

Office of the Health Care Advocate



SFY 2018 Annual Report

July 1, 2017 – June 30, 2018

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A Special Project of



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Introduction

The Vermont Legislature created the Office of Health Care Ombudsman in 1998 to advocate for Vermonters with health care questions and 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, it is part of Vermont Legal Aid (VLA), a statewide, nonprofit law firm.

Every day we talk to Vermonters who can't afford to pay their monthly health care premium, or can't find a doctor, or are unable to pick up their prescription. Vermonters often feel overwhelmed by an unresponsive and unaffordable system. The HCA is working to make that system less overwhelming and more affordable for Vermonters. We provide individual consumer assistance to thousands of Vermont families each year. The HCA worked on over 3,730 cases this year, helping consumers navigate an increasingly complicated field.

In SFY 2018, the HCA engaged in a broad range of access to care projects with the goal of making health care more available for all Vermonters. In particular, we focused on improving access to Hepatitis C treatment in the community and in correctional settings. We also worked on fully implementing Vermont's statute giving consumers access to preventive breast cancer screenings without copayments.

We also focused particular outreach efforts on underserved populations. We continued work on our pharmacy referral program, so we could help consumers get needed prescriptions. We also maintained an active presence in the media to make sure Vermonters know about our services. To see more details and discussion about our access to care and policy work, you can look at our quarterly reports here: <https://vtlawhelp.org/hca-reports>.

The HCA plays an important watchdog role. We represent the Vermont public on policies and matters related to health care and health insurance. Our policy advocacy and our individual advocacy inform each other. Affordability and access-to-care issues are not theoretical issues for Vermont families, and should not be for policy makers either.

Finally, the lack of a clear standard for measuring affordability continues to be a challenge for policy makers and Vermont families alike. This year the HCA engaged in the process of quantifying the health care affordability crisis. This work will be helpful to policy makers as they seek to understand the challenges that Vermonters are facing.

Testimonial from a Vermonter

From a Client Satisfaction
Questionnaire

The advocate who helped me made things clear for me and was very kind and helped me greatly. I feel very sure that if I call the Health Care Advocate's office my problem will be taken care of right away and for my rights to be upheld and that I will get a call back ASAP until things are resolved. I am so happy that the HCA exists. They are the best and I am assured that I will get great help and my problems will be resolved. Very professional and caring.

Case Examples

These eight case examples demonstrate the kind of work we do:

Annabelle's Story

Annabelle called in a panic. She had just gotten a letter from her substance abuse clinic, telling her that she was being dismissed as a patient. There was no other clinic in her area. She was taking methadone and desperately trying to get her life back together. The letter said that she was being dismissed because she had missed her counseling appointments. The advocate talked with her and found that Annabelle had missed appointments because she was overwhelmed: her landlord was trying to evict her; she had temporarily lost custody of her children; she was struggling with depression; and the counselor she'd been working with had suddenly left, so she was trying to adjust to a new counselor. All of these factors caused her to miss some appointments. The HCA advocate intervened and asked the clinic to reconsider. He showed that Annabelle had a strong commitment to going to counseling. He also reviewed the clinic notes and showed that Annabelle had tried to call ahead to cancel and re-schedule some of the missed appointments. In light of this evidence, the clinic reconsidered its decision and allowed Annabelle to stay on as a patient.

Lucy's Story

Lucy was in the hospital for about a month, and when she got home she found a letter from the State of Vermont telling her that her Medicaid was ending that week. She was also on a Medicare Savings Program—a program paying for her Medicare Part B premium and Medicare cost-sharing—which was scheduled to close as well. She needed to fill prescriptions, but her income was less than \$1,000 per month. When the advocate investigated, she found that Lucy's Medicaid and Medicare Savings programs were scheduled to close because Lucy had not sent in paperwork confirming her income. The State of Vermont, however, had not sent Lucy an adequate notice explaining why the programs were closing, and did not inform Lucy of her right to appeal the decision. Because of this failure, the HCA advocate argued that neither program could be closed without a proper notice. The State of Vermont agreed to reinstate both programs.

Taylor's Story

Taylor called the HCA because he lost his job. He was on a Qualified Health Plan (QHP) with Vermont Health Connect (VHC). When he reported his job loss to VHC, he was told he was now eligible for Medicaid. But nothing had happened since the phone call. He did not have Medicaid, and even worse, his premium for his QHP had increased. When the advocate researched the issue, he found that Taylor had been 'temporarily' approved for Medicaid, but the process for getting him on Medicaid had not been completed. His QHP had not been closed either. So instead of being on Medicaid, Taylor was still on the QHP and being charged full price. The HCA advocate intervened to get the QHP closed, and to get the Medicaid activated.

Abby's Story

Abby called VHC to make her monthly premium payment but she was told that her plan was closed. She had an appointment scheduled with her doctor, which would be cancelled if her coverage was not active. The HCA advocate investigated and found that Abby had called VHC a couple of weeks earlier because she had received a partial payment notice. The notice told her that she had not made her full monthly premium payment. She was confused because she had made the full payment on the invoice. In that call, she was told that the notice was incorrect, and she was told an amount to pay. The HCA advocate found that VHC's advice was incorrect. Abby actually was in a grace period because she was behind on her premium payments. VHC gave her an incorrect amount to pay to get caught up. Her invoices also did not reflect what she actually owed. The advocate argued that VHC's errors caused Abby's coverage to be closed. VHC agreed to reinstate the coverage, which meant that Abby was able to keep her appointment with her doctor.

Phoebe's Story

Phoebe called the HCA because she received a bill for over \$500 for a recent mammogram. This was her first mammogram, and she was surprised by the large bill because she thought that the mammogram would be covered by her insurance. Vermont has a law that requires screening mammography, including additional views, to be covered without cost-sharing. The advocate researched Phoebe's case and found that her mammogram had been coded as diagnostic, which was why Phoebe received a bill. The advocate intervened with Phoebe's insurance carrier and explained that the screening mammogram should be covered in full. The carrier agreed, and they covered the mammogram, saving Phoebe more than \$500.

