

Vermont Legal Aid

Office of the Health Care Advocate

Quarterly Report

July 1, 2016-September 30, 2016

to the

Agency of Administration

submitted by

Marjorie Stinchcombe, Staff Attorney

Office of the Health Care Advocate

October 21, 2016



Table of Contents

Introduction	1
Highlights	1
Individual Consumer Assistance	2
Overview	2
Top Problem Areas	3
A. The HCA's overall call volume was about the same as last quarter, and very close to the call volume during the same quarter in 2015. It is 39% higher than pre-VHC volume.	3
B. Vermont Health Connect call volume dropped by 14% compared with last quarter. The new escalation path is resolving complex cases more quickly and efficiently.	3
C. Vermont Health Connect invoice and premium problems decreased by 13%, but continue to be a problem for consumers.	4
D. Vermont Health Connect Change of Circumstance calls increased slightly.	5
E. We received 54 calls related to Medicaid reviews.	6
F. Calls about Premium Tax Credit (PTC) eligibility remained steady.	6
G. Access to Prescription Drugs continues to be a pressing issue for consumers.	6
H. The top issues generating calls	6
All Calls 1018 (compared to 1003 last quarter)	6
Vermont Health Connect Calls 447 (compared to 511 last quarter)	7
DVHA Beneficiary Calls 300 (compared to 241 last quarter)	7
Commercial Plan Beneficiary Calls 252 (compared to 294 last quarter)	7
I. Hotline Call Volume by Type of Insurance	8
Recommendations	8
Case Results	9
A. Dispositions of Closed Cases	9
All Calls	9
DVHA Beneficiary Calls	9
Commercial Plan Beneficiary Calls	9
B. All Calls Case Outcomes	9
C. Case Examples	10
Consumer Protection Activities	11
A. Rate Reviews	11
B. Certificate of Need	12
C. Other Green Mountain Care Board Activities	13
Hospital Budget Review	13
D. All-Payer Model	13

E. Vermont Health Care Innovation Project (SIM Grant)	13
F. Affordable Care Act Tax-related Activities	14
G. Other Activities	14
Litigation	14
Administrative Advocacy	15
Legislative Activities	17
Collaboration with Other Organizations	17
Outreach and Education	18
A. Website	18
Google Analytics Statistics	18
PDF Downloads	19
B. Education	19
Outreach Events	19
Publications	20
Presentations	20
Promoting Plain Language in Health Communications	20

Introduction

The Office of the Health Care Advocate (HCA) provides consumer assistance to individual Vermonters on questions and problems related to health insurance and health care. We also engage in a wide variety of consumer protection activities on behalf of the public, including before the Green Mountain Care Board, other state agencies and the state legislature.

The full quarterly report for July 1, 2016 – September 30, 2016 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:** 1018 calls (compared to 1003 last quarter)
 - **Department of Vermont Health Access (DVHA) beneficiaries:** 300 calls or **29%** of total calls (compared to 241 and 24% last quarter)
 - **Commercial plan beneficiaries:** 252 calls or **24%** (294 and 29%)
 - **Uninsured Vermonters:** 132 calls or **13%** (109 and 11%)
 - **Vermont Health Connect (VHC):** 447 calls or **44%** (511 and 51%; the VHC data report draws from the All Calls data set)
 - **Two Reportable Activities (Summary & Detail):** 105 activities, 42 documents (174 activities and 49 documents)

Highlights

- ✦ Total hotline call volume remained steady. (1018 this quarter vs. 1003 last quarter)
- ✦ Vermont Health Connect calls dropped 13% from the previous quarter.
- ✦ Many Vermonters are still struggling with VHC billing problems. About one-third of the HCA's VHC calls involved a billing issue.
- ✦ We are resolving complex cases more quickly. The HCA escalated 181 complex cases to VHC this quarter, and 168 were resolved by the end of the quarter.
- ✦ The HCA advised on 62 appeals this quarter. Of the 62 appeals, 49 were fair hearings.
- ✦ The HCA has saved consumers \$207,695.78 so far in 2016.
- ✦ In September, the Vermont Supreme Court issued a decision in the first Vermont Supreme Court appeal of a Green Mountain Care Board rate review case. The HCA represented consumers in the appeal of the Board's denial of a large rate increase requested by MVP. The Court ruled that the state rate review statute is constitutional, but sent the MVP case back to the Board for findings of fact that related to the standards in the statute.
- ✦ In another Vermont Supreme Court case this quarter, the HCA filed a brief and presented an oral argument, with the consent of the self-represented consumer in a Vermont Health Connect appeal. The Human Services Board granted Advanced Premium Tax Credits (APTC) to the spouse of an individual receiving Medicaid because he was a former foster child, and VHC appealed the decision. The spouse seeking APTC was unrepresented.
- ✦ The HCA represented the public at the hearings on the 2017 Vermont Health Connect plans and submitted memos arguing for more affordable rates.

- ✦ The number of people who used our website to find information and guidance on health care issues continued a pattern of strong growth with 48% more pageviews this quarter, compared with the same period in 2015.
- ✦ The number of people seeking information from our website about *dental services* increased significantly (142%) compared with the same period last year. This is the sixth quarter that the number of dental services pageviews has increased significantly over the previous year. Our Vermont Dental Clinics Chart was again the third most frequently downloaded of all PDFs downloaded from the Vermont Law Help website and the top health PDF download.
- ✦ An increasing number of Vermonters are seeking out information about MCA Medicaid and Dr. Dynasaur on our website. Half of the top 20 health topics focused on Medicaid or long-term care Medicaid (Choices for Care).

Individual Consumer Assistance

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, www.vtlawhelp.org/health. We have a team of advocates located in Vermont Legal Aid's Burlington office which provides this help to any Vermont resident free of charge, regardless of income.

The HCA received 1018 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:

- **19.72%** (201) about **Access to Care**
- **15.11%** (154) about **Billing/Coverage**
- **01.07%** (11) about **Buying Insurance**
- **10.89%** (111) about **Consumer Education**
- **31.40%** (320) about **Eligibility** for state and federal programs
- **21.68%** (221) 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 320 of our cases had eligibility for state health care programs as the primary issue, there were actually a total of 863 cases that had some eligibility issue.

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. Sometimes it is difficult to determine which issue is the "primary" issue 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 breakouts of the issue numbers in the

¹ The term "call" includes cases we get through our website.

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.

Top Problem Areas

A. The HCA’s overall call volume was about the same as last quarter, and very close to the call volume during the same quarter in 2015. It is 39% higher than pre-VHC volume.

