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Vermont Legal Aid  
**Office of the Health Care Advocate**

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Quarterly Report  
October 1, 2019 - December 31, 2019  
to the  
Agency of Administration  
submitted by  
Michael Fisher, Chief Health Care Advocate  
Office of the Health Care Advocate

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January 17, 2020



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## Introduction

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

The HCA advocates focused on Open Enrollment during this quarter for both Medicare and Vermont Health Connect. During the annual Medicare enrollment, beneficiaries can change Part D prescription drug plans or decide to sign up for a Medicare Advantage Plan. We had 89 cases involving Medicare consumer education. We also talked to 25 households about Medicare Part D plans, and 22 households about Low Income Subsidy, a federal program that lowers out of pocket prescription costs for low income Part D enrollees. We also advised 23 consumers like Spencer (see panel at right) about VPharm, the state pharmacy assistance program that helps with premiums and copayments.

During the Vermont Health Connect (VHC) Open Enrollment, we advised 91 households on Premium Tax Credit eligibility. We advised 59 households on special enrollment periods for Vermont Health Connect and another 40 households on buying VHC plans.

The HCA held two health care town hall meetings in Bennington and Rutland counties this quarter to hear directly from Vermonters about local access to health care issues. At these events, legislators, health care leaders, and community members heard impassioned voices about what is working well and what needs to be changed.

The HCA represents Vermonters through individual, administrative, and legislative advocacy. Our policy priorities reflect our daily work with Vermonters struggling with a health care system that often does not meet their needs. We work to control unnecessary costs and make the health care system sustainable, and to ensure that Vermont consumers are heard by providers and policy-makers.

### Spencer's Story:

Spencer called the HCA because he could not afford to pick up his prescription. He was enrolled in a Medicare Part D prescription drug plan as well as VPharm 2. VPharm is the state pharmacy assistance program that works with Part D plans. It helps with the monthly premium and reduces copayments to \$1 or \$2. There are three levels of VPharm: 1, 2 and 3. VPharm 1 reduces copayments for all covered medications. VPharm 2 & 3 reduce copayments only for maintenance medications for chronic conditions and diabetic supplies. Spencer's VPharm 2 helps with his maintenance medications. For all other prescriptions, he owed the full amount set by his Part D plan. The previous time he had filled this prescription, the cost was \$2, but now the cost was over \$100. When the HCA advocate investigated, she found that the medication was no longer being considered a maintenance medication, and that was why Spencer was not getting the VPharm copayment rate. The HCA advocate learned that Spencer's provider had previously submitted a prior authorization (PA) requesting that the medication be treated as a maintenance medication. However, that PA had expired. The HCA advocate worked with Spencer's provider to get a new PA request submitted. The new PA was approved, and Spencer was able to pick up the prescription for \$2.

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## Overview

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

The HCA received 921 calls<sup>1</sup> this quarter. We divided these calls into broad 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:

- **23.24%** (214) about **Access to Care**
- **10.10%** (93) about **Billing/Coverage**
- **4.23%** (39) about **Buying Insurance**
- **11.62%** (107) about **Complaints**
- **12.16 %** (112) about **Consumer Education**
- **27.58%** (254) about **Eligibility** for state and federal programs
- **9.01%** (83) 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 254 of our cases had eligibility for state and federal healthcare programs listed as the primary issue, an additional 454 cases had eligibility listed as a secondary concern.

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

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

The full quarterly report for October-December 2019, 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:** 921 calls (compared to 934 calls last quarter)
  - **Department of Vermont Health Access (DVHA) beneficiaries:** 314 calls (313 calls last quarter)

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

- **Commercial Plan Beneficiaries:** 184 calls (165 calls last quarter)
- **Uninsured Vermonters:** 73 calls (89 calls last quarter)
- **Vermont Health Connect (VHC):** 203 calls (209 calls last quarter)
- **Reportable Activities (Summary & Detail):** 34 activities and 4 documents (51 activities, 7 documents)

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## Individual Consumer Assistance

### Case Examples

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

#### Mia's Story

Mia called the HCA because she could not afford her prescription. When she had gone to the pharmacy to pick it up, the cost was over \$100. The HCA advocate discovered that Mia had been enrolled on VPharm, the state pharmacy assistance program that helps reduce out of pocket costs for Medicare Part D and keeps copayments in the \$1 to \$2 range. The HCA advocate found out that Mia's VPharm had closed for non-payment. When the HCA advocate investigated, though, she discovered that Mia's coverage had been closed in error. First, Mia had made her monthly payment on time, but it had not been applied correctly. In addition, the closure notice that Mia received was inadequate. When a health care program is closing, the State of Vermont must send a notice describing what is closing, and when and why it is closing. Mia's notice did not list the program that was closing, which is why she did not realize what was happening. Because of the mistakes, Vermont Health Connect reinstated the VPharm, and Mia was able to pick up her prescription with the regular low copayment.