Dexter's Story

Dexter called the HCA because he did not understand his invoice from VHC. Dexter was first enrolled in a VHC plan in 2015. He closed the coverage that year because he could not afford the payments. He did not sign up again until 2017, when he chose a new plan and was told that his monthly payment would be about \$400. Dexter started making his monthly payments but his invoice showed a balance due each month. When the HCA advocate looked into it she found that VHC had been incorrectly applying payments from 2017 to his 2015 balance. This made it appear that Dexter was behind for 2017. Because Dexter actively signed up for new coverage, VHC should not have been applying payments to 2015. The 2015 balance should not have carried over to the 2017 bill. The advocate was able to get Dexter's 2017 payments applied to his 2017 coverage. After the payments were applied correctly, Dexter was up to date and current in his payments for 2017. The advocate was also able to investigate the 2015 balance—and found that it should have been much smaller than what VHC was charging Dexter. This meant that he would be able to catch up on that balance also.

Tim's Story

Tim called the HCA because he could not afford his employer-sponsored insurance. He was paying nearly \$10,000 per year for coverage for himself and his family. That was the minimum cost for a year without any major health problems. Because his employer plan was considered "affordable," he was not eligible to get APTC to help pay for a plan on VHC. An employer plan is considered affordable if it does not cost more than 9.56% of the household income to get an employee-only plan. The affordability test does not consider how much it costs to cover a family. This is known as the "family glitch." It means that someone could be spending much more than 9.56% of their household income to cover their family, but

would still be ineligible for APTC. When the advocate reviewed Tim's household income, he found that if Tim started to contribute about \$400 per month to his 401(k), the family would reduce its taxable income and become eligible for Medicaid. Since the family was already paying \$10,000 a year for the employer insurance, this cut the costs by more than half. Additionally, Medicaid has very limited out-of-pocket costs, while Tim's employer plan had a nearly \$2,000 deductible and expensive copayments. Tim was relieved to have affordable coverage, and also to start saving more money for retirement.

Shannon's Story

Shannon called the HCA because she and her new husband had received closure notices from Medicaid. Both Shannon and her husband had been on Medicaid for the Aged, Blind and Disabled (MABD). They each received monthly disability payments. They had just gotten married and did not realize that when they married, their incomes would be added together. When their incomes were combined, they were significantly over income for Medicaid. For MABD, the income limits for a household of one and household of two are the same. For example, in Chittenden County, the limit for a household of one and a household of two is \$1,125 a month. The Medicaid coverage was particularly important because both relied on Medicaid transportation to get to their medical appointments. When the advocate researched the situation with them, he realized that they could qualify for another program. The couple had started a small business together. This meant that they might be eligible for Medicaid for the Working Disabled. That program has a higher income and resource limit, and thus the couple would be income-eligible for it. The advocate helped submit the application and the necessary documentation about their business, and the state found them eligible for Medicaid for the Working Disabled. This meant that they would be able to get rides to their medical appointments once again.

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 due to high call volumes or challenges reaching the client.

This year we sent out 1,124 CSQs. Of those returned, 98% said they were Satisfied or Very Satisfied with the service they received from our office. About 99% reported they were treated with Dignity and Respect by our Advocates.

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

My advocate did an excellent job fixing my family's mess w/VHC. It took 9 months to fix but my case was never lost in the shuffle. Thanks!

In this time of confusing policies and large systems, it is SUCH a relief to be able to work with a person, to have someone who's informed and available to help! The service you provide is worth more than can be expressed. THANK YOU for providing this service in VT! I wish everyone had this program and knew about it.

I would like to extend my thanks and gratitude to my advocate and his co-workers. The time, energy and effort my advocate dedicated to my questions and concerns was exceptional. With diligence and professionalism, my advocate assisted me in understanding complicated issues and resolved difficult and complex health insurance policy. Thank you!

The person who helped me made things clear for me and was very kind and helped me greatly. I feel very sure if I call the Health Care Advocate's office my problem will be taken care of right away and for my rights to be upheld and a lot of care and a call back ASAP until things are resolved. I am so happy that the Office of Health Care Advocacy exists. They are the best and I am assured that I will get great help and my problems will be resolved. Very professional and caring.

Our Health Care Advocate handled this case skillfully, efficiently and respectfully. Her assistance was thoughtfully professional and is truly appreciated.

My advocate was very nice and understanding and as helpful as needed. I think the advocacy was great – but the Health Agency itself needs A LOT of work.

She handled this very well. I have insurance now.

I can't say enough about my advocate. He was very kind and such a gentleman. Keep up the good work. Whenever I left a message for him he always got back in touch right away.

I was recently diagnosed with Stage 4 lung cancer and needed chemotherapy. The day before my first chemo I received a call that my insurance Green Mountain Care had put a 10-12 day hold on my chemo. I called VT Legal Aid and was referred to an advocate. He was great and had the chemo approved within a few hours.

My advocates were absolute life-savers! "Dignity and respect" seem to be the hallmarks of this office – thank you so much.

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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 broad range and depth of legal knowledge of attorneys in the other VLA projects.

Individuals contact us through our Burlington-based statewide helpline (**1-800-917-7787**) and the *Vermont Legal Aid* and *Vermont Law Help* websites, as well as by walking into one of the five VLA offices located around the state. For each case, HCA advocates analyze the situation and 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 them information and advice about the insurance options in Vermont and assist if people have problems with enrollment. We also educate consumers about their rights and responsibilities, and provide information about and assistance with appeals.

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 advocacy efforts. Working on behalf of all Vermonters, we advocate for laws and administrative rules that provide better access to and improved quality of health care. We represent the public in rate review proceedings and other matters before the Green Mountain Care Board (the Board) and other state entities. Act 48 of 2011 and Act 171 of 2012 require the Board to consult with the HCA about their policies and activities and how they impact consumers.