Total call volume was just slightly higher than last quarter. (1018 vs. 1003) It is also almost equal to the call volume compared to the same quarter last year. (1018 vs. 1015) Our call volume is usually highest from January to March because most health care plans end on December 31, with a new plan year starting on January 1. The renewal process can trigger problems. The call volume remains significantly higher than pre-VHC call volume. (1018 this quarter vs 735 calls for the same quarter in 2013)

All Cases (2006-2016)											
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
January	313	280	309	240	218	329	282	289	428	470	411
February	209	172	232	255	228	246	233	283	304	388	511
March	192	219	229	256	250	281	262	263	451	509	416
April	192	190	235	213	222	249	252	253	354	378	333
May	235	195	207	213	205	253	242	228	324	327	325
June	236	254	245	276	250	286	223	240	344	303	339
July	183	211	205	225	271	239	255	271	381	362	304
August	216	250	152	173	234	276	263	224	342	346	343
September	181	167	147	218	310	323	251	256	374	307	372
October	225	229	237	216	300	254	341	327	335	311	--
November	216	195	192	170	300	251	274	283	306	353	--
December	185	198	214	161	289	222	227	340	583	369	--
Total	2583	2560	2604	2616	3077	3209	3105	3257	4526	4423	3354

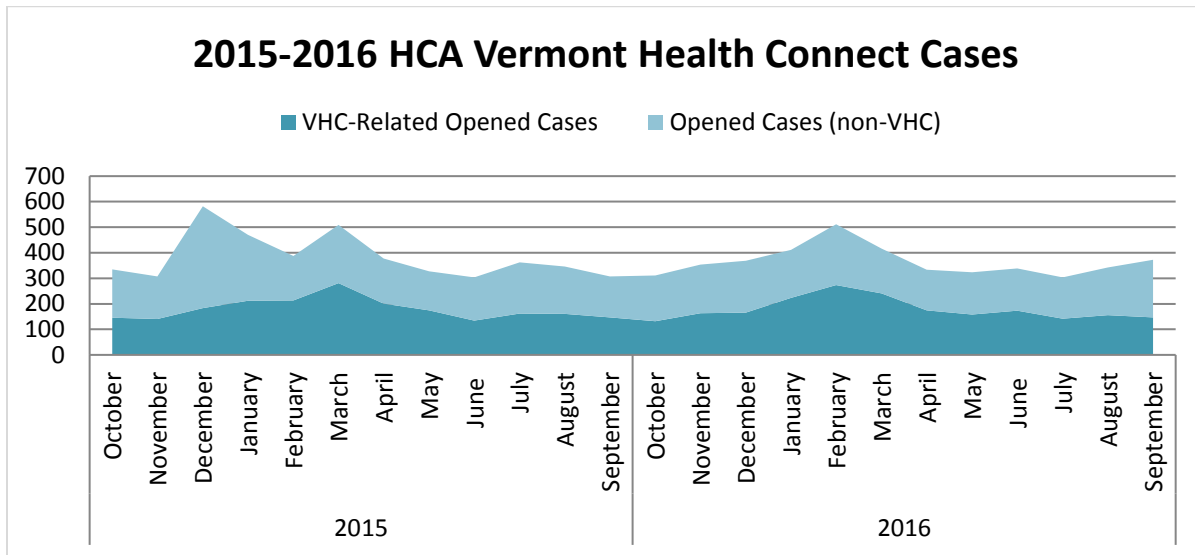
B. Vermont Health Connect call volume dropped by 14% compared with last quarter. The new escalation path is resolving complex cases more quickly and efficiently.

VHC call volume this quarter was 14% lower than last quarter. (447 vs. 511), and there was a small drop (5%) compared with the same quarter last year. (447 for 2016 vs 470 for 2015)

Even though VHC call numbers dropped, consumers are still having significant problems. VHC cases represent 44% of the HCA’s total calls. Of all VHC cases, 45% require complex interventions that take more than two hours of an advocate’s time to resolve. (199 complex interventions out of 447 total VHC cases)

During this quarter, VHC launched a new escalation path for the HCA’s complex cases. The process allows the HCA to work directly with a Tier 3 HAEU worker, who is trained to resolve all aspects of complex cases. In addition, the HCA meets with VHC each week to discuss cases. During the first quarter of this year, before the new escalation path was launched, the HCA was carrying 75-80 complex cases

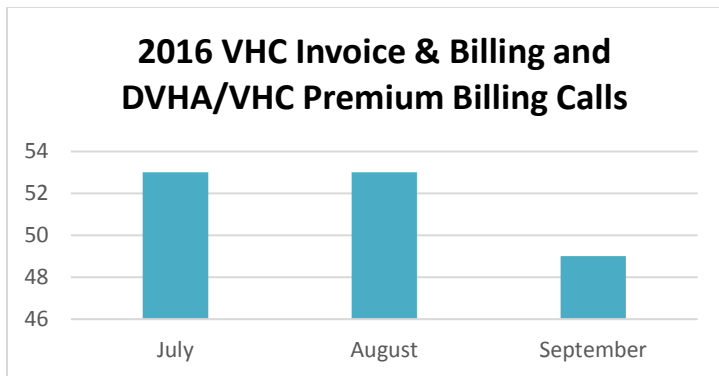
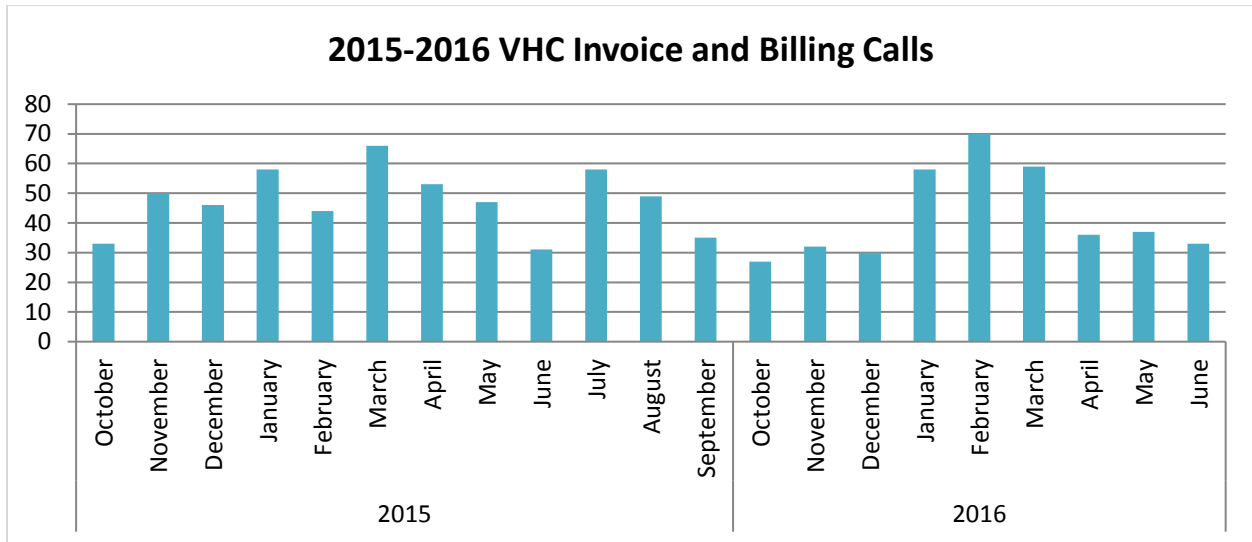
per week. That number gradually decreased to 40-50 per week and now, because the new escalation process allows complex cases to be resolved more quickly and efficiently, the HCA generally carries fewer than 20 unresolved complex cases per week. This quarter, the HCA escalated 181 cases, and 168 cases were resolved.



