have questions about what counts as income, who should be counted in their household, what expenses can be used to meet a Spenddown, how to complete renewal paperwork, and whether their eligibility decision is correct.

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 839 (compared to 968 last quarter)

1. MAGI Medicaid eligibility 143 (102)
2. Complaints about providers 81 (136)
3. Information about VHC 67 (64)
4. Premium Tax Credit eligibility 62 (79)
5. Medicaid eligibility (non-MAGI) 61 (73)
6. Not health related 61 (40)
7. Change of Circumstance eligibility 58 (34)
8. Access to Prescription Drugs/Pharmacy 57 (60)
9. Special Enrollment Periods eligibility 51 (59)

10. Information/applying for DVHA programs 46 (81)
11. Hospital billing 43 (37)
12. Buy-in programs/Medicare Savings Programs 39 (61)
13. Termination of insurance 39 (56)
14. Fair hearing appeal 35 (43)
15. Information about Medicare 29 (58)

Vermont Health Connect Calls 170 (compared to 243 last quarter)

1. MAGI Medicaid eligibility 85 (90)
2. Premium Tax Credit eligibility 60 (78)
3. Information about VHC 44 (61)
4. Change of Circumstance eligibility 37 (27)
5. Special Enrollment Periods 34 (40)
6. Grace Periods – VHC 23 (29)
7. Termination of insurance 20 (41)
8. Fair hearing appeals 19 (30)
9. Buying QHPs through VHC 18 (18)
10. Affordability affecting access to care 15 (3)
11. Information regarding the ACA 15 (8)

DVHA Beneficiary Calls 297 (compared to 355 last quarter)

1. MAGI Medicaid eligibility 58 (44)
2. Complaints about providers 30 (68)
3. Medicaid eligibility (non-MAGI) 36 (41)
4. Hospital Billing 21 (11)
5. Change of Circumstance eligibility 21 (14)
6. Buy In Programs/MSPs eligibility 19 (16)
7. Information regarding the ACA 19 (4)
8. Information/applying for DVHA programs 18 (32)
9. PA Denial 17 (10)
10. Access to Prescription Drugs/Pharmacy 17 (19)

Commercial Plan Beneficiary Calls 151 (compared to 165 last quarter)

1. Premium Tax Credit eligibility 33 (39)
2. MAGI Medicaid eligibility 30 (15)
3. Information about VHC 25 (20)
4. Change of Circumstance 22 (13)
5. Eligibility for Special Enrollment Periods 13 (17)
6. Claim Denials 13 (7)
7. Hospital Billing 13 (12)
8. Access to Prescription Drugs/Pharmacy 10 (8)
9. Information regarding the ACA 10 (1)
10. IRS Reconciliation issues 10 (17)

The HCA received 839 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”): 35.4% (297 calls), compared to 36.7 % (355 calls) last quarter
- **Medicare² 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): 25.5% (214 calls), compared to 28.7% (278 calls), last quarter
- **Commercial plan beneficiaries** (employer-sponsored insurance, small group plans, or individual plans 15.6% (151 calls) , compared to 17.1% (165 calls) last quarter
- **Uninsured**: 9.41% (79 calls), compared to 9.51% (92 calls last quarter)

Case Results

A. Dispositions of Closed Cases

All Calls

We closed 839 cases this quarter, compared to 1029 last quarter:

- 38% (320 cases) were resolved by brief analysis and advice
- 30% (254) were resolved by brief analysis and referral
- 20% (171) of the cases were complex interventions involving complex analysis, usually direct intervention, and more than two hours of an advocate’s time
- 7% (60) were resolved by direct intervention, including calling an insurance company, calling providers, writing letters, gathering supporting medical documentation, etc.
- In the remaining cases, 34 clients withdrew, resolved the issue on their own, or had some other outcome.

Appeals: The HCA assisted 40 individuals with appeals: 34 Fair Hearings, 2 Commercial Insurance – Internal 1stLevel appeals, 1 Commercial Insurance – Internal 2nd Level appeal, 0 Commercial External Appeal, 1 Medicare Part A, B, or C appeal, 0 Medicare Part D appeals, and 2 Medicaid MCO Internal appeals.