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Key Projects

Access to Treatment for Hepatitis C Virus

This year the HCA continued its work with a coalition of organizations to improve access to treatment for Hepatitis C Virus (HCV) for all Vermonters. We had a significant success in advocating before DVHA's Drug Utilization Review Board (DURB) for the removal of Medicaid's restrictive and illegal criteria for accessing curative HCV treatment. The DURB removed the requirement that people show any sign of liver damage before Medicaid would authorize curative treatment. This change went into effect in January of 2018. The Coalition continued its advocacy during the second half of the fiscal year, focusing on Vermonters' access to HCV treatment when they are in a correctional facility.

The HCA is pleased with the progress of more and more Vermonters having access to Hepatitis C treatment in the community and in the correctional system. There is no medical justification for denying treatment because the patient's liver isn't damaged enough. Curing people with Hepatitis C will have immediate and long-term benefits for individual Vermonters and for our communities. The HCA and the coalition will continue our advocacy on this issue.

Access to Screening Mammography

The HCA worked on this issue throughout the entire year on the individual advocacy side, with the carriers, with the DFR, with providers, and ultimately with the legislature. We learned during the previous year that Act 25 of 2013, which requires first dollar coverage of screening mammography including additional views, has largely not been implemented. Ultimately, it became clear that there was a need for additional legislative clarification. We advocated for the introduction and ultimate passage of H.639 (Act 141 of 2018). This bill, along with a bulletin from DFR, was a significant step toward finally completing the work that was started in 2013. People who get call backs for additional mammograms or ultrasounds due to an inconclusive first screen should no longer be charged additional out-of-pocket charges. We will continue to track the issue through the call center.

Rate Review, Hospital Budgets, ACO Budget, and Certificates of Need

The HCA's works diligently every year on behalf of Vermonters, bringing a consumer's voice to the regulatory process. While each of these proceedings differ, the HCA brings a consistent focus to the ways that these decisions impact Vermonters' everyday ability to get the care that they need. By participating in each of these proceedings, we have an opportunity to form a more holistic system-wide perspective in our advocacy. For an in-depth review of our work before the Green Mountain Care Board, see <https://vtlawhelp.org/hca-reports>.

Website and Online Tool

In the spring of 2017, we starting writing content for a new Health section for the online help tool on our website. During SFY 2018, we continued to update and revise the Health section to make it more accessible and helpful to Vermont consumers. We track usage of all our pages, and additional details are included later in this report.

Health Care Coalition

The HCA played a facilitation role with a broad group of Vermont stakeholders to find common ground about the Federal threats to Vermonters' access to care this year. This advocacy extended into the next fiscal year and included press releases focused on two of the proposals to repeal and replace the Affordable Care Act and a memo highlighting the future risks due to Federal budgetary actions and inaction. In addition to the HCA, the participating organizations in this effort included Blue Cross Blue Shield of Vermont, Bi-State Primary Care Association, MVP, Planned Parenthood of Northern New England, UVM Medical Center, Vermont Association of Hospitals and Health Systems, VT Coalition of Clinics for the Uninsured, Vermont Care Partners: VT Council of Developmental and Mental Health Services, Vermont Medical Society, Vermont Program for Quality in Health Care (VPQHC), and VNAs of Vermont.

To find out more about our key projects and policy work, please see our Quarterly Reports here:
<https://vtlawhelp.org/hca-reports>.

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Consumer Assistance

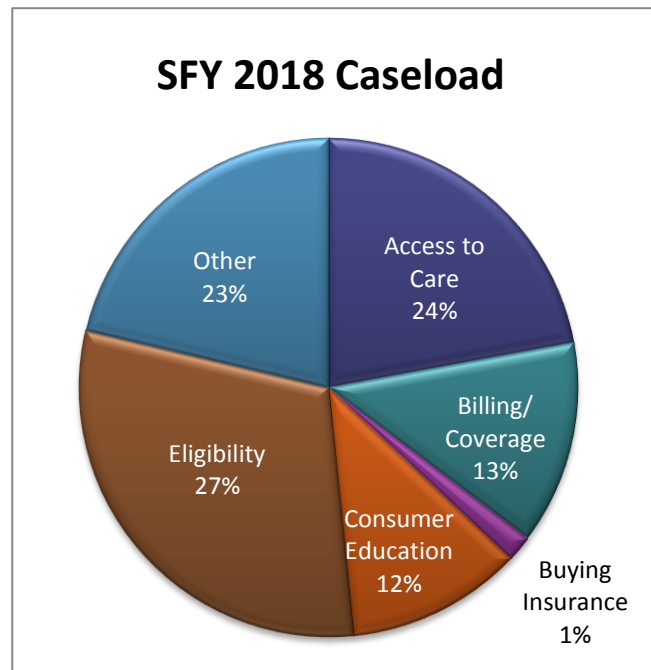
Description of Caseload

In State Fiscal Year (SFY) 2018, we handled 3,730 calls to our statewide hotline, compared to 3,742 calls in SFY 2017 and 4,389 in SFY 2016. We closed 3,701 cases during this period and had 29 cases pending at the end of June 2018. A total of 1,054 (28.3%) of the calls were related to Vermont Health Connect, compared to 40.2% in the previous year.

We assign each case to one or more of these six categories: *Access to Care*, *Billing and Coverage*, *Buying Insurance*, *Consumer Education*, *Eligibility*, and *Other*. While some cases span multiple categories, the case numbers in this section are based on the primary issue identified for each call in order to avoid counting the same case more than once.