C. Vermont Health Connect invoice and premium problems decreased by 13%, but continue to be a problem for consumers.

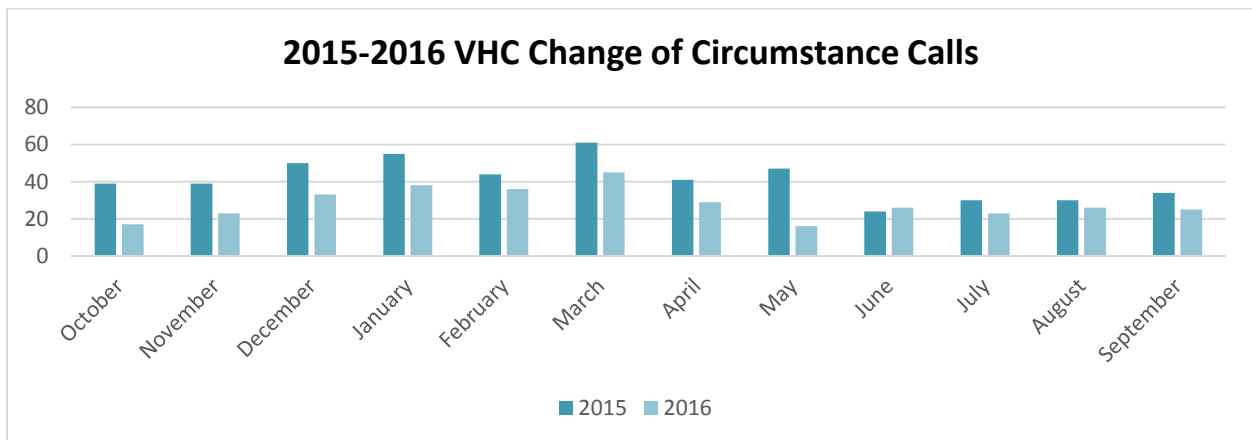
Although the number of calls about premium problems dropped, it was still a very troublesome area for consumers. Last quarter, the HCA received a total of 181 calls about billing issues. (75 about DVHA/VHC premium issues and 106 about VHC invoice/payment/billing problems affecting eligibility) This quarter, the HCA received a total of 158 calls about billing issues. (99 about DVHA/VHC premiums issues, and 59 about VHC invoice/payment billing problems affecting eligibility) When we combine those two categories of billing issues, billing is the most common issue for the quarter.² The specific billing problems include: inaccurate invoices, payments not applied correctly, and payments not reflected on the invoices. The billing problems can easily turn into access to care cases when a mistake in the invoice causes a consumer’s coverage to be erroneously cancelled. (See case examples)

² This quarter the HCA revised how we code VHC billing cases. Now cases with general VHC billing problems are billed under DVHA/VHC premium issues. If the billing problem directly impacts eligibility, it is billed under VHC invoice/payment issues affecting eligibility. This change resulted in a drop in the number of cases coded for VHC invoice/billing problems affecting eligibility and an increase in the cases coded for general VHC billing problems. Both codes represent VHC billing problems. As a result, this quarter’s data and that of previous quarters can no longer be represented in one chart.



D. Vermont Health Connect Change of Circumstance calls increased slightly.

The HCA received 74 Change of Circumstance calls this quarter, compared with 71 last quarter – an increase of 4%. VHC has been resolving the Change of Circumstances cases much more quickly, and we are getting fewer calls from consumers complaining about processing delays. As a result, the HCA has had to escalate far fewer Change of Circumstance cases.



E. We received 54 calls related to Medicaid reviews.

Even though the State processed thousands of Medicaid reviews each month, the HCA did not receive very many calls about Medicaid reviews. We received a total of 54 calls, which is an increase from last quarter when we received 36 calls. But it is still a relatively low number of calls compared to the number of Medicaid reviews. Of the 54 calls about Medicaid reviews this quarter, 22 were correct terminations, 13 were incorrect terminations, and 19 were seeking information about the review process.

F. Calls about Premium Tax Credit (PTC) eligibility remained steady.

The HCA received 78 calls from consumers related to their eligibility for the Premium Tax Credit, compared to 82 last quarter. These calls are relatively complex because the HCA advises consumers regarding their eligibility for PTC. If consumers are eligible, the HCA also calculates how much PTC they should be receiving. If consumers receive more PTC than they are eligible for, they may have to pay some or all of it back when they file their taxes. This process is called reconciliation. The HCA received 32 calls involving reconciliation this quarter.

G. Access to Prescription Drugs continues to be a pressing issue for consumers.

The HCA received 76 calls this quarter about access to prescription drugs, compared to 58 last quarter – an increase of 31%. Some consumers called when they went to pick up a prescription and found that their VHC plan (QHP) had been terminated or their Medicaid had been closed. With these cases, the HCA intervened to find out if the QHP had been closed in error, and if it had, the HCA worked to get it reinstated. With consumers who were Medicaid-eligible, the HCA encouraged the consumers to submit another application as quickly as possible. Other consumers called because, even with active coverage, they simply could not afford their prescriptions. In those cases, the HCA searched for prescription assistance programs that could help.

H. The top issues generating calls

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

All Calls 1018 (compared to 1003 last quarter)

1. MAGI Medicaid eligibility 126 (115)
2. DVHA/VHC premium billing 99 (75)
3. Complaints about providers 81 (82)
4. VHC Premium Tax Credit eligibility 78 (82)
5. Access to prescription drugs 76 (58)
6. VHC Change of Circumstance 74 (71)
7. Termination of insurance 64 (56)
8. VHC complaints 63 (83)
9. VHC invoice/billing problem affecting eligibility 59 (106)
10. Information/applying for DVHA programs 58 (48)
11. Medicaid eligibility (non-MAGI) 52 (39)
12. Consumer education about Fair Hearings 49 (50)
13. Special Enrollment Periods (eligibility) 49 (30)
14. Buy-in programs/Medicare Savings Programs 48 (34)
15. Confusing notice related to eligibility 45 (11)

16. Grace periods – VHC 43 (33)
17. Consumer education about Medicare 41 (30)
18. HAEU mistake 37 (34)
19. Consumer education about IRS reconciliation 32 (41)
20. VPharm eligibility 29 (13)
21. Information about VHC 27 (32)
22. Information about HCA 27 (10)

Vermont Health Connect Calls 447 (compared to 511 last quarter)