DVHA Beneficiary Calls

We closed 299 DVHA cases this quarter, compared to 363 last quarter:

- 39% (117) were resolved by brief analysis and/or advice
- 23% (68) were considered complex intervention, which involves complicated analysis, usually direct intervention, and more than two hours of an advocate’s time
- 21% (63 cases) were resolved by brief analysis and/or referral
- 13% (38) 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, 13 clients withdrew, resolved the issue on their own, or had some other outcome.

Appeals: The HCA assisted 13 DVHA beneficiaries with appeals: 11 Fair Hearing, 0 Medicare Part D appeals, and 2 Medicaid MCO Internal appeals.

² Because Medicare beneficiaries can also have commercial or DVHA coverage, these Medicare numbers overlap with the figures for those categories.

Commercial Plan Beneficiary Calls

We closed 142 cases involving individuals on commercial plans, compared to 214 last quarter:

- 42% (60) were resolved by brief analysis and/or advice
- 25% (35) were resolved by brief analysis and/or referral
- 23% (32 cases) were considered complex intervention, which involves complicated analysis, usually direct intervention, and more than two hours of an advocate's time
- 7% (10) 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, 5 clients withdrew, resolved the issue on their own, or had some other outcome.

Appeals: The HCA assisted 29 commercial plan beneficiaries with appeals: 25 Fair Hearings, 2 Commercial Insurance – Internal 1st Level appeals, 1 Commercial Insurance – Internal 2nd Level appeal, 0 Commercial External Appeal, 1 Medicare Part A, B, or C appeal, and 0 Medicare Part D appeals.

B. All Calls Case Outcomes

The HCA helped 59 people with applications for or enrollment in insurance plans and prevented 13 insurance terminations or reductions. We obtained coverage for services for 24 people. We got 22 claims paid, written off, or reimbursed. We estimated VHC insurance program eligibility for 70 more. We provided other billing assistance to 13 individuals. We provided 458 individuals with advice and education. Fourteen people were not eligible for the benefit they sought, and nineteen were responsible for the bill they disputed. We obtained other access or eligibility outcomes for 145 additional people.

Consumer Protection Activities

A. Rate Review

The HCA monitors all commercial insurance carrier requests to the Green Mountain Care Board (Board) for changes to premium prices. These requests are typically requests to increase the premiums that Vermonters must pay for commercial health insurance.

Two filings related to premium price increases were decided during the quarter covering July 2018 through September 2018. Additionally, two rate filings were pending at the end of the quarter.

Both decided filings were for products offered on Vermont Health Connect. Due to the number of Vermonters impacted by these two proposed premium price increases, the HCA contracted with an independent actuary to support the HCA's analysis of the filings and retained Mr. Jay Angoff to assist the HCA with its advocacy before the Board. Mr. Angoff has deep expertise in health insurance rate filings from, among other experiences, his service as the Missouri Insurance Commissioner and the director of the Affordable Care Act implementation with the U.S. Department of Health and Human Services.

Blue Cross Blue Shield of Vermont (BCBSVT) submitted one of the decided filings, the BCBSVT 2019 Vermont Health Connect 2019 filing. As subsequently amended by BCBSVT, this filing proposed an

average premium price increase of 9.6 percent. Approximately 70,200 Vermonters are covered by products affected by this filing. The HCA appeared on behalf of Vermonters in this matter, filed questions for the carrier, filed an expert witness report, appeared at the hearing, filed a post-hearing memorandum, and filed various motions with the Board related to this matter. The Board reduced BCBSVT's proposed price increase from 9.6 percent to an average of 6.6 percent. This premium price reduction translates into, not accounting for increased federal subsidy amounts, approximately \$13 million of savings for Vermonters.

