

VERMONT OFFICE OF HEALTH CARE OMBUDSMAN

**SFY 2010
ANNUAL REPORT**
JULY 1, 2009 – JUNE 30, 2010

STAFF

STATE HEALTH CARE OMBUDSMAN

Trinka Kerr

tkerr@vtlegalaid.org

STAFF ATTORNEY

Lila Richardson

HEALTH CARE ADVOCATES

Jakki Flanagan

Laurie Larson

Jenny Prosser

Luther Riggs-Zeigen

A Special Project of Vermont