1. MAGI Medicaid eligibility 116 (107)
2. DVHA/VHC premium billing 94 (75)
3. Premium Tax Credit eligibility 75 (79)
4. Change of Circumstance 65 (67)
5. VHC complaints 62 (83)
6. VHC invoice/payment/billing problem affecting eligibility 55 (105)
7. Termination of insurance 50 (47)
8. Grace periods – VHC 43 (33)
9. Special enrollment periods 40 (29)
10. Consumer education about Fair Hearings 37 (44)
11. HAEU mistake 36 (32)
12. Access to prescription drugs 32 (21)

DVHA Beneficiary Calls 300 (compared to 241 last quarter)

1. MAGI Medicaid eligibility 46 (51)
2. Access to prescription drugs 33 (30)
3. Complaints about providers 33 (34)
4. Information/applying for DVHA programs 26 (23)
5. Medicaid eligibility (non-MAGI) 20 (16)
6. Change of Circumstance 19 (10)
7. Transportation 18 (10)
8. Medicaid Renewal/Review – Correct 14 (7)
9. Information about Medicaid Renewal/Review 14 (9)
10. Confusing notice 14 (5)
11. Consumer education about Fair Hearings 12 (8)
12. HAEU mistake 11 (3)
13. Medicaid/VHAP Managed Care Billing 11 (7)

Commercial Plan Beneficiary Calls 252 (compared to 294 last quarter)

1. DVHA/VHC premium billing 69 (53)
2. VHC invoice/payment/billing problem related to eligibility 48 (72)
3. Premium Tax Credit 46 (45)
4. Change of Circumstance 40 (45)

5. VHC complaints 37 (36)
6. Grace periods – VHC 28 (22)
7. MAGI Medicaid eligibility 23 (20)
8. Consumer education about IRS reconciliation 22 (23)
9. Confusing notice 17 (3)
10. Consumer education about IRS Penalty/ISRP 17 (12)
11. HAEU mistake 13 (19)
12. Disenrollment at consumer request 13 (14)
13. Termination of insurance 13 (13)

I. Hotline Call Volume by Type of Insurance

The HCA received 1018 total calls this quarter. The following shows the breakdown by 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”): 31% (316 calls), compared to 24% (234 calls) last quarter
- **Medicare³ 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): 26% (266 calls), compared to 14% (144) last quarter
- **Commercial plan beneficiaries** (employer-sponsored insurance, small group plans, or individual plans): **22%** (220), compared to 29% (292) last quarter
- **Uninsured: 13%** (132) of the calls, compared to 11% (108) last quarter

Recommendations

1. Continue to improve the wait times at the call center. Consumers have been experiencing long wait times to talk with a Customer Service Representative (CSR), and if their call needs to be transferred to the Eligibility Unit, they are forced to wait again. VHC has improved the wait times by adding additional CSRs. The long wait times create hardship for consumers and inhibit access to VHC.
2. Improve the accuracy of the advice at the call center. The call center is the main contact with VHC for many consumers, and they should receive accurate advice when they call. Further, if a CSR or HAEU (Health Access Eligibility Unit) worker promises to follow up with a consumer, they should do so.
3. Continue to improve the billing system to ensure that consumers receive timely and accurate invoices. Many of the incorrect terminations that we see are due to an underlying error in the billing process.
4. Emphasize the need for a timely transition to Medicare from MCA or QHPs. We are still seeing consumers who miss their initial enrollment period for Medicare Part B, which leads to long-term additional costs for them.
5. Continue to support and train navigators and assistors.

³ Because Medicare beneficiaries can also have commercial or DVHA coverage, these Medicare numbers overlap with the figures for those categories.

Case Results

A. Dispositions of Closed Cases

All Calls

We closed 1,059 cases this quarter, compared to 1,048 last quarter:

- 23% (248 cases) were resolved by brief analysis and advice
- 28% (300) were resolved by brief analysis and referral
- 26% (279) of the cases were complex interventions involving complex analysis, usually direct intervention, and more than two hours of an advocate's time
- 13% (139) were resolved by direct intervention, including calling an insurance company, calling providers, writing letters, gathering supporting medical documentation, etc.
- In the remaining cases, clients withdrew, resolved the issue on their own, or had some other outcome.

Appeals: The HCA assisted 62 people with appeals this quarter: 49 fair hearings, 7 DVHA internal MCO appeals, 5 commercial appeals, and 1 Medicare appeal.

DVHA Beneficiary Calls

We closed 315 DVHA cases this quarter, compared to 225 last quarter:

- 29% (90 cases) were resolved by brief analysis and/or advice
- 29% (90) were resolved by brief analysis and/or referral
- 25% (80) of the cases were considered complex intervention, which involves complicated analysis, usually direct intervention, and more than two hours of an advocate's time
- 12% (39) of the cases were resolved by direct intervention on the caller's behalf, including advocacy with DVHA and providers, writing letters, and gathering medical information.
- One DVHA case was resolved in the initial call.
- In the remaining cases, clients withdrew, resolved the issue on their own, or had some other outcome.

Commercial Plan Beneficiary Calls

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

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

B. All Calls Case Outcomes

The HCA helped 79 people get enrolled in insurance plans and prevented 17 insurance terminations or reductions. We obtained coverage for services for 23 people. We got 16 claims paid, written off, or reimbursed. We estimated VHC insurance program eligibility for 37 more. We provided other billing

assistance to 38 individuals. We provided 580 individuals with advice and education. Five people were not eligible for the benefit they sought, and four were responsible for the bill they disputed. We obtained other access or eligibility outcomes for 96 more people.

The **HCA saved individual consumers \$21,987.77** in cases opened this quarter and \$207,695.78 total so far in 2016.

C. Case Examples

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

1. Ms. A's work hours had been reduced, and she was no longer eligible for employer-sponsored insurance (ESI). She met with a navigator who helped her apply for coverage on the Vermont Health Connect (VHC) website. The navigator told her that she was not eligible for Medicaid and that she would need to purchase a VHC plan. Medicaid eligibility is determined by the applicant's current monthly income. Ms. A was actually eligible for Medicaid, but before it could be activated she needed to "verify" her income. This meant Ms. A needed to send proof of her actual income. Ms. A sent VHC some of her pay stubs. She called the HCA because nothing seemed to happen after she sent in her pay stubs, and Ms. A's doctor was threatening to cancel her appointments if her coverage was not active. When the HCA advocate checked, VHC said they had not received the pay stubs. The HCA advocate re-sent the pay stubs and asked VHC to escalate the case. Ms. A was found eligible for Medicaid just in time and was able to keep her appointment.
2. Ms. B went to her doctor's office but when she checked-in for her appointment, she was told that her Medicaid coverage was not active and that the appointment had to be re-scheduled. When Ms. B called VHC, she found that her son's Dr. Dynasaur coverage had also been cancelled. When the HCA advocate investigated, she found that Ms. B's Medicaid had closed. Earlier in the summer, VHC had reviewed her Medicaid eligibility and asked her to send in a review application by a certain date. She sent in the application. Her coverage closed, however, before the due date that VHC had given her to return the review application. When the HCA advocate checked, VHC had the application, but it had not been reviewed. The advocate intervened and requested that VHC review the application immediately. When VHC reviewed the application, they found both Ms. B and her son eligible for Medicaid. Ms. B was able to get her son to the doctor for a required check-up just in time for school to start.
3. Ms. E. called VHC to pay for her initial monthly premium for her QHP, and her bill was double what she expected. She could not afford to pay it, but she would not have active coverage until she made the first payment. When Ms. E called the HCA, the advocate investigated and found that Ms. E's Medicaid had recently closed. She had called to sign up for a QHP, and the plan was supposed to start the first day of the following month. VHC, however, had started her QHP the first day of the month that Ms. E applied. She did not need a QHP that month because she still had Medicaid. Because of the incorrect start date, Ms. E was charged for an extra month of coverage. The HCA advocate pointed out that VHC had not followed its own enrollment rules, and they agreed to move the start date up one month. As a result, Ms. E was able to make her first payment and her coverage was activated.
4. Mr. F needed his asthma medication, but he had missed the VHC open enrollment period and did not have any insurance coverage. When he called the HCA for help, the advocate discovered that he had lost his job and had no income. She told him that he was Medicaid-eligible and advised him to call VHC and apply over the phone. He called VHC and had almost completed the application when