While there were slight changes in the percentage of cases in several categories, the overall distribution of issues remained roughly the same as last year as these numbers show:

- Eligibility (27% compared to 30%)
- Other (23% compared to 21%)
- Access to Care (24% compared to 22%)
- Billing and Coverage (13%, the same as last year)
- Consumer Education (12% compared to 11%) and
- Buying Insurance (1%, compared to 2%)



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

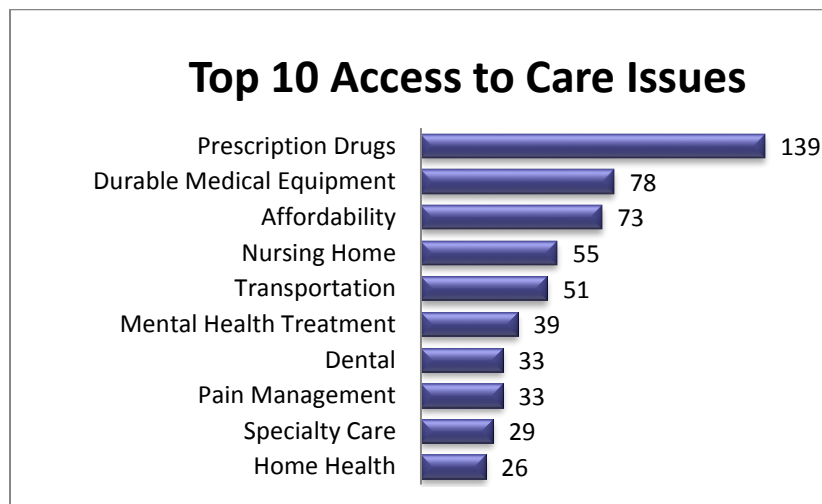
Access to Care

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 878, which is 6.1% higher than last year’s total of 827. An additional 713 callers cited access issues as secondary to their primary problem.

We track 49 subcategories in *Access to Care*.¹ As has been the case for years, Prescription Drugs posed the greatest number of access issues. We received calls from 139 Vermonters unable to promptly get necessary medications, compared to 156 total calls last year.

The issues top ten issues on this year’s *Access to Care* list are quite similar to those on last year’s list, but there was some interesting movement within the list. Access to Specialty Care was new to the list for SFY 2018. There was also a significant increase in DME cases: 78 in SFY 2018 compared to 39 in the last year.

Despite the fact that more Vermonters are insured, and a large proportion of Vermonters who purchased VHC plans qualified for cost-sharing reductions, many people find affordability to be a barrier to health care access. Affordability was the third most common *Access to Care* issue in SFY 2018 with 73 calls, compared to 85 last year. An additional 524 callers cited affordability as secondary to their primary access issue. Prescription drug problems were the most common *Access to Care* issue with 139 calls, compared to 144 last year. Another 962 callers named prescription access as secondary to their primary issue.



¹ In this fiscal year, we added the category “Provider Directory Problems” as a subcategory.

The number of calls about other top Access to Care issues compared to the number of calls last year were:

- Dental (33, compared to 67)
- Transportation (51, compared to 47)
- Home health (26, compared to 26)
- Pain management treatment (33, compared to 30)
- Mental health treatment (39, compared to 30)

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. In order to give higher priority to *Access to Care* and *Eligibility* calls, we often provide advice on ways to resolve billing problems, rather than providing direct intervention. Additionally, we enhanced the information on our website about resolving billing problems. In SFY 2018, we answered 478 calls in this category, compared to 494 last year, a 3% decrease.

We track 35 subcategories of *Billing and Coverage* calls. DVHA/VHC Premiums, Hospital Billing, Claim Denials, all remained among the top five billing and coverage issues faced by consumers who called the HCA in SFY 2018. The number two issue on the list was calls about Mammography billing. This was the first year that the HCA tracked this issue with its own code. Medicare and Provider billing were also new to the list.

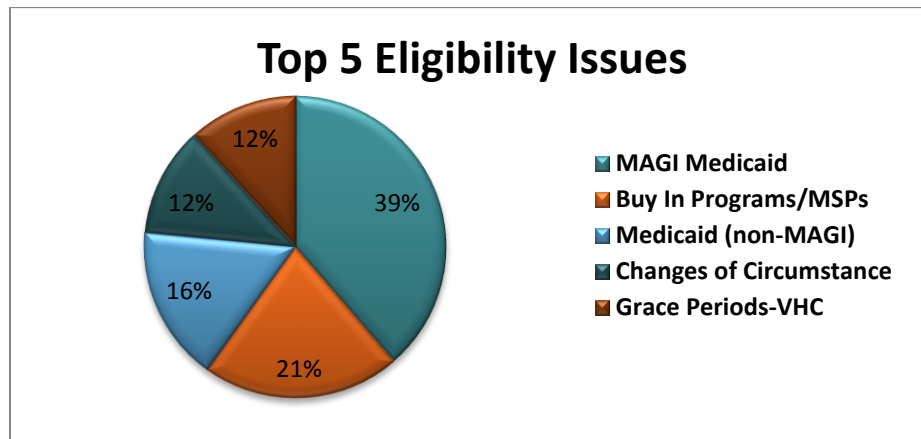
The number of calls about the top 5 issues compared to the number of calls last year were:

- DVHA/VHC Premiums (including Dr. Dynasaur) (38, compared to 132)
- Hospital Billing (65, compared to 45 last year)
- Mammography (45 compared to 0)
- Provider Billing 29 compared to 23)
- Medicare Billing (28 compared to 14)
- Claim Denials (28, compared to 33)

Eligibility

The percentage of calls related to *Eligibility* for health care coverage offered through the state went from 30% in SFY 2017 to 27.40% in SFY 2018. This was still the category with the most calls. Eligibility was the primary issue for 1,022 callers. An additional 1,862 callers named eligibility as a secondary issue for a total of 2,884.

In SFY 2018, four of the top SFY 2017 eligibility issues remained in the top five. VHC invoice, payment, and billing issues fell out of the top five issues, reflecting VHC's continued improvement in that area. VHC Grace Periods entered the top five issues in SFY 2018. MAGI Medicaid calls remained the top issue again, with Medicare Savings Programs (Buy-in Programs/MSPs) moved into the second spot. The number of calls about the top five issues compared to the number of calls last year were:



- MAGI Medicaid (191, compared to 189)
- Buy-In Programs/MSPs (105, compared to 96)
- Medicaid-Non MAGI (82, compared to 75)
- Premium Tax Credit (62, compared to 86)
- Change of Circumstance (58, compared to 97)
- Grace Periods-VHC (58, compared 43)

Of the 1,022 calls in which *Eligibility* was recorded as the primary issue, 564 calls (55%) were related to Vermont Health Connect. This is a decrease from SFY 2017, when 63% of *Eligibility* calls were related to VHC. Specific Vermont Health Connect problems involving technology, application processing, change of circumstance, renewals, and invoice/payment and billing problems accounted for 118 (21% of the VHC eligibility calls) of the VHC *Eligibility* calls. Looking at secondary issues, the following subcategories provided significant challenges to our callers, even in those cases where they were not the primary issue: MAGI Medicaid (211), Premium Tax Credit (189), Medicaid (non-MAGI) (168), Change of Circumstance (80), and Special Enrollment Periods (135).