#### Reed's Story

Reed had just moved to Vermont, and was living with his grandparents. His grandparents had become his new guardians, but they did not have any information about his prior insurance coverage from his past guardian. They called the HCA because Reed needed a prescription. They also wanted to take him to the doctor, so they wanted to establish coverage as soon as possible. The HCA advocate assisted Reed's grandparents with the application, and was able to get it submitted to Vermont Health Connect. The application was expedited, and Reed was approved for Medicaid the same day the application was submitted. This meant Reed's grandparents were able to pick his prescriptions and make appointments with providers.

#### Kara's Story

Kara called the HCA because she had moved to Vermont and was having trouble signing up for coverage. Kara was on Medicare, and had previously been on a Medicare Savings Program to help pay for Medicare costs. Medicare Savings Programs (MSP) pay for Part B premiums, and in some cases, Medicare cost-sharing. By the time she called the HCA, she had been in Vermont for several months and had not been able to get any help with the Medicare costs. The HCA advocate advised Kara that she should be eligible for a Medicare Savings Program to help pay her monthly Medicare costs and for Medicaid for Aged Blind and Disabled (MABD) that would also help with the cost-sharing. The advocate helped Kara with the application and submitted it to Vermont Health Connect. Kara was approved for an MSP and MABD, and she now felt comfortable making appointments to see new providers.

#### Hayley's Story

Hayley called the HCA because she was worried about the costs related to her pregnancy care. Hayley was already on a Vermont Health Connect (VHC) plan that cost several hundred dollars a month. Under the Affordable Care Act, pregnancy coverage is an essential health benefit, and it is included as a

covered benefit within the Qualified Health Plans (QHPs) on VHC. Also, the deductible on QHPs is waived for preventive care related to the pregnancy. Hayley was having a high risk pregnancy and expected to need a lot of care. The HCA advocate studied Hayley's household income and found that if she could reduce her taxable income, she would be able to qualify for Dr. Dynasaur for pregnancy. Dr. Dynasaur for pregnancy has no monthly premium, no copayments, and includes dental benefits. Hayley was able to make a contribution to a traditional IRA and reduce her taxable income. This made her eligible for Dr. Dynasaur going forward and saved her thousands in dollars in premiums and costs over the entire pregnancy.

### **Beth's Story**

Beth called because she had been terminated from her Qualified Health Plan (QHP) on VHC for non-payment, and she did not understand why. Beth received Advance Premium Tax Credit (APTC) to help pay for her premium. Because she received APTC, she was entitled to a three-month grace period, which meant that if she fell behind on her premium payments, she had three months to catch up. She should have received grace period notices for each of the three months prior to the termination. In addition, in the second and third months of the grace period, claims are "pending." This means that they are not paid until the person gets out of the grace period. When the HCA advocate studied Beth's case, she found that she did not receive all three of her grace period notices. She also continued to have claims paid during the second and third months of the grace period, so she did not realize she was in a grace period and in danger of losing her coverage. Because of the failure to send the required grace period notices, VHC agreed to reinstate the coverage.

### **Abigail's Story**

Abigail called the HCA because she was having trouble scheduling a Medicaid ride to her provider. Without the ride, she was going to miss her appointment. Vermont Medicaid includes coverage of transportation to provider appointments. However, to be eligible for Medicaid transportation, you need to show that you do not have access to a vehicle in your Medicaid household. Abigail was being told that she could not schedule the ride because someone in her Medicaid household had a vehicle. The HCA advocate quickly pointed out that Abigail was the only person in her Medicaid household, and she did not have access to any vehicles, so this was not a valid reason for denying her ride. The Medicaid transportation broker agreed and scheduled the ride.

### **Zach's Story**

Zach was turning 26 and was about to age out of his parent's health insurance plan. Under the Affordable Care Act, children are able to stay on their parents' plans until they turn 26. He called the HCA because he was unsure about his next steps and worried about affording coverage. He had a job, but was not eligible for employer coverage for several months. The HCA advocate explained that because his coverage through his parents' plan was ending, he would be eligible for a Special Enrollment Period to enroll in a Vermont Health Connect Plan. The advocate helped Zach complete and submit the application. Because he was not yet eligible for his employer plan, Zach was eligible for Advance Premium Tax Credit (APTC) to help pay his monthly premium. With the APTC, Zach's monthly premium was less than \$100. Also the HCA advocate explained that Zach could get off the VHC plan once he became eligible for his employer plan.

## Priorities

### **A. The HCA presented a joint training with the Division of Vocational Rehabilitation.**

The HCA presented a joint training with the Division of Vocational Rehab for attorneys and paralegals at Vermont Legal Aid and Legal Services Vermont. The HCA focused specifically on the eligibility rules for Medicaid for the Working Disabled. It also focused on SSDI and Medicare, and health care options for those who have been found disabled but are not yet eligible for Medicare. Staff from the Division of Vocational Rehabilitation discussed different programs and services for consumers, and answered questions. We discussed how the organizations could streamline referrals to ensure that consumers were getting the assistance that they were eligible for. The HCA plans a follow up training with Voc Rehab later this year.