the call was dropped. VHC called him back, but the second call was also dropped. Mr. F then called the HCA to help him find out if he had completed the Medicaid application. When the HCA advocate called VHC, they did not have a completed application. The advocate advised Mr. F that he still needed to apply and advised him to apply online. After some initial technical difficulties, he was finally able to apply online. The advocate asked VHC to rush his application because of medical urgency. His Medicaid was quickly activated, enabling him to get the asthma medication he needed.

5. Mr. G called the HCA because he could not afford to pay his Medicare Part B premiums, which were being automatically deducted from his Social Security payment. Mr. G was financially eligible for a Medicare Savings Program (MSP), which would pay the Part B premium and other out-of-pocket costs of Medicare. Before his Medicare started, Mr. G had faxed an MSP application to the State of Vermont and kept a copy of the fax confirmation showing when he had sent the application. He didn't hear anything from the State after sending the application, and Part B premiums began to be taken out of his small Social Security payment. He called the HCA, and the advocate found that the application had been temporarily lost and was scanned into the State's system over a month after he sent it. The advocate showed the State the fax documentation and argued that Mr. G's MSP start the date that he had started Medicare. The state agreed, and Mr. G was refunded the Part B premiums that had been taken out of his check when he should have been on the MSP.
6. Mr. H called the HCA when he found out that his family plan on VHC had been cancelled back to the end of January. He had discovered the cancellation when he took his children to the doctor and was told that they had no coverage. The HCA advocate looked into the issue and found that he had been terminated for non-payment. When Mr. H's payment record was reviewed, though, it showed that all of his premiums for 2015 and 2016 had been paid. The family had dropped their dental coverage in 2015, which had created an error in the billing system that ultimately caused him to be terminated in January 2016, even though he was up-to-date with his payments. Because there was no basis for a non-payment termination, the HCA advocate asked that the family's coverage for all of 2016 be reinstated, and VHC agreed.

[Back to Table of Contents](#)

Consumer Protection Activities

A. Rate Reviews

The HCA monitors all insurance carrier requests to the Green Mountain Care Board for changes in premium rates requested by commercial insurance carriers. These are usually rate increases. Three new rate review cases were filed during the quarter.

The two significant new rate review cases decided during the quarter were rate requests for products to be offered on the Vermont health insurance exchange, Vermont Health Connect (VHC), in 2017. BCBSVT's filing requested an average 8.2% increase for its 2017 plans, which have 70,423 members. MVP's filing requested an average increase of 8.8% for its plans with 6,614 members. The Board's actuary, the firm of Lewis and Ellis (L & E) reviewed the filings and requested additional information from the insurers. The HCA and its independent actuary also analyzed the two filings and suggested questions for L & E to pose to the insurers. Hearings were held on July 20 and July 21, 2016, and the HCA and the insurers submitted memoranda summarizing their arguments. The HCA's actuary filed an expert

report and testified in the hearing on the BCBSVT filing. The Board issued its decisions on August 9, 2016.

The Board issued a 3-2 decision in the BCBSVT VHC filing directing the company to lower its price increase from the requested 8.2 percent to 7.3 percent. The Board's reduction was based on assumptions that BCBSVT's increased utilization amount could be reduced and that hospital commercial rate increases would be lower than the increases assumed by the carrier. The HCA had argued for a rate decrease based on lowering the insurer's requested contribution to surplus. BCBSVT filed a Motion for Reconsideration of the Board's decision, and that Motion was denied in August.

The Board reduced MVP's requested rate increase of 8.8% to 3.7% based on a revised risk adjustment factor recommended by the Board's actuaries, L & E. This decision was consistent with the HCA's argument that the Board should adopt the L & E recommendation for rate modification.

MVP filed three new rate review cases during the quarter. The HCA has entered appearances to participate as a party in the first two filings. The Board's actuaries and DFR evaluated both filings during the quarter. The first shows the premium rate development for MVP's large group EPO/PPO products for the first and second quarters of 2017 including high deductible health plans and non-high deductible plans. The proposed rates in this filing will affect approximately 2,234 Vermonters. The second filing shows proposed quarterly rate increases for MVP's small group grandfathered EPO/PPO product portfolio. This is a closed block of business. As of June 2016 1,933 members were enrolled in the plans affected by this rate filing. The proposed filing would result in 9% annual rate increases for 1st quarter 2017 group renewals and 10.5% increases for 2nd quarter group renewals.

The third filing is a manual rate filing for MVP's 2017 Large Group HMO products. There are currently no members enrolled in these products because members have shifted to the Large Group EPO/PPO products. The HCA did not enter an appearance for this filing due to the lack of membership.

The HCA was a party in the Vermont Supreme Court's review of the Board's December 2015 decision disapproving the rate request for five plans offered by the Agriservices Association. Agriservices, an association for farmers, uses MVP's large group Minimum Premium Plan funding arrangement for grandfathered plans with a contract renewing with a December 1, 2015 effective date. MVP requested a very large average annual rate increase of 26.9%. The HCA asked the Board to disapprove the requested rates and the Board's December 2015 decision disapproved the increase. In January, MVP asked the Board to reconsider its decision. The HCA opposed this request and the Board refused to change its initial decision. MVP then appealed the Board's decision to the Vermont Supreme Court. MVP claimed that the criteria used by the Board in denying the rate increase were unconstitutionally vague or in the alternative that the Board's findings of fact and conclusions were not consistent with the standards in the rate review statute. The insurer, the HCA and the solicitor General on behalf of the Green Mountain Care Board filed briefs in March and April 2016. The HCA asked the Supreme Court to find the statute constitutional and uphold the Board decision, and the Solicitor General also asked the Court to affirm the Board's decision. MVP, the HCA and the Solicitor General all participated in oral argument in front of the Supreme Court in June. The Supreme Court issued its decision on September 23, 2016. It found the rate review statute constitutional but agreed with MVP's argument that the Board's conclusions of law were not supported by specific findings of fact that related to the statutory criteria. The Court sent the case back to the Board for new findings.