MVP Health Plan, Inc. (MVP) submitted the other filing decided this quarter, the MVP 2019 Vermont Health Connect filing. MVP proposed increasing the premium price paid by Vermonters for these products by 10.9 percent. Approximately 16,360 Vermonters are covered by products affected by this filing. The HCA appeared on behalf of Vermonters in this matter, filed questions for the carrier, filed an expert witness report, appeared at the hearing, filed a post-hearing memorandum, and filed various motions with the Board related to this matter. The Board reduced MVP's proposed price increase from 10.9 percent to an average of 5.8 percent. This premium price reduction translates into, not accounting for increased federal subsidy amounts, approximately \$7.3M of savings for Vermonters.

There are two pending filings related to proposed premium price increases by MVP, the Q1/Q2 2019 Large Group HMO filing and the Q1/Q2 2019 Large Group POS Riders filing. As these two filings are associated with MVP's large group HMO product, the Board has decided to treat them in one proceeding. MVP proposes to increase the premium paid by Vermonters for these products by 13.7 percent. There are approximately 2,171 Vermont members enrolled in plans affected by these proposed premium price increases. The HCA has entered appearances on behalf of Vermonters in these matters, has filed questions to the carrier, and has filed various motions with the Board related to this matter. We intend to file all appropriate memoranda and other documents to represent the interests of Vermonters in these matters.

B. Hospital Budget Review

The HCA participates in the Board's annual hospital budget review process, which took place this quarter. The HCA received and reviewed the fourteen hospital budgets submitted to the Board in July. These submissions included answers to our first set of written questions which were included in the Board's hospital budget guidance issued in March. After reviewing the materials, we submitted a set of follow-up questions for the hospitals to be discussed during the hearings. HCA staff participated in each hospital budget hearing and asked questions of each hospital. We focused our questions on affordability, negotiations between hospitals and insurers, harm reduction, and patient financial assistance. Following the hearings, we submitted written comments outlining our concerns about the budgets. In our comments we asked the Board not to approve a rate increase for UVM Medical Center, and to consider affordability when setting commercial rate increases for other hospitals. We highlighted the gap between eligibility for hospitals' financial assistance policies and being able to afford care, and asked the hospitals to implement sliding scale and other consumer-friendly policies rather than using aggressive collections practices. We noted the connection between the cost shift and affordability issues for the commercially insured, and the implications for Vermont's all-payer model. We asked the Board to advocate for Medicaid rate increases, and asked the hospitals to work harder to lower costs for consumers. Finally, we asked hospitals to invest more in harm reduction services to better serve their patients and communities.

HCA staff attended three public meetings at which the Board deliberated and then voted on each hospital's budget. The Board approved a lower rate increase for UVM Medical Center than the hospital had requested, but did not accept the HCA's recommendation to forego a rate increase entirely.

C. Oversight of Accountable Care Organizations

The HCA continues to work with the Board and OneCare Vermont to develop a measure set and quality improvement methodology for the 2019 Medicare ACO program. This quarter, HCA staff met with the Board and OneCare three times to discuss quality measures and methodology and to develop a recommendation. We submitted two sets of comments and edits to the Board outlining our suggestions to the proposed quality methodology. While the HCA is encouraged that the Board has made improvements to these proposals, we remain concerned about OneCare's accountability to patients and the state for quality of care and we continue to advocate for increased oversight and accountability.

Next quarter, the Board will begin its review of OneCare's proposed 2019 budget. In September, the HCA met with Board staff to discuss the review process and our role. We also met with DVHA staff to discuss the Medicaid ACO program.

D. Other Green Mountain Care Board Activities

The HCA continues to attend the weekly Green Mountain Care Board meetings. This quarter, the Chief also held annual meetings with individual members of the Board for the purpose of maintaining good communications and understanding the perspectives of the Green Mountain Care Board members.

E. Other Activities

Administrative Advocacy

✧ Individual Mandate Working Group

The HCA was named in the statute forming this group. Its purpose was to consider pros and cons and potential structure for a Vermont individual mandate penalty to replace the federal penalty that was removed by congress in the 2017 Tax Cuts and Jobs Act. The removal of the federal penalty resulted in a premium increase of \$7.9 million in 2019 rates.