### **B. The HCA continues to work on making Hospital Patient Financial Assistance Policies more accessible.**

The HCA continued to advocate for improvements to Vermont hospitals' patient financial assistance policies (FAPs). The HCA closely reviewed the FAPs of the five largest Vermont hospitals and provided those hospitals with our analysis of their policies' compliance with federal regulations. During the hospital budget review process, hospitals committed to working with us to improve their policies. This project transitioned into a work group effort with UVMHC, RMC, VAHHS, and the HCA, to develop a plain language summary template that will be a resource for all Vermont hospitals. In addition, we have started to advocate for best practices improvements to financial assistance policies and patient financial counseling practices at all Vermont hospitals. We advised 29 households on applying for Patient Financial Assistance. This work is ongoing.

### **C. Overall HCA call volume stayed nearly the same.**

The HCA had 921 calls this quarter, compared to 934 calls last quarter. The HCA talked to many consumers about Medicare Part D open enrollment and Vermont Health Connect Open Enrollment during this quarter. About 11% of this quarter's calls involved getting consumers onto new coverage, preventing the loss of coverage, or obtaining coverage for services. We also helped 51 households estimate their eligibility for insurance programs. We saved consumers \$28,010.26 this quarter.

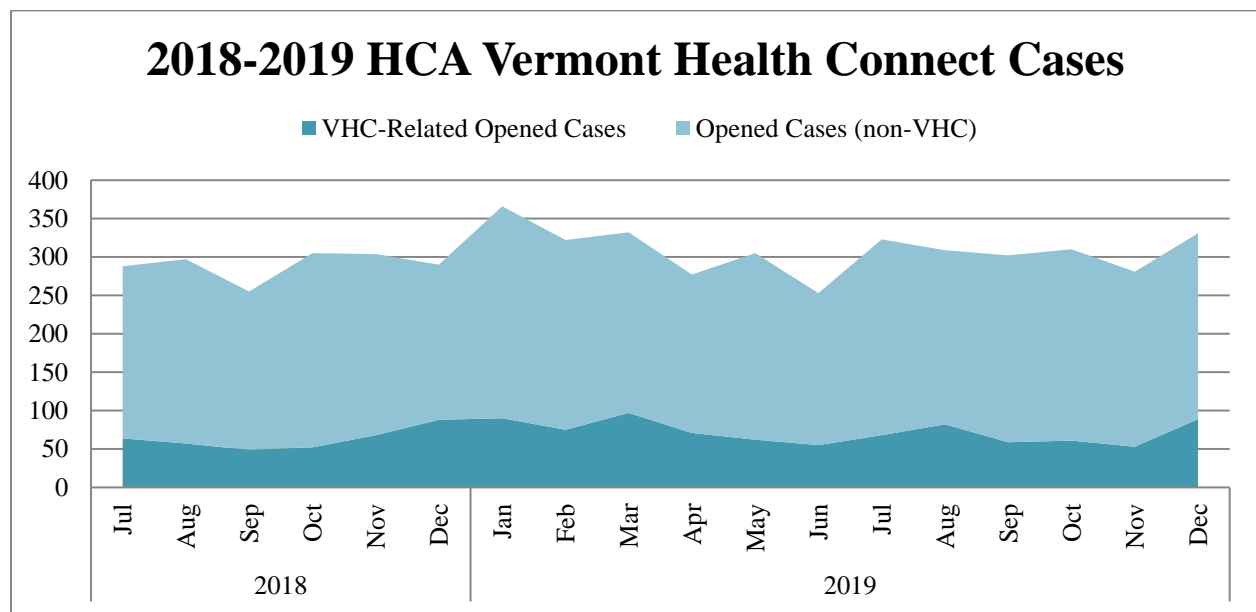
### **D. Calls concerning Vermont Health Connect remained steady this quarter.**

The volume of calls concerning Vermont Health Connect stayed nearly the same (203 calls this quarter compared to 209 calls last quarter). The top VHC issue remained eligibility for MAGI Medicaid. This was the primary issue in 72 cases and secondary issue in 56 cases. This quarter, 55 VHC cases required complex interventions that took more than two hours of an advocate's time to resolve, and another 35 cases required a direct intervention to resolve the case.



The HCA continues to resolve its cases by working directly with Tier 3 Health Access Eligibility Unit (HAEU) workers, who are trained to resolve all aspects of complex cases. In addition, the HCA meets with VHC as needed to discuss cases, and has regular email contact with Tier 3. This quarter we had 47 escalated cases (39 last quarter). Of the 47 escalated cases, 41 were resolved within the quarter.

Tier 3 also now works on resolving Green Mountain Care cases (VPharm, Medicaid for Aged Blind and Disabled (MABD), Medicare Saving Programs, and Medicaid Spend Downs). This quarter we continued to receive significant numbers of consumers calling with questions about Medicare Savings Programs (68), MABD (74), Medicaid Spend Down (11) and VPharm eligibility (23).