B. Certificate of Need

In the past quarter, the HCA participated in a public hearing on whether there should be an emergency certificate of need process for the acquisition of Burlington Labs. We questioned the applicant at the

hearing regarding allegations that the previous owners had committed Medicaid fraud and asked the Board to clarify the emergency review process. The Board decided to proceed with the emergency application process and did not hold a hearing on the application or allow parties to intervene.

In addition, we submitted a notice of appearance for Southwestern Medical Center's certificate of need application to create a new dental clinic. We are currently reviewing the information on this application as it comes in.

C. Other Green Mountain Care Board Activities

Hospital Budget Review

The HCA took advantage of a new opportunity in 2016 to protect consumer interests through an expanded role in the Green Mountain Care Board's Hospital Budget Review process. This new role developed from changes to Act 152, which gave the HCA the right to pose written questions to Green Mountain Care Board staff and to the hospitals regarding the hospitals' budget submissions and to ask questions and provide testimony at the Hospital Budget hearings, in addition to providing written comments after the hearings. In the last quarter, we began the process by meeting with Board staff to coordinate the exchange of hospital budget documents between the Board, the HCA, and the hospitals. We then worked with an independent expert in hospital budget accounting to advise us on the hospitals' submissions. Together, we reviewed the information we received from the Board and the hospitals, and submitted a list of questions to each hospital in writing before the hearings. We then questioned each hospital during the four days of hospital budget hearings, and we submitted formal comments after we had assessed the answers we received to our questions and the information provided at the hearings. In our role, we focused on the hospitals' community benefit activities, health care reform work to lower costs and improve quality, services related to substance abuse and mental health support, and justifications for their requested budget increases.

In addition, in the past quarter, the HCA attended six Board meetings.

D. All-Payer Model

The Green Mountain Care Board, Agency of Administration, and Agency of Human Services are in the process of negotiating an all-payer model (APM) agreement for the state, which would be implemented by a unified Accountable Care Organization (ACO). The HCA has been monitoring the planning process for the proposed APM and unified ACO for potential consumer protection concerns.

During the last quarter, we attended a meeting convened by the Green Mountain Care Board to gather stakeholder input on proposed state-level population health measures for the APM. At the very end of the quarter (September 29), the state released a draft APM agreement with the federal government. During the last two days of the quarter we began reviewing the draft agreement and related materials.

E. Vermont Health Care Innovation Project (SIM Grant)

The HCA continues to participate in the Vermont Health Care Innovation Project (VHCIP), which is funded by a federal State Innovation Model (SIM) grant. The Chief Health Care Advocate was a member of the VHCIP Steering Committee until her retirement on August 31. The Steering Committee met once this quarter, in September, and the HCA's policy analyst attended the meeting in the Chief's absence. The HCA participated, along with representatives from other projects of Vermont Legal Aid, as "active members" in five of the six VHCIP work groups: Payment Model Design and Implementation, Practice Transformation, Health Data Infrastructure, Disability and Long Term Services and Supports, and Population Health. This quarter we participated in five VHCIP work group meetings.

We continued to monitor the activities of the VHCIP Core Team and attended one Core Team meeting as an interested party. The HCA is a participant in the VHCIP Self-Evaluation Committee and attended one meeting with the project's evaluation consultant this quarter. The HCA is also a participant in the newly formed VHCIP Sustainability Planning Group. We were unable to attend the first meeting, but provided our perspective to the group's consultant on a different date. We attended the group's second meeting this quarter.

F. Affordable Care Act Tax-related Activities

The HCA continued tax-related assistance, advocacy, and outreach efforts. We commented on VHC's implementation of a federal requirement to provide notice to employers when an employee is granted advance payments of the Premium Tax Credit (APTC). The HCA received and escalated cases with VHC involving APTC reconciliation and forms 1095-A.

The HCA employed a half-time tax attorney, who also staffs the Low-Income Taxpayer Clinic at VLA. This arrangement has allowed the HCA to stay up-to-date on tax law developments and support our staff to effectively field calls related to the ACA and VHC as HHS and IRS release new federal guidance and regulations affecting VHC and Vermont consumers. The HCA submitted comments to the IRS on proposed changes to the Premium Tax Credit regulations. (See Administrative Advocacy below.) The proposed changes to federal rules would have a significant impact on Vermont consumers.

As in prior quarters, the HCA's tax attorney consulted with HCA advocates when particularly difficult IRS-related issues arose in HCA cases. The tax attorney advised the HCA on 11 technical assistance questions. She also responded to 40 technical assistance questions from assisters, Vermont tax preparers, and legal services attorneys in other states. The most common topic of technical assistance was IRS safe harbor rules for incorrect APTC determinations. HCA also responded to technical assistance requests on IRS procedures and consumer rights after a tax return is filed.

The HCA continued to participate in the *In Re J.H.* case before the Vermont Supreme Court involving eligibility for premium subsidies through VHC. The HCA supports J.H.'s eligibility for premium subsidies because she does not have the ability to enroll in employer-sponsored insurance unless her husband changes his mind and decides to also enroll. On July 1 the HCA filed a legal brief as *amicus curiae*, friend of the court. The HCA subsequently alerted the Court to new draft IRS guidance relevant to the case. The Supreme Court heard oral arguments on September 29. The HCA presented an oral argument with the consent of the self-represented consumer.

The HCA also engaged in tax-related outreach and education activities, detailed below in the **Outreach and Education** section.

G. Other Activities

Litigation

✧ In Re: J.H.

As described above under **Affordable Care Act Tax-Related Activities**, the HCA participated as *amicus curiae* in a Vermont Supreme Court appeal involving eligibility for QHP subsidies under federal tax law. The Court's decision is pending.

✧ In Re: MVP Health Insurance Company 2015 Agriservices GMCB Rate Filing

As described above under **Rate Reviews**, the HCA participated on behalf of Vermont consumers in the first Vermont Supreme Court appeal of a rate review decision by the Green Mountain Care Board.

Administrative Advocacy

✧ **Controlled Substance and Pain Management Advisory Council**

Act 173 of 2016 created this council to advise the Commissioner of Health on matters related to the Vermont Prescription Monitoring System, the appropriate use of controlled substances in treating pain, and preventing prescription drug abuse, misuse, and diversion. This quarter the council had its first meeting regarding rulemaking for opiate prescribing, which the HCA attended. At the meeting, the Commissioner of Health solicited comments from council members prior to the filing of the rule. The HCA submitted a set of comments and also suggested edits to a patient information form about opiates.

✧ **HIT Plan Interim Governance Team**

The state's HIT Plan creates an Interim Governance Team responsible for developing recommendations for the Secretary of Administration to provide to the next Administration. The HCA is participating in this group, which includes state employees and stakeholders. We attended two meetings of the governance team this quarter and submitted written accountability recommendations for private and public HIT entities.