This work group met seven times but the background work requirement was significant as subgroups worked their way through various issues including MEC, exemptions, affordability, and modeling various enforcement options. As of the end of the quarter, there were a few key issues where there were no opportunities for consensus in this group. The HCA was only willing to support the concept of a financial penalty with a larger affordability exemption, the carriers were in support of an enforcement mechanism that was more in line with the ACA with a few key differences to make it work going forward, the administration supported outreach and education approaches, and the GMCB had not considered the proposal by the end of the quarter.

✧ **Access to Treatment for Hepatitis C Virus**

The HCA continues to advocate for increased access to hepatitis C virus (HCV) treatment. This quarter, we partnered with the ACLU of Vermont and submitted public records requests to the Vermont Department of Corrections (DOC), the Department of Vermont Health Access (DVHA), the Vermont Department of Health (VDH) and the Agency of Human Services Central Office. We asked for information about the state's treatment of people with HCV within the correctional system. During the quarter we received records from VDH and we anticipate receiving the remainder of the records next quarter.

In late September, the Joint Legislative Justice Oversight Committee met to discuss the DOC health care contract with Centurion, a private prison health care provider. The HCA's Chief Health Care Advocate and Policy Analyst testified at the hearing and provided the committee with the information we had received to date about the state and Centurion's treatment of Vermonters with HCV in corrections.

The HCA continues to actively participate in the Vermont Department of Health Hepatitis C Task Force, and our Policy Analyst is a member of the Task Force Steering Committee. We attended one meeting of the Task Force and one meeting of the Steering Committee this quarter.

✧ **University of Vermont Medical Center Mental Health Program Quality Committee**

The HCA continues to participate in the UVMHC Mental Health Program Quality Committee (PQC). The PQC meets monthly and discusses mental health quality, programs, infrastructure, and planning. This quarter we attended two meetings of the PQC.

✧ **U.S. Census Comments**

In August, the HCA submitted comments to the Department of Commerce on its proposal to add a citizenship question to the 2020 census. Here is a short summary of our comments: We are concerned that this change would increase fear of persecution in immigrant communities. Further, immigrant communities may refrain from responding to the census if such a question is included. We know the collection of accurate, objective data about our nation's people, housing, economy, and communities is vitally important. The federal government uses census-derived data to direct at least \$800 billion annually in federal assistance to states, localities, and families. We strongly oppose the addition of a citizenship question to the 2020 Census.

✧ **Global Commitment Register Comments**

The HCA regularly comments on Global Commitment rule and policy changes. This quarter we commented on a proposed change to Medicaid coverage of electric breast pumps. We asked DVHA to expand access to breast pumps beyond what had been proposed.

✧ **Vermont Health Connect Escalation Path**

The HCA and VHC continue to collaborate to resolve complex VHC issues. The VHC escalation path now also works to resolve issues regarding Medicaid for Aged, Blind and Disabled (MABD), Medicare Savings Programs, Medicaid Spenddowns and V-Pharm. We communicate with VHC multiple times a day and meet as needed to discuss the most difficult cases.

❖ **Comments on Vermont Health Connect Notices**

At VHC's request, the HCA commented on 9 notices, in an effort to make them more readable and consumer-friendly. See **Promoting Plain Language in Health Communications** below.

❖ **Medicaid and Exchange Advisory Board**

This quarter, the Chief Health Care Advocate continued to co-chair and actively participate in Vermont's Medicaid and Exchange Advisory Board (MEAB). The MEAB had a significant focus during this quarter on its internal functioning and the way it interacts with state government. This focus led to the recognition that the MEAB needed to take the time to review its statutory responsibilities and consider updating its operational manual.