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 2018, state health care programs included Medicaid FFS, Medicaid Managed Care, VPharm, and Healthy Vermonters.

Commercial insurance comprised both individuals with small or 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, and the HCA does not ask for the information.

The breakdown this year, compared to the previous three years, is shown in the table below.

Insurance	SFY 2018	SFY 2017	SFY 2016	SFY 2015
State Programs	883 (24%)	917 (21%)	900 (20%)	1,313 (28%)
Commercial Insurance	662 (18%)	708 (16%)	1,135 (26%)	1,185 (25%)
Uninsured	342 (9%)	482 (11%)	558 (13%)	517 (11%)
Medicare	569 (15%)	497 (11%)	389 (9%)	480 (10%)
Dual Eligible ²	290 (8%)	210 (5%)	272 (6%)	303 (6%)
Dental	6 (<1%)	16 (<1%)	55 (1%)	18 (<1%)
Catamount & Premium Assistance ³	N/A	N/A	N/A	N/A
Other	104 (3%)	105 (2%)	154 (4%)	228 (5%)
Irrelevant/Unknown	874 (23%)	807 (18%)	926 (21%)	651 (14%)

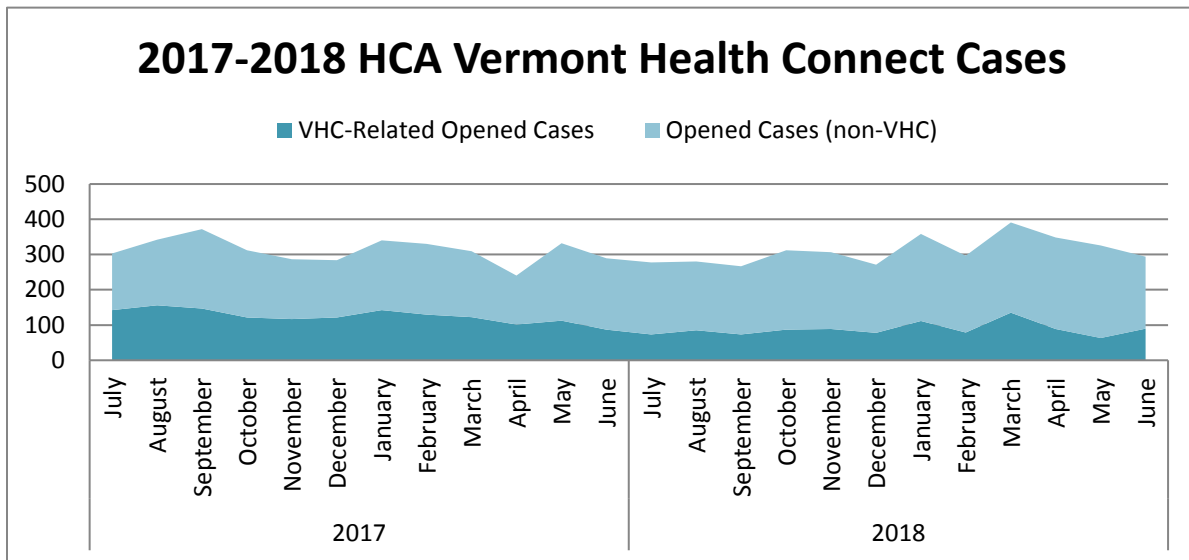
When beneficiaries who are Dual Eligible or have VPharm coverage are added into the Medicare total, about 24% of the calls were from Medicare beneficiaries in SFY 2018.

² Dual Eligible means a beneficiary who is eligible for both Medicaid and Medicare.

³ The Catamount Health and Catamount Health Premium Assistance (CHAP) programs ended on March 31, 2014.

Vermont Health Connect Calls

Vermont launched its state-based exchange, Vermont Health Connect (VHC), on October 1, 2013. Vermonters seeking subsidies (premium assistance and cost-sharing reductions) must purchase plans through VHC. However, individuals who are not eligible for premium assistance can now enroll in VHC Qualified Health Plans (QHPs) directly through the carriers, as small businesses do.⁴



In SFY 2018, 1,054 (28%) of the calls received by the HCA were related to Vermont Health Connect. This is a significant decrease from the proportion in SFY 2017, when the 1,503 calls related to Vermont Health Connect accounted for 40% of total calls. Since the launch of Vermont Health Connect, the HCA’s call volume has averaged more than 300 calls per month. The overall VHC numbers reflect that the system is functioning better and that problems are being resolved more quickly.

⁴ The HCA only provides help to individuals. We do not assist small businesses.