**E. Medicaid eligibility calls represented 31% of all our cases (282 cases/921 total cases). Consumers need assistance with all types of Medicaid.**

Medicaid eligibility was again the top issue generating calls. We had 128 calls about eligibility for Medicaid for Children and Adults (MCA) Medicaid, 74 about eligibility for Medicaid for the Aged Blind and Disabled (MABD), 11 about Medicaid Spend Downs, and 15 about Medicaid for Working Disabled, and 4 about Katie Beckett Medicaid. We also had 50 calls about Long Term Care Medicaid. MAGI Medicaid and MABD Medicaid have different eligibility and income rules, and HCA advocates assess and advise on eligibility for both programs. Consumers frequently have questions about what counts as income, who should be counted in their household, what expenses can be used to meet a Spend Down, how to complete renewal paperwork, and whether their eligibility decision is correct.

## F. The top issues generating calls

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

### All Calls 921 (compared to 934 last quarter)

1. MAGI Medicaid eligibility 128 (127)
2. Premium Tax Credit eligibility 91 (82)
3. Medicare Consumer Education 89 (67)
4. Complaints about providers 86 (107)
5. Information/applying for DVHA programs 86 (74)
6. Medicaid eligibility (non-MAGI) 74 (68)
7. Buy-in programs/Medicare Savings Programs 68 (57)
8. Access to Prescription Drugs/Pharmacy 67 (70)
9. Termination of Insurance 67 (51)
10. Information about HCA 66 (55)
11. Eligibility for Special Enrollment Periods 59 (73)
12. Not health related 56 (74)
13. Long Term Care Medicaid & Choices for Care Eligibility 50 (25)
14. Nursing Home & Home Health access 44 (43)
15. Buying QHPs through VHC 38 (20)

### Vermont Health Connect Calls 203 (compared to 209 last quarter)

1. Premium Tax Credit eligibility 86 (76)
2. MAGI Medicaid eligibility 79 (80)
3. Termination of Insurance 43 (42)
4. Eligibility for Special Enrollment Periods 42 (57)
5. Buying QHPs through VHC 37 (20)
6. Information about DVHA 34 (38)
7. ACA Tax Issues 21 (12)
8. Premiums billing 19 (17)
9. Complaints about VHC – Invoices or Payment 18 (25)
10. Complaints about VHC – Eligibility Error 18 (14)

### DVHA Beneficiary Calls 314 (compared to 313 last quarter)

1. MAGI Medicaid eligibility 61 (56)
2. Information about DVHA 36 (25)
3. Medicaid eligibility (non-MAGI) 35 (31)
4. Access to Prescription Drugs/Pharmacy 27 (27)
5. Buy In Programs/MSPs eligibility 25 (19)
6. Termination of Insurance 24 (9)
7. Complaints about providers 24 (26)
8. Information about Medicare 20 (23)
9. Information about HCA 19 (19)
10. Access to dental care 18 (11)

11. Access to transportation 18 (21)
12. Long Term Care Medicaid & Choices for Care Eligibility 18 (10)

#### **Commercial Plan Beneficiary Calls 184 (compared to 165 last quarter)**

1. Premium Tax Credit eligibility 50 (38)
2. Buying QHPs through VHC 25 (12)
3. Information about Medicare 23 (7)
4. MAGI Medicaid eligibility 22 (19)
5. Termination of Insurance 21 (16)
6. Information about ACA (20) (13)
7. Information about HCA 20 (10)
8. Premiums billing 19 (13)
9. Information about DVHA 19 (10)
10. Termination of Insurance 17 (16)

The HCA received 921 total calls this quarter. Callers had the following insurance status:

- **DVHA program beneficiaries** (Medicaid, Medicare Savings Program also called Buy-In program, VPharm, or both Medicaid and Medicare also known as “dual eligible”): 34% (314 calls) compared to 33.1% (309 calls) last quarter
- **Medicare<sup>2</sup> 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): 27% (247 calls) compared to 26.7% (250 calls) last quarter
- **Commercial plan beneficiaries** (employer-sponsored insurance, small group plans, or individual plans 20% (184 calls) compared to 17.3% (162 calls) last quarter
- **Uninsured:** 8.0% (73 calls) compared to 9.5% (89 calls).

## **Case Results**

### **A. Dispositions of Closed Cases**

#### **All Calls**

We closed 914 cases this quarter, compared to 917 last quarter:

- 39% (359 cases) were resolved by brief analysis and advice
- 32% (289) were resolved by brief analysis and referral
- 15% (141) of the cases were complex interventions involving complex analysis, usually direct intervention, and more than two hours of an advocate’s time
- 10% (88) were resolved by direct intervention, including calling an insurance company, calling providers, writing letters, gathering supporting medical documentation, etc.
- In the remaining cases, 32 clients withdrew, resolved the issue on their own, or had some other outcome.