Legislative Activities

The summer months of this quarter, particularly in an election year, saw few formal legislative activities. This quarter, the HCA monitored the legislature's off-session activities. We attended one meeting of the Health Reform Oversight Committee, one meeting of the Joint Fiscal Committee, one meeting of the Justice Oversight Committee, and one meeting of the Legislative Committee on Administrative Rules (LCAR). In addition, the HCA engaged in multiple activities to bring our ongoing concerns to both current legislators and prospective legislators. Due to the fact that the Legislature's Health Reform Oversight Committee only managed to meet one time and that meeting was called to organize itself during this quarter, our advocacy activities included many more informal communications. The Chief Advocate testified before LCAR this quarter about the Department of Financial Regulation's emergency rule allowing fully insured Association Health Plans to be rated in the large group. The HCA did not object to the emergency rule but did express its strong opposition to the upcoming proposed rule to continue this practice. By allowing healthier small groups to pull their risk out of the individual/small group risk pool, that pool of risk will see a predictable spiraling of cost and a corresponding increase in the number of Vermonters priced out of the health insurance marketplace.

The HCA also testified before the Joint Legislative Justice Oversight Committee about our findings regarding the treatment of individuals in corrections custody who have hepatitis C. For more information about this advocacy, see *Access to Treatment for Hepatitis C Virus*, above.

Collaboration with Other Organizations

The HCA regularly collaborates with other organizations to advance consumer-oriented policy objectives and to conduct outreach and education. We worked with the following organizations this quarter:

- American Civil Liberties Union of Vermont
- Bi-State Primary Care
- Blue Cross Blue Shield of Vermont
- Community Catalyst
- Families USA
- IRS Taxpayer Advocate Service
- Ladies First
- MVP Health Care
- OneCare Vermont

- Planned Parenthood of Northern New England
- University of Vermont Medical Center
- Vermont Association of Hospitals and Health Systems
- Vermont Care Partners
- Vermont CARES
- Vermont Defender General's Prisoners' Rights Office
- Vermont Department of Health
- Vermont Department of Taxes
- Vermont Health Connect
- Vermont Medical Society
- Vermont Program for Quality in Health Care

Outreach and Education

A. Increasing Reach and Education through the Website

Vermont Law Help is a statewide website maintained by Vermont Legal Aid and Law Line of Vermont. The site includes a substantial Health section (<https://vtlawhelp.org/health>) with more than 250 pages of consumer-focused health information maintained by the HCA.

HCA advocates work diligently to keep the site updated in order to provide the latest and most accurate information to Vermont consumers.

Popular Web Pages

- The total number of **health pageviews increased by 7%** in the reporting quarter ending September 30, 2018 (11,534 pageviews), compared with the same quarter in 2017 (10,736 pageviews).
- The **top-20 health pages** on our website this quarter with change over last year:
 - *Income Limits – Medicaid* – 3,200 pageviews (15% ↑)
 - *Health* – section home page – 1,505 (12% ↑)
 - *Services Covered by Medicaid* – 449 (39% ↑)
 - *Vermont Choices for Care* – 444 (4% ↓)
 - *Resource Limits – Medicaid* – 422 (4% ↑)
 - *Dental Services* – 411 (7% ↓)
 - *Buying Prescription Drugs* – 245 (195% ↑)
 - *Medicaid* – 225 (84% ↑)
 - *Medicare Savings / Buy-In Programs* – 199 (5% ↑)
 - *HCA Online Help Request Form* – 193 (17% ↑)
 - *Advance Directive Forms* – 189 (56% ↑)
 - *Choices for Care Income Limits* – 177 (1% ↓)
 - *Medicaid and Medicare dual eligible* – 173 (27% ↑)
 - *Long-term Care* – 168 (2% ↑)
 - *Choices for Care Resource Limits* – 160 (6% ↓)

- *Federally Qualified Health Centers* – 144 (20% ↓)
 - *Choices for Care Requirements* (new page) – 141 (100% ↑)
 - *Medicaid Transportation* – 136 (97% ↑)
 - *Health Insurance, Taxes and You* – 135 (31% ↓)
 - *Medical Decisions – Advance Directives* – 128 (7% ↑)
- Besides the pages listed above, other **spikes in interest** in our pages included:
 - *Green Mountain Care* – 114 (68% ↑)
 - *Dr. Dynasaur* – 107 (214% ↑)
 - *Long-Term Care Help* (new page) – 100 (39% ↑)
 - *Complaints About Providers* – 52 (136% ↑)
 - *Medicare Supplemental Plans* – 37 (640% ↑)