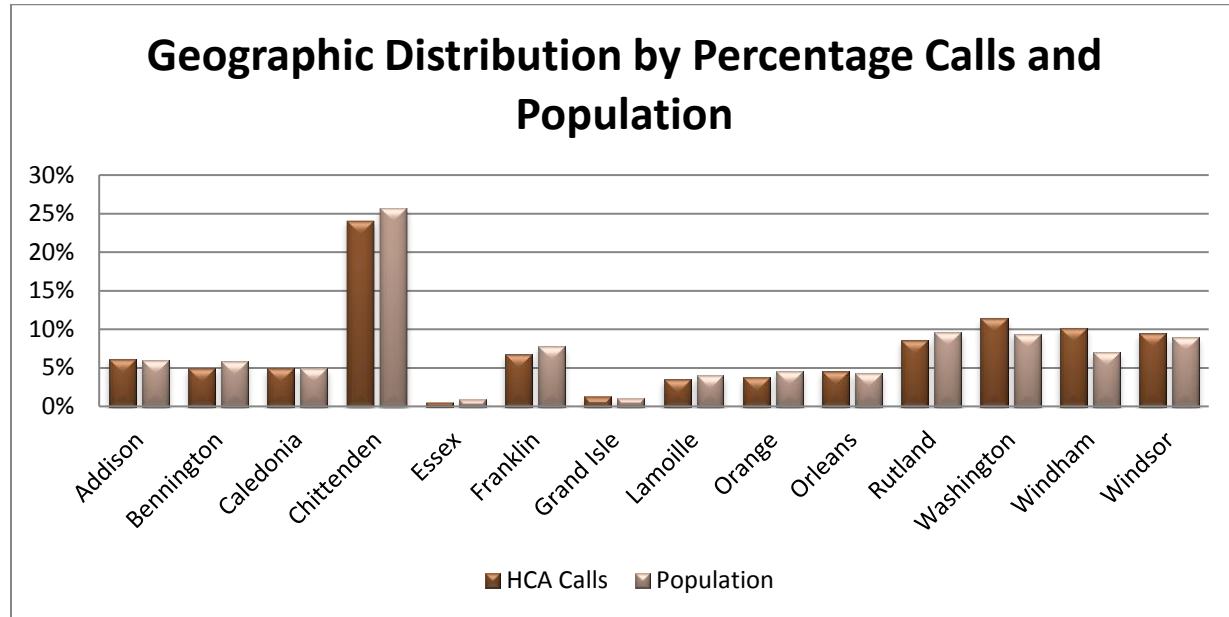
Resolution of Calls

In SFY 2018, the HCA closed 3,730 cases, compared to 3,742 last year. When we close a case, we document how we resolved the case, where we referred the individual, and what materials we sent. In SFY 2018, the HCA saved consumers \$581,867.19.

Outcome Summary	SFY 2018	SFY 2017	SFY 2016
Advice or Education	2,055	2,174	2,252
Assisted with Application for Insurance	21	7	7
Bill Written Off	22	14	7
Claim Paid as a Result of HCA Intervention	36	24	14
Client Not Eligible for Benefit	36	22	15
Client Responsible for Bill	40	19	23
Estimated Eligibility for Insurance	152	138	62
Got Client onto Insurance	279	347	409
Obtained Coverage for Services	91	86	93
Other Access/Eligibility Outcome	291	328	421
Other Billing Assistance	62	91	187
Hospital Patient Assistance Provided	11	3	2
Prevented Termination or Reduction in Coverage	70	62	60
Reimbursement Obtained	20	32	71
Service Excluded Under Contract	7	2	0
Service Not Medically Necessary	2	N/A	N/A
Other Outcome	496	499	714
Grand Total	3,691	3,848	4,337

Geographic Distribution of Calls

The HCA provides services statewide. While proportions varied in some counties, our calls are spread across the state in almost direct proportion to the population of the state. The chart below shows the percentage distribution of calls the HCA received in SFY 2018 compared with the general population distribution (based on 2014 census information).



Public Advocacy

SFY 2018 was a busy and productive year for the HCA’s public advocacy team. The HCA actively participated in many proceedings before the Green Mountain Care Board including QHP and large group insurance rate review proceedings, hospital budget and certificates of need proceedings, ACO regulation development, and numerous other meetings and proceedings.

The HCA also actively participated in other systemic advocacy activities engaging in the legislative process by responding to legislative questions, as well as actively bringing a consumer voice to legislative policy considerations. The HCA commented on proposed Federal and State rules including the eligibility and enrollment rules (HBEE) and Medicaid covered services rules (HCAR). The HCA also edited multiple health care notices to make them more readable and understandable. We participated in health care tax advocacy for individuals and on a systemic level. The HCA participated in numerous other public commissions and boards.

The HCA engaged in a number of outreach and public education activities, partnering with various community organizations to get the word out about issues that consumers need to be mindful of when accessing insurance and health care, as well as information about the services that the HCA has to offer to Vermonters who need an advocate’s assistance. These outreach activities included significant focus

on health care-related tax issues as well as eligibility, and communications focused on helping Vermonters understand and manage the exchange marketplace.

All of the details of the HCA's public, administrative, outreach and other activities was reported upon in detail in the four quarterly reports that make up SFY 2018. These quarterly reports can easily be found at the following link: <https://vtlawhelp.org/hca-reports>.

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Coordination

The HCA works closely with the Long Term Care Ombudsman Project and other VLA attorneys. In addition, we coordinate our efforts with many consumer and advocacy groups and other organizations that are working to expand access to health care. The HCA worked with the following organizations on consumer-oriented initiatives during this fiscal year:

- Advocates for Basic Legal Equality (ABLE) Ohio
 - AIDS Project of Southern Vermont
- AARP Vermont
- American Bar Association Section of Taxation Individual and Family Tax Committee
- American Bar Association Tax Section Pro Bono and Tax Clinics Committee
- American Cancer Society of Vermont
- American Civil Liberties Union (ACLU)
- Association of Africans Living in Vermont
- Bi-State Primary Care Association
- Blue Cross Blue Shield of Vermont
- Center on Budget and Policy Priorities
- Community Catalyst
- Community of Vermont Elders (COVE)
- Dartmouth-Hitchcock Medical Center
- Department of Vermont Health Access
- Disability Rights Vermont
- Families USA
- Georgetown University, Health Policy Institute
- IRS Office of Chief Counsel
- IRS Taxpayer Advocate Service
- Ladies First
- Let's Grow Kids

- MVP
- National Health Law Program
- National Immigration Law Center
- National Viral Hepatitis Round Table
- OneCare Vermont
- Open Door Clinic
- Outright Vermont
- Penn State University, Department of Health Policy and Administration
- People’s Health and Wellness Clinic
- Planned Parenthood of Northern New England
- Pride Center of Vermont
- State Health Insurance Assistance Program (SHIP)
- University of Vermont Medical Center
- Vermont Association of Hospitals and Health Systems
- Vermont Care Partners
- Vermont CARES
 - Vermont Coalition of Clinics for the Uninsured
- Vermont Council of Developmental and Mental Health Services
 - Vermont Department of Health
 - Vermont Energy Investment Corporation
- Vermont Family Network
- Vermont Health Connect
- Vermont Low Income Advocacy Council (VLIAC)
- Vermont Medical Society
- Prisoners’ Rights Office
- Vermont Program for Quality in Health Care
- VNAs of Vermont
- Villanova University Tax Clinic
- Voices for Vermont’s Children
- West Arete
- The Western Center on Law and Poverty

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Health Website

The *Health section of our Vermont Law Help website* offers more than 250 pages of consumer-focused information maintained by the HCA. The health section also provides easy access to an online intake form that allows Vermonters across the state to submit a request for assistance 24/7.