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

**Appeals:** The HCA worked on 41 cases related to appeals: 25 Fair Hearings; 6 Commercial Insurance appeals; 6 Medicare Part A, B, or C appeals; 0 Medicare Part D appeals; and 4 Medicaid MCO Internal appeals.

### **DVHA Beneficiary Calls**

We closed 310 DVHA cases this quarter, compared to 324 last quarter:

- 28% (87 cases) were resolved by brief analysis and/or advice
- 19% (59) were considered complex intervention, which involves complicated analysis, usually direct intervention, and more than two hours of an advocate's time
- 36% (111) were resolved by brief analysis and/or referral
- 14% (44) 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, 7 clients resolved the issue on their own, or had some other outcome.

### **Commercial Plan Beneficiary Calls**

We closed 183 cases involving individuals on commercial plans, compared to 183 last quarter:

- 45% (82 cases) were resolved by brief analysis and/or advice
- 21% (38) were considered complex intervention, which involves complicated analysis, usually direct intervention, and more than two hours of an advocate's time
- 17% (32) were resolved by brief analysis and/or referral
- 12% (22) were resolved by direct intervention on the caller's behalf, including advocacy with the carrier and providers, writing letters, and gathering medical information
- In the remaining cases, 3 clients withdrew, resolved the issue on their own, or had some other outcome.

## **B. All Calls Case Outcomes**

The HCA helped 532 people with advice and education about health insurance questions or problems. We obtained insurance for 65 households. We assisted 9 people with applications for or enrollment in insurance plans and prevented 18 insurance terminations or reductions. We obtained coverage for services for 19 people. We got 9 claims paid, written off, or reimbursed. We estimated VHC insurance program eligibility for 51 more. We provided other billing assistance to 15 individuals. We obtained other access or eligibility outcomes for 70 additional people.

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## Consumer Protection Activities

### A. Rate Review

The HCA analyzes all commercial insurance carrier requests to the Green Mountain Care Board (Board) to change premium prices. Insurers typically request an increase in the premium prices that Vermonters must pay.

The Board decided two filings during the quarter from October 2019 through December 2019.

MVP Health Plan, Inc. (MVP) submitted the two filings decided by the Board this quarter, namely, the MVP 2020 Large Group POS Riders and the MVP 2020 Large Group HMO (collectively Filings). The Filings were closely related and were analyzed and decided together, as the Board always has. Approximately 1,800 Vermonters who obtain coverage through their employers were impacted by the Filings. MVP filed for an average annual premium price increase of 16.7% for the portion of the rate determined by the rating formula. For groups renewing in 1Q20 the average proposed premium increase was 16.7% and for groups renewing in 2Q20 the average proposed premium increase was 8.4%.

The HCA appeared on behalf of Vermonters, filed questions to the carrier, filed various motions, and submitted a Memorandum In Lieu of Hearing in these matters. The Board reduced MVP's average premium price increase for groups renewing in 1Q20 to approximately 15% and for groups renewing in 2Q20 to 7%.

There are no premium price increase requests pending at the end of this quarter.

### B. Oversight of Accountable Care Organizations

The HCA represents Vermonters in the Board's annual ACO budget review process which took place this quarter. The Board reviewed the budget of OneCare Vermont, the state's only ACO. The HCA reviewed OneCare's 2020 budget materials which included responses to questions from the HCA, submitted a set of written questions to OneCare after reviewing its initial budget materials, reviewed all responses to Board and HCA questions, and participated in OneCare's budget hearing before the Board. We met regularly with the Board's ACO budget staff throughout this process to discuss the budget submissions and responses to questions, and we met with OneCare to discuss questions the HCA continued to have following the hearing. Finally, we submitted formal comments on OneCare's 2020 Budget. Our comments expressed our concerns about OneCare's transparency and population health management and our suggestions for improving the ACO regulatory process.

### C. Certificate of Need Applications

This quarter, the HCA continued to monitor new certificate of need applications and updates from previously approved certificate of need projects submitted to the Board. We intervene for any projects where we have significant consumer protection concerns.

### D. Other Green Mountain Care Board Activities

The HCA continues to attend the weekly Board meetings. At the November 13, 2019 Board meeting, we made a verbal public comment about Vermont Information Technology Leader's move to an opt out patient consent policy. After having significant initial concerns about the project, we stated that we are now cautiously optimistic about how this is unfolding and applaud the inclusion of representatives of

vulnerable populations in the planning process. The Chief Advocate also attended the Board's Advisory Committee meeting in November and we attended the December Hospital CFO meeting.

## **E. Other Activities**

### **Administrative Advocacy**

#### **✧ Rural Health Task Force**

The Rural Health Task Force was formed as directed by Act 26 of 2019. This taskforce is made up of a broad range of provider groups who focus on rural health care delivery in Vermont. The HCA was an active participant in this workgroup. The members of this group met a number of times this quarter focusing on workforce, care management, telemedicine, distribution of healthcare infrastructure, and financial sustainability. The culmination of this effort was the creation of a presentation to the legislature.