Popular PDF Downloads

28 out of 84 or 33% of the unique PDFs downloaded from the Vermont Law Help website were on health care topics. Of those unique health-related PDF titles:

- 20 PDFs were created for consumers. The top five consumer-focused PDF downloads were:
 - *Advance Directive, short form* (162 downloads)
 - *Advance Directive, long form* (89 downloads)
 - *Vermont Dental Clinics Chart* (90 downloads)
 - *Vermont Medicaid Coverage Exception Request Form* (32 downloads)
 - *BCBSVT 2016 Annual Report* (15 downloads)
 - The advance directive forms were accessed more often this year as compared to the same period last year (251 downloads versus 217 last year).
- 4 PDFs were prepared for lawyers, advocates and assisters who help consumers with tax issues related to the Affordable Care Act. The top advocate-focused download was:
 - *PTC Rule Allocation Summary* (5 downloads)
- 3 PDFs covered topics related to health policy. The top policy-focused download was:
 - *VT ACO Shared Savings Program Quality Measures* (2 downloads)

The *Advance Directive Short Form* is the **second most downloaded of all PDFs** downloaded from the entire Vermont Law Help website. The *Long Form* is the **eighth most downloaded**.

The *Vermont Dental Clinics Chart* is the **seventh most downloaded of all PDFs** downloaded from the entire Vermont Law Help website.

Online Help Tool Adds to Our Reach

Last year we added a new Health section to the online help tool on our website. It is found at https://vtlawhelp.org/triage/vt_triage and can be accessed from most pages of our website. The website visitor answers a few questions to find specific health care information they need. The new feature addresses some of the most popular questions that are posed to the HCA. In addition to our deep collection of health-related web pages, the online help tool adds a new way to access helpful information — at all hours of the day and night. The website user can also call us or fill in our online form to get personal help from an advocate.

Website visitors used this new tool to access health care information **144 times** during this quarter. That's the **same amount of usage** as the previous quarter (April – June 2018).

Of the **43** health care topics that were accessed using this tool, the top topics were:

- Dental Services - I need help finding a low-cost dentist and paying for dental care.
- Long-Term Care - I want to go over my long-term care options (nursing homes, in-home care and more).
- Dental Services - I need help with dentures.
- Long-Term Care - How do I know if I can get Choices for Care Long-Term Care Medicaid?
- Long-Term Care - Medicaid won't pay for me to stay at a nursing home.

B. Other Outreach and Educational Activities

COTS Clinic, July 17, 2018

HCA advocates attended and gave advice on eligibility for state and federal health care programs and shared information about the HCA.

Lavender Law Conference, August 8-10, 2018

HCA advocate attended and shared information about the HCA.

Pride Festival, September 8, 2018

HCA advocates attended the Festival and provided information about the HCA and its services, and handed out brochures.

Meeting with the Pride Center, September 21, 2018

HCA advocates met with the new director of Health and Wellness and new Transgender Program Coordinator.

UVM Pediatric Fair, September 26, 2018

HCA advocates attended the Pediatric Fair and provided information about the HCA services.

C. Promoting Plain Language in Health Communications

During this quarter, the HCA provided feedback and revisions to promote the use of plain language and increase consumers' accessibility to and understanding of important communications from the state and other health organizations regulated by the state. The HCA made plain language edits and edits/comments to improve comprehension of message and ability to resolve the problem being addressed in the following notices/letters:

- Draft to Non-APTC Household, Silver Reflective Plans
- SSA Macros: when to refer to SSA
- Comments on 202 Med application, VHC application, LTC application
- VHC October Stuffer
- Comments on Revised Health Care Application
- VHC invoice stuffer
- VHC notice stuffer, draft#1 and draft #2

- Open Enrollment Poster
- VHC cost-sharing reduction brochures

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