✧ **Health Care Administrative Rules (HCAR)**

In September VLA's Disability Law Project and the HCA submitted formal comments on proposed Health Care Administrative Rules (HCAR) as part of the Administrative Procedure Act's formal rulemaking process. We asked for changes to the proposed rules for Specialized Services and Programs and for the definition of Early Periodic Screening, Diagnostic and Treatment services and argued against the elimination of some non-eyewear aids to vision.

✧ **IRS Premium Tax Credit Notice of Proposed Rulemaking VI**

In September the HCA collaborated with VLA's Low-Income Taxpayer Clinic and Southeastern Ohio Legal Services to comment on proposed changes to the federal Premium Tax Credit rules. HCA supported simplification of the rules for calculating benchmark plans when family members reside apart. HCA also supported giving consumers 120 days to pay the premiums for a retroactive enrollment allowed by an HSB decision. Currently, there is no exception to the rule that consumers must pay all premiums by April 15 following the plan year. The comments by HCA also raised fairness concerns with proposed changes to the APTC reconciliation safe harbor rules. HCA suggested different approaches the IRS could take to better accommodate federal exchange rules and Medicaid agency practices.

✧ **Qualified Health Plan (QHP) Rule**

In May 2016 the HCA submitted formal comments on a pre-rulemaking draft of DVHA's QHP certification and direct enrollment rule, *Standards for Issuers Participating in the Vermont Health Benefits Exchange*. The HCA's comments emphasized the need for the rule to be written in plain language so that it will be accessible to consumers and assisters as well as health insurance issuers. The HCA also advocated limiting consumer and issuer liability for mistakes made by VHC and creating a formal guidance system so that sub-regulatory guidance is accessible to consumers and the public.

After submitting comments, the HCA attended a follow-up stakeholder meeting with DVHA and AHS to discuss the rule. DVHA accepted several changes suggested in the HCA's comments. DVHA began the

formal APA rulemaking process this quarter. The HCA submitted written comments in August. DVHA made changes to the final proposed version of the rules based on these comments, including a rule change that will allow more consumers who transfer from one plan to another in the middle of a year to transfer payments made toward their deductibles in the old plan to the new plan. LCAR will review the rules in October. In addition, the HCA has been participating in two workgroups that were formed to discuss retroactive account changes and billing and enrollment.

❖ **2018 Qualified Health Plan (QHP) Work Group**

The HCA is participating in this stakeholder group, which was convened by DVHA to help develop any recommended changes to benefit design for QHPs offered on Vermont Health Connect in 2018. The legislature set up a process to discuss the effect that the maximum out of pocket expense limit for prescription drugs in Vermont law has on plan design, especially at the bronze plan metal level. The new federal standards being developed for 2018 plans may make it impossible for the state to develop plan designs for bronze plans that meet both the federal rules and the state limit for prescription spending. We attended one meeting of the group this quarter.

❖ **Rule 09-03 Work Group**

The HCA was actively involved in this work group, which was set up in Act 54 of the 2015 legislative session. The group's purpose was to help the Agency of Administration, the Green Mountain Care Board, and the Department of Financial Regulation (DFR) evaluate the necessity of maintaining provisions for regulating commercial insurers currently in Rule 09-03. The current rule contains consumer protection and quality requirements for insurers in areas such as the adequacy of provider networks and the way insurers conduct prior authorization reviews for requested services. The group also reviewed reporting requirements for the insurers about the claims for covered services that are denied.

The HCA advocated for provisions in the statute and rule that would maintain regulatory protections for consumers in commercial health care plans, would improve the reports insurers provide about denied claims and would require DFR to file quarterly reports showing how many complaints are filed about violations of the consumer protection standards in Rule 09-03. The Administration presented proposed language for statutory changes to implement the work group's proposals in S.255, and the HCA testified about this bill. DFR and the HCA negotiated a compromise section requiring annual reports about the complaints DFR receives about violations of the rule, aggregated for all insurers. After S.255 passed during the legislative session, the work group met to discuss the rule before the Administration began the formal rule-making process under the Administrative Procedures Act. The formal rule was filed during the quarter. The HCA did not have any issues with the rule as filed. The Legislative Committee on Administrative Rules will review the rule during the next quarter.

❖ **Vermont Health Connect Escalation Path**

The HCA and VHC continued to collaborate on improving the State's escalation path for HCA cases involving complex VHC issues. We communicated with VHC multiple times a day and met at least once a week to discuss the most difficult cases. With the latest version of our escalation path, we have begun to resolve cases more quickly and efficiently.

❖ **Comments on Vermont Health Connect Notices**

At VHC's request, the HCA commented on three 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**

The Chief Health Care Advocate was an active participant in Vermont's Medicaid and Exchange Advisory Board (MEAB) until her retirement at the end of August. The Chief attended two meetings of the MEAB this quarter. The HCA attended one additional meeting of the MEAB in September after the Chief's retirement.

❖ **42 C.F.R. Part 2 Advisory Group**

We continue to participate in the 42 C.F.R. Part 2 advisory group started by DVHA. This group is working on ways the Vermont Health Information Exchange (VHIE) can protect patient privacy in compliance with federal rules on substance abuse information in medical records without excluding these patients' records from the Exchange. The group did not meet this quarter.

❖ **Vermont Hepatitis Task Force**

The HCA is participating in this task force convened by the Vermont Department of Health to work on issues related to Hepatitis C in Vermont. We attended one meeting of the task force this quarter.

Legislative Activities

This quarter the HCA monitored the activity of joint committees that took up issues related to health care. We attended two meetings of the Health Reform Oversight Committee and one meeting of the Joint Fiscal Committee.

Collaboration with Other Organizations

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

- American Bar Association Section of Taxation
- American Cancer Society of Vermont
- American Civil Liberties Union of Vermont (ACLU-VT)
- Champlain Valley Office of Economic Opportunity (CVOEO) Financial Futures Program
- Community Catalyst
- Families USA
- Iowa Legal Aid
- OneCare Vermont
- Southeastern Ohio Legal Services
- University of South Dakota Low Income Tax Clinic
- Vermont CARES
- Vermont Council of Developmental and Mental Health Services
- Vermont Health Connect
- Vermont Oral Health Care for All Coalition
- Vermont Program for Quality in Health Care
- Vermont Public Interest Research Group (VPIRG)

[Back to Table of Contents](#)

Outreach and Education

A. 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 (www.vtlawhelp.org/health) with more than 200 pages of consumer-focused health information maintained by the HCA. We work diligently to keep the site updated in order to provide the latest and most accurate information to Vermont consumers.