#### **✧ Definition of Primary Care Work Group**

The HCA participated in the Primary Care work group defined in Act 107 of 2019. The work group's membership includes Vermont Association of Hospitals and Health Systems, BiState primary Care, Green Mountain Care Board, the Agency of Human Services, Department of Vermont Health Access, the Blueprint for Health, OneCare Vermont, Vermont Medical Society, Blue Cross/Blue Shield, MVP Healthcare, and the office of the Health Care Advocate. After reviewing both state and national definitions of primary care, the group compared those standards to determine the best standard for Vermont. The group reached significant consensus around a broadly-inclusive definition of primary care. This standard may not be particularly useful as a tool to compare Vermont primary care spending to other states or countries, due to significant variations in the definition of primary care. It will, however, provide a useful benchmark to measure expansion or contraction of primary care spending in Vermont over the years. This workgroup continued to meet a few times this quarter followed by a review of proposed drafts of a report to the legislature.

#### **✧ Vermont Health Information Exchange Consent Policy**

The HCA advocated for meaningful informed consent for patient participation in Vermont's Health Information Exchange. The HCA engaged with state partners to assure that there is a robust outreach and communications plan to ensure that Vermonters understand how and why their health information will be shared. In December, the HCA advocacy team participated in a training with VITL in preparation for new VHIE consent policy. Further, related to the consent policy, DVHA recently formed a committee to evaluate the implementation of the new consent policy. We were invited to be a member of this committee and are participating. In December, we attended an orientation for the evaluation committee. The committee will meet monthly to both review data related to the implementation of the consent policy and establish consent policy evaluation methods.

#### **✧ Gender Affirming Surgery**

This quarter, the HCA testified in the October 2019 LCAR hearing in support of HCAR 4.238. LCAR voted to approve the rule, which increases access to medically necessary surgery for transgender and non-binary Vermonters on Medicaid. In the year leading up to this approval, the HCA coordinated outreach

with local, regional, and national stakeholder organizations, attended the public hearing, and submitted written comments during this comment period. After the approval, the HCA coordinated dissemination of the improved coverage guidelines to stakeholders and community members through local organizations and medical providers. Throughout the HCA's work on this issue, our priorities are ensuring that Medicaid is accurately determining medical necessity while decreasing onerous barriers to access to care for Vermonters with gender dysphoria.

#### ✦ **Global Commitment Register Comments**

The HCA continues to monitor Global Commitment rule and policy changes. This quarter we reviewed several proposed rule and policy changes.

#### ✦ **Vermont Health Connect Escalation Path**

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

#### ✦ **Comments on Vermont Health Connect Notices**

At VHC's request, the HCA commented on 6 notices, in an effort to make them more readable and consumer-friendly. See **Promoting Plain Language in Health Communications** below.

#### ✦ **Medicaid and Exchange Advisory Board**

This quarter, the Chief Health Care Advocate continued to co-chair and actively participate in Vermont's Medicaid and Exchange Advisory Board (MEAB). This quarter, the MEAB membership had a particular focus on Success Beyond Six, Health Information Technology, and Electronic Visit Verification. The Chief attended and co-chaired two meetings of the MEAB this quarter.

### **Legislative Activities**

The HCA participated in various legislatively-defined work groups including, the Rural Health Services Task Force, Vermont Health Information Exchange Opt-Out Consent Policy implementation, Definition of Primary Care work group, Dental Access and Reimbursement Working Group and the Price Transparency Billing Processes stakeholder group, Health Insurance Affordability Report, and the Merged Insurance Markets report.

The Chief Advocate met with a number of health care committee members in their communities this quarter to update them on the summer and fall regulatory activities and to be responsive to legislative requests. The HCA was available and responsive to numerous legislator inquiries about policy issues and constituent access to care issues during this quarter. In addition, the Chief Health Care Advocate initiated meetings with various key legislators to discuss the coming session.

## Collaboration with Other Organizations

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

- American Civil Liberties Union of Vermont
- Bi-State Primary Care
- Bennington Free Clinic
- Blue Cross Blue Shield of Vermont
- Community Catalyst
- Families USA
- Health Policy Institute, Georgetown University
- Healthcare Value Hub
- IRS Taxpayer Advocate Service
- The Janet S. Munt Family Room
- MVP Health Care
- National Center for Transgender Equality
- Network for Public Health Law
- NHeLP, National Health Law Program
- OneCare Vermont
- Out in the Open (formerly Green Mountain Crossroads)
- Outright Vermont
- Pride Center of Vermont
- Planned Parenthood of Northern New England
- QueerConnect Bennington
- Rights and Democracy Vermont
- Rutland County Free Clinic
- Rutland Regional Medical Center
- SHIP, State Health Insurance Assistance Program
- University of Vermont Medical Center
- Vermont Association of Hospitals and Health Systems
- Vermont Businesses for Social Responsibility
- Vermont Care Partners
- Vermont CARES
- Vermont Department of Health
- Vermont Department of Taxes
- Vermont Developmental Disabilities Council
- Vermont Health Connect
- Vermont Medical Society
- Vermont Program for Quality in Health Care
- Vermont Workers' Center
- You First



## Outreach and Education

### Quarterly report – website stats – Oct - Dec 2019

Note: Office pageviews of the health web pages are included in the numbers here. The **only** numbers where office traffic is **excluded** are the Online Help Tool numbers.