Pageviews

Overall, the health section pageviews increased this year by 10% compared to last year (44,495 pageviews compared to 40,367 in FY2017).

The top 10 health pages were:

- Medicaid Income Limits (12,260 pageviews)
- Health Home Page (5,598)
- Medicaid Resource Limits (1,774)
- Vermont Choices for Care (1,716)
- Services Covered by Medicaid (1,651)
- Dental Services (1,636)
- HCA Online Help Request Form (892)
- Medical Marijuana Registry Patient Form (807)
- Long Term Care (706)
- Buying Prescription Drugs (672)

Several pages that showed significant increases in the number of pageviews this year include:

- Advance Directive Forms page (+183% – 587 pageviews in 2018, compared with 207 in 2017)
- Medicaid Resource Limits (+106% – 1,774 in 2018, compared with 860 in 2017)
- Prescription Assistance State Pharmacy Programs (+105% – 406 in 2018, compared with 198 in 2017)
- Health Online Help Request Form (+67% – 892 in 2018, compared with 535 in 2017)
- Medicaid Services Covered (+58% – 1,651 in 2018, compared with 1,044 in 2017)

While the overall numbers are smaller than those mentioned above, the percentages by which the views of the following pages increased are worth noting and may indicate trends to monitor:

- Premium Tax Credits (+132% – 179 in 2018, compared with 77 in 2017)
- Green Mountain Care Board (+124% – 130 views in 2018, compared with 58 in 2017)
- How to Get Durable Medical Equipment from Medicaid (+84% – 189 views in 2018, compared with 103 in 2017)
- Transportation (Medicaid) (+78% – 408 in 2018, compared with 229 in 2017)

- Vermont Health Connect page (+60% – 380 in 2018, compared with 237 in 2017)
- Long Term Care (+56% – 706 in 2018, compared with 454 in 2017)
- Buying Prescription Drugs (+49% – 672 in 2018, compared with 451 in 2017)

PDF Downloads

Of the list of unique documents that were downloaded from the entire Vermont Law Help website, 40% were on health topics. This year we saw a 31% increase in downloads of health-related documents.

- 23 were created for consumers. The top consumer-focused downloads were:
 - Advance Directive Short Form (downloaded 493 times)
 - Vermont Dental Clinics Chart (415)
 - Advance Directive Long Form (358)
 - Vermont Medicaid Coverage Exception Request form (106)
 - How to Get DME Through VT Medicaid (84)
 - Blue Cross Blue Shield of VT Annual Report 2016 (43)
 - Blue Cross Blue Shield of VT Annual Report 2014 (24)
- 10 were prepared for lawyers, advocates and assisters who help consumers with tax issues related to the Affordable Care Act. The top advocate-focused downloads were:
 - PTC Allocation Rules Summary (50)
 - Low-Income Taxpayers and the Affordable Care Act (12)
 - Hospital Financial Assistance Fact Sheet (11)
- 11 covered topics related to health policy. The top policy-focused downloads were:
 - VT ACO Shared Savings Program Quality Measures (27)
 - HCA HCV Press Release (15)
 - Vermont Health Care Coalition Statement (9)

The Advance Directive Short Form ranks 5th among all PDF downloads on the Vermont Law Help website and took the top spot among the health-focused downloads. The Vermont Dental Clinics Chart ranked 6th among all PDF downloads on the website. These were the top health-related downloads last year as well.

New Online Help Tool

In the second half of 2017 we added a new Health section for the online help tool on our website. It is found at https://vtlawhelp.org/triage/vt_triage and it can be accessed from most pages of our website.

The website visitor starts by answering 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 the HCA or fill in our online form to get personal help from an advocate.

Website visitors used this new tool to access health care information **513 times** this year. Of the 68 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?
- Complaints - I want to file a complaint against a doctor.

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Income

Department of Vermont Health Access		
Medicaid Funds (part Federal)	\$	356,994
Vermont Health Connect		
Vermont Department of Financial Regulation		540,412
Green Mountain Care Board		
State Bill Back Funds		510,000
Additional legislative funds		<u>50,000</u>
TOTAL CONTRACT FUNDING	\$	<u><u>1,457,406</u></u>

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Vermont Legal Aid, Inc.
CONTRACT EXPENDITURES
HCA ANNUAL REPORT SFY 2018

Personnel

Project Director	\$81,056
Attorneys and Health Care Policy Analyst	254,709
Lay Advocates and Para Professional Staff	317,501
Management Staff	195,007
Other (Fringe Benefits)	275,614
Total Personnel	1,123,887

Other Direct Costs

Office Operations	84,940
Project Space	105,726
Other	36,538
Total Other Direct Costs	227,204

Purchased Services

Law Line Subcontract	15,321
Professional Services	81,412
Total Purchased Services	96,733

CONTRACT EXPENDITURES	\$1,447,824
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Attachment A**Health Care Advocate Statutory Duties****Current Duties****Title 18: Health****Chapter 229: Office of the Health Care Advocate****§ 9602. Office of the Health Care Advocate; composition**

- Chief must have expertise in the fields of health care and advocacy
- May employ legal counsel, admin staff, and other employees and contractors as needed

§ 9603. Duties and authority

The HCA shall:

- Assist health insurance consumers with health insurance plan selection
- Accept referrals from Vermont Health Connect and navigators
- Help consumers understand their rights and responsibilities under health insurance plans
- Provide information to the public, agencies, legislators, etc. regarding problems and concerns of health insurance consumers and recommendations for resolving problems and concerns
- Identify, investigate, and resolve complaints on behalf of health insurance consumers, and assist consumers with filing and pursuit of complaints and appeals
- Analyze and monitor the development and implementation of federal, State, and local laws, rules, and policies relating to patients and health insurance consumers
- Facilitate public comment on laws, rules, and policies, including those of health insurers
- Suggest policies, procedures, or rules to the Board to protect consumers' interests
- Promote the development of citizen and consumer organizations
- Annual report on activities, performance, and fiscal accounts

The HCA may:

- Review the health insurance records of a consumer who has provided written consent
- Pursue administrative, judicial, and other remedies on behalf of any individual health insurance consumer or group of consumers
- Represent the interests of Vermonters in cases requiring a hearing before the Board

§ 9604. Duties of State agencies

- State agencies shall comply with reasonable requests from the HCA for information and assistance

§ 9605. Confidentiality

- HCA cannot disclose the identity of a complainant or individual without consent

§ 9606. Conflicts of interest

- HCA, employees, and contractors cannot have any conflict of interest including direct involvement in licensing, certification, or accreditation of a health care facility; ownership interest or investment in, employment or compensation by, or management of, a health care facility, insurer, or provider

§ 9607. Funding; intent

- The HCA shall specify in its annual report its expenditures including the amount for actuarial services
- The HCA shall maximize the amount of federal and grant funds available to support the HCA

Title 18: Health**Chapter 043: Licensing Of Hospitals****§ 1911a. Notice of hospital observation status**

- Hospital notices of observation status must include statement that the individual may contact the Office of the Health Care Advocate and contact information for the HCA

Title 08: Banking and Insurance**Chapter 107: Health Insurance****Subchapter 001: Generally****§ 4062. Filing and approval of policy forms and premiums**

- The HCA may within 30 calendar days after the Board receives an insurer's rate request submit to the Board suggested questions regarding the filing for the Board to provide to its actuary
- The HCA may submit to the Board written comments on an insurer's rate request. The Board shall post the comments on its website and shall consider the comments prior to issuing its decision.
- The HCA may appeal a decision of the Board approving, modifying, or disapproving the insurer's proposed rate to the Vermont Supreme Court

Title 18: Health**Chapter 220: Green Mountain Care Board****Subchapter 001: Green Mountain Care Board****§ 9374. Board membership; authority**

- The Board shall seek advice from the HCA
- The HCA shall advise the Board regarding policies, procedures, and rules
- The HCA shall represent the interests of Vermont patients and Vermont consumers of health insurance and may suggest policies, procedures, or rules to the Board in order to protect patients' and consumers' interests

§ 9377. Payment reform; pilots

- The Board shall convene a broad-based group of stakeholders, including the HCA, to advise the Board in developing and implementing pilot projects and to advise the Board in setting policy goals

Title 18: Health**Chapter 221: Health Care Administration****Subchapter 005: Health Facility Planning****§ 9440. Procedures**

- The HCA may participate in any administrative or judicial review of a certificate of need application and shall be considered an interested party upon filing a notice of intervention with the Board

§ 9445. Enforcement

- If any person offers or develops any new health care project without first having been issued a certificate of need or certificate of exemption the HCA may maintain a civil action to enjoin, restrain, or prevent such violation

Title 33: Human Services**Chapter 018: Public-private Universal Health Care System****Subchapter 001: Vermont Health Benefit Exchange****§ 1805. Duties and responsibilities**

- VHC must refer consumers to the HCA for assistance with grievances, appeals, and other issues

§ 1807. Navigators

- Navigators must refer any enrollee with a grievance, complaint, or question regarding his or her health benefit plan, coverage, or a determination under that plan or coverage to the HCA and any other appropriate agency

Title 33: Human Services**Chapter 004: Department of Vermont Health Access****§ 402. Medicaid and Exchange Advisory Committee**

- One-quarter of the members of the MEAB shall be advocates for consumer organizations

Act 113 of 2016**18 V.S.A. chapter 227 is added to read:****Chapter 227: All-Payer Model****§ 9551. All-Payer Model**

- In order to implement an all-payer model, the Board and Agency of Administration shall ensure, in consultation with the HCA, that robust patient grievance and appeal protections are available

18 V.S.A. § 9382 is added to read:**§ 9382. Oversight of Accountable Care Organizations**

- To be certified by the Board, ACOs must offer assistance to health care consumers, including providing contact information for the HCA and sharing de-identified complaint and grievance information with the HCA at least twice annually
- In the Board's review of budgets of ACO(s) with more than 10,000 attributed lives in VT, the HCA may receive copies of all materials, ask questions of Board employees, submit written questions to the Board that the Board will ask of the ACO in advance of any hearing, submit written comments for the Board's consideration, and ask questions and provide testimony in any hearing held in conjunction with the Board's ACO budget review
- The HCA shall not disclose further any confidential or proprietary information provided to the HCA in the ACO budget review process

S. 243**§ 4255. Controlled Substances and Pain Management Advisory Council**

- The Controlled Substances and Pain Management Advisory Council shall include a representative of the HCA

S. 255**18 V.S.A. § 9456(d) is amended to read:**

- The HCA shall have the right to receive copies of all materials related to the hospital budget review and may:
 - Ask questions of Board employees
 - Submit questions to the Board that the Board will ask of hospitals in advance of any hospital budget review hearing
 - Submit written comments for the Board's consideration
 - Ask questions and provide testimony in any hospital budget review hearing
- The HCA shall not further disclose any confidential or proprietary information provided to the HCA

18 V.S.A. § 9414a is amended to read:**§ 9414a. Annual Reporting by Health Insurers**

- DFR and the HCA shall post on their websites links to the standardized form completed by each health insurer

Other Duties

The HCA is also often asked to participate in task forces, councils, and work groups when the Legislature mandates state agencies to create them. While these are not statutory duties for the HCA, they are essentially required.

Office of the Health Care Advocate

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