Google Analytics Statistics

- The total number of health pageviews increased by 48% in the reporting quarter ending September 30, 2016 (8,645 pageviews), compared with the same quarter in 2015 (5,857 pageviews). This is particularly noteworthy because the total number of pageviews for the entire Vermont Law Help website was only slightly higher (5.5%) compared with the same period last year.
- The number of people seeking help finding *dental services* increased significantly (142%) compared with the previous year, as it has **the past six quarters**. (525 pageviews this quarter, compared with 217 in the same period last year). The number of pageviews decreased slightly (<5%) this quarter (525) compared with last quarter (552).
- The number of people who visited our *Health Insurance, Taxes and You* page increased by 111% this quarter, with 279 pageviews compared to last year's 132. This statistic is particularly interesting since the regular tax season ended in mid-April, and the number of pageviews is slightly higher than it was last quarter (275).
- This quarter, like the previous four quarters, we saw a large increase in the number of people seeking information about *Medicaid income limits* (3,130 pageviews this quarter, compared with 1,301 in the same quarter in 2015, an increase of 141%). The consistently high numbers indicate that search engines are delivering this page as a high-ranking source of information about Medicaid income limits, as well as the increasing age of Vermont's population.
- The *health home page* again had the second largest number of pageviews (919), slightly higher than last year's 887. The home page tells consumers how we can help them and provides several ways to contact us including an online form that can be filled out and submitted 24/7.
- Half of the 20 health topics with the largest number of pageviews focused on Medicaid or long-term care Medicaid (Choices for Care). There is almost no information about MCA Medicaid or Dr. Dynasaur available on the state websites, but there is clearly a need for information on these topics.
- While the total number is small, the number of people looking for information about *Medical Debt* is steadily increasing (62 pageviews, +130%). This number is 59% higher than last quarter, which was 160% higher than last year.
- Other popular topics included:
 - *Vermont Choices for Care* (256 pageviews, +35%)
 - *Medical Marijuana Registry – Patient Form* (161 pageviews, +152%)
 - *Medicaid and Medicare (Dual Eligible)* (157 pageviews, +41%)
 - *Federally Qualified Health Centers (FQHCs)* (115 pageviews, +37%)
 - *Medicare Savings/Buy In Programs* (114 pageviews, +148%)

PDF Downloads

Thirty-eight out of 74 or 51% of the **unique PDFs** downloaded from the Vermont Law Help website were on health care topics. Of those unique health-related PDF titles:

- 18 were created for consumers. The top five consumer-focused PDF downloads were the same as the last two quarters:
 - *Vermont Dental Clinics Chart* (134 downloads)
 - *Advance directive, short form* (53 downloads)
 - *Blue Cross Blue Shield of VT Annual Report 2014* (20 downloads)
 - *Vermont Medicaid Coverage Exception Request – 10 Standards and Provider Request Form* (16 downloads)
 - *Advance directive, long form* (12 downloads)
- 13 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:
 - *Magi 2.0 (it's complicated)* (5 downloads)
 - *Low-Income Taxpayers and the Affordable Care Act – November 2014* (4 downloads)
- 7 covered topics related to health policy. The top policy-focused downloads were:
 - *BCBSVT 2016 Exchange Filing – Plain Language Summary* (3 downloads)
 - *Vermont ACO Shared Savings Program Quality Measures* (3 downloads)

Our *Vermont Dental Clinics Chart* continues to be the **third most downloaded of all PDFs** downloaded from the Vermont Law Help website.

B. Education

During this quarter, the HCA provided education materials and presentations and maintained a strong social media presence on Facebook, reaching out directly to consumers as well as to individuals and organizations who serve populations that may benefit from the information and education provided. Materials we developed have also been shared directly with health and tax advocates in Vermont and nationwide and posted to our website.

We gave presentations directly to approximately 44 individuals, many of whom serve populations that are likely to benefit from the information and education provided. We reached several hundred more through outreach events and publications.

Outreach Events

Here to Help Clinic (September 24, 2016)

HCA's brochure was distributed at the Here to Help Clinic held at First United Methodist Church in Burlington. 97 low-income people, including many who are experiencing homelessness, attended the event.

CVOEO Financial Futures Program (August 26, 2016)

The HCA's tax attorney provided information and brochures at CVOEO's Financial Wellness Day, an event designed to provide information about financial and community resources for New Americans. Approximately 150 New Americans attended the event.

Publications

American Bar Association Tax Manual – Chapter Update (August 2016)

Vermont Legal Aid's tax attorney co-wrote a 2016 update to Chapter 29, Understanding the Affordable Care Act and Its Impacts on Low-Income Taxpayers, which originally appeared in the 6th edition of the ABA Tax Manual - Effectively Representing Your Client Before the IRS. The updated chapter can't be shared publicly, but it is available on our intranet as a reference for the HCA advocates, and it was provided for free to all Low-Income Tax Clinics nationwide. The manual and the 2016 ACA chapter update are also available to the public for purchase from the ABA.

Justice Quarterly (August 19, 2016)

Two health care articles were published in the Summer issue of VLA's quarterly newsletter, Justice Quarterly. The first article urged Medicaid patients who are having problems getting to medical appointments to let us know so we can work on those problems. The second article informed readers about the Vermont District Court ordering CMS to develop a corrective action plan to provide additional education to make it clear to providers and contractors that an improvement standard cannot be used to deny Medicare coverage.

Presentations

Vermont Tax Practitioners Association (September 20, 2016)

The HCA's tax attorney gave a presentation entitled ACA Refresher to 34 tax preparers who attended the Vermont Tax Practitioners Association's September meeting. The presentation included affordability exemptions and PTC safe harbors. Participants took all 10 HCA brochures that were available at the meeting, and we mailed 34 more later to those who requested them. We posted the presentation and handouts on our *ACA for Assistants* web page.

Ladies First (July 19, 2016)

The HCA presented information about the Office of the Health Care Advocate and what we do, along with a basic intro to Obamacare and Vermont Health Connect, to approximately 10 staff members from Ladies First and the Vermont Department of Health. Ladies First helps eligible women get free health screenings and, in some cases, diagnostic screenings. The program also provides support and guidance to help women through health challenges and to help them make positive lifestyle changes.

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:

- Rewrote VHC video scripts encouraging insureds to use preventive services 8-31-16
- Suggested extensive revisions to VDH Opioid Patient Information 8-24-16
- Suggested language for HHS to use for VT employer appeal 7-28-16
- Provided extensive plain language edits and edits/comments to improve comprehension of message and ability to resolve the problem being addressed in the following notices/letters:
 - ADM710-MM VPharm Wrong App sent 9-16-16
 - ADM709-MM VPharm Held Harmless Change Notice 8-8-16
 - FAQs: Billing, Premium Payment, Grace Period 8-8-2016

- RE005EP-MM VMR 2016 VHC Renewal Notice of Decision 7-15-16
- SYS709-MM Dr D Premium Change letter 7-13-16
- ADM708-MM VPharm Annual Review Change Notice VLA 7-13-16

Back to Table of Contents

Office of the Health Care Advocate

Vermont Legal Aid
264 North Winooski Avenue
Burlington, Vermont 05401
800.917.7787

<http://www.vtlegalaid.org/health>