#### A. Increasing Reach and Education through the Website

VTLawHelp.org is a statewide website maintained by Vermont Legal Aid and Legal Services Vermont. The site includes a substantial Health section (<https://vtlawhelp.org/health>) with more than 180 pages of consumer-focused health information maintained by the HCA.

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

#### Popular Web Pages

- The total number of **health pageviews increased by 18%** in the reporting quarter ending December 31, 2019 (14,529 pageviews), compared with the same quarter in 2018 (12,354 pageviews).
- The **top-20 health pages** on our website this quarter with change over last year:
  1. *Income Limits – Medicaid* – 2,752 pageviews (18% ↓)
  2. *Health – section home page* – 1,329 (28% ↓)
  3. *Medicaid* – 647 (171% ↑)
  4. *Dental Services* – 642 (58% ↑)
  5. *Resource Limits – Medicaid* – 423 (1%↓)
  6. *Medicaid, Dr. Dynasaur & Vermont Health Connect* – 398 (290% ↑)
  7. *Services Covered by Medicaid* – 388 (20% ↓)
  8. *Supplemental Plans Medicare* – 358 (165% ↑)
  9. *Vermont Health Connect main page* – 355 (66% ↑)
  10. *Medicare Savings / Buy-In Programs* – 325 (84% ↑)
  11. *HCA Help Request Form* – 318 pageviews (34% ↑) and 116 online help requests (73% ↑)
  12. *Long-term Care* – 312 (100% ↑)
  13. *Choices for Care* – 268 (18% ↓)
  14. *Medicaid and Medicare Dual Eligible* – 235 (46% ↑)
  15. *Medical Decisions: Advance Directives* – 232 (78% ↑)
  16. *Prescription Help – State Pharmacy Programs* – 227 (91% ↑)
  17. *Medicare* – 218 (506% ↑)
  18. *Dr. Dynasaur* – 217 pageviews (58% ↑)
  19. *Open Enrollment 2020 news item* – 206 (100% ↑)
  20. *Medicaid Transportation* – 206 (78% ↑)
- Besides the pages listed above, other **spikes in interest** in our pages included:
  - *Medicare Part D Plans* – 126 (186% ↑)
  - *Premium Tax Credits* – 105 (184% ↑)
  - *How to Get Durable Medical Equipment* – 101 (45% ↑)
  - *Moving from VHC to Medicare* – 114 (124% ↑)

## Popular Downloads

19 different health care-related PDF, Word or other files were downloaded from the VTLawHelp.org website. The top downloads were:

- *Advance Directive, short form* (97 downloads)
- *Advance Directive, long form* (76 downloads)
- *Vermont Dental Clinics Chart* (39 downloads)
- *VHC to Medicare flyer* (33 downloads)
- *Vermont Medicaid Coverage Exception Standards flyer* (23 downloads)
- *5 Step Guide to DME* (22 downloads)

The *Advance Directive Short Form* is the **third most downloaded of all PDFs** downloaded from the entire VTLawHelp.org website. The *Long Form* is the **fifth most downloaded**. The *Vermont Dental Clinics Chart* is the **11th most downloaded**.

## Online Help Tool Adds to Our Reach

Health is one of the topics in the online help tool on our website. It can be accessed from most pages of our website [https://vtlawhelp.org/triage/vt\\_triage](https://vtlawhelp.org/triage/vt_triage).

The website visitor answers a few questions to find specific health care information they need. The tool addresses some of the most popular questions that are posed to the HCA. In addition to our deep collection of health-related web pages, the online help tool adds a new way to access helpful information — at all hours of the day and night. The website user can also call us or fill in our online form to get personal help from an advocate.

Website visitors used this tool to access health care information **244 times** during this quarter. That's up from the same quarter last year as well as the previous quarter of this year.

Of the 58 health care topics that were accessed using this tool, the top topics were:

- Medicaid – I want to apply for Medicaid or Dr. Dynasaur for myself or for my children.
- Medicaid – I have questions about my Medicaid coverage.
- 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.
- VHC – I want to apply for Vermont Health Connect for myself or my children

## **B. Other Outreach and Educational Activities**

- **Central Vermont Young Professionals Health Insurance Workshop, October 16, 2019.** The HCA presented on a panel in Barre, VT, to reach young adults and small business owners between 20 to 40 years old. Approximately 15 young professionals learned about navigating thorny health insurance questions, discussed general eligibility resources for young professionals with variable income, and received an overview of eligibility for state and federal health care financial help.
- **Rutland Health Care Town Hall, October 23, 2019.** We co-hosted the Health Care Town Hall with the Rutland County Free Clinic. Over 40 community members showed up at the Rutland Free Library to share experiences, including many legislators. Tony Morgan, Executive Director of the Rutland Free Clinic, co-facilitated with Mike Fisher, Chief Health Care Advocate. High health care costs, complex red-tape, and supportive community organizations including 2-1-1

and VCIL were themes across the discussion. The HCA also distributed brochures to the Rutland Planned Parenthood clinic location. The HCA distributed brochures and information about the HCA HelpLine services.



- **Guen Gifford Advocacy Training, October 23, 2019.** The HCA presented to an audience of approximately 50 social workers, case managers, and other community partners. We gave a comprehensive overview of state and federal health care programs available to Vermonters. We also distributed brochures and explained how to refer clients to the HCA.
- **Vermont Health Connect Assister Conference, October 24, 2019.** The HCA participated in discussions about Vermont's health care eligibility and in-person assisters, introduced the HCA and shared information about the HCA's services with all attendees, and distributed brochures and business cards.
- **Here to Help Clinic, October 26 and November 23, 2019.** The HCA handed out business cards and shared general information with potential clients. We also connected with community partners and distributed brochures and information about referring clients to the HCA and which services the HCA provides.
- **Outreach at the Janet S. Munt Family Room, November 7 and December 5, 2019.** The HCA provided information about our HelpLine services, shared general information about health care program eligibility, and distributed brochures and business cards to approximately 30 families. We also shared referral information with five additional staff and volunteers.
- **LGBTQ Town Hall at Pride Center of Vermont, November 14, 2019.** The HCA distributed information about our HelpLine services, answered general health insurance questions, and shared information about policy advocacy and legislative advocacy including recent gender affirming surgery, the Vermont Health Information Exchange, and other regulations. The HCA reached 40 members of Vermont's LGBTQ community.

- **Bennington Health Care Town Hall, November 20, 2019.** The HCA co-hosted the Health Care Town Hall in with the Bennington Free Clinic at the Bennington Free Library. Sue Andrews, Bennington Free Clinic Executive, co-facilitated with Mike Fisher, Chief Health Care Advocate. Over 55 community members shared stories of needing universal health care, not being able to afford health care, and the difficulty of transportation to specialist care in a rural setting. The HCA distributed brochures and information about the HCA HelpLine services.



- **Mexican Consulate's Visit to Middlebury, December 7, 2019.** The HCA distributed handouts in English and Spanish to potential Spanish-speaking clients and connected with community organizations including *Migrant Justice*, *WomenSafe*, and the *Open Door Clinic*, at the Mexican Consulate's visit to Middlebury.
- **Rural Vermont Meeting, December 13, 2019.** The HCA handed out business cards and shared general information on referring clients. We established overlaps in our client population, and planned future outreach for 2020, and began working on an outreach document.
- **Social Media Outreach.** The HCA published 13 posts on Facebook, with a total of 11,175 views. The HCA published 15 posts on Twitter.
- **Email Newsletter** The HCA distributed an email with open enrollment information, HCA HelpLine information, and other HCA updates reaching approximately 250 Vermonters.



**Vermont Legal Aid**  
October 10, 2019 · 🌐

Join the Rutland Free Clinic and the Office of the Health Care Advocate for a Health Care Town Hall! Share your experiences with health care access, affordability, and cost. We'll provide light snacks and the space for Rutland folks to share experiences and be heard.



**HEALTH CARE TOWN HALL**  
Share your experiences with health care access, affordability, and cost.

with the Rutland County Free Clinic and the Office of the Health Care Advocate




**WEDNESDAY, OCTOBER 23, 2019**  
5 PM - 7 PM  
**RUTLAND FREE LIBRARY**

Questions? (802) 448-6936 or ASchlossberg@vtlegalaid.org

WED, OCT 23, 2019

**Health Care Town Hall**  
Rutland Free Library · Rutland, VT

👤 Alicia and Jennifer



**Vermont Legal Aid**  
December 6, 2019 · 🌐

Need help? The Office of the Health Care Advocate is a free resource for you. We are here to help all Vermonters with Open Enrollment questions or with problems related to health care. Call 1-800-917-7787 or email HCA@vtlegalaid.org to speak with a Health Care Advocate. Learn more: <https://vtlawhelp.org/health>



**Did you know?**

**VERMONT HEALTH CONNECT OPEN ENROLLMENT ENDS IN LESS THAN 10 DAYS!**

**December 15 is the deadline.**  
Need help? [www.vtlawhelp.org/health](http://www.vtlawhelp.org/health)

**C. Promoting Plain Language in Health Communications**

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

- Open Enrollment: Approval for MCA
- Open Enrollment: Pending for MCA
- 1095-B Companion letter
- Comments on Rights & Responsibilities Section of Health Care Application
- Notice on Pursuit of Unearned Income
- Follow up Notice on Pursuit of Unearned Income.

**Office of the Health Care Advocate**

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

<https://vtlawhelp.org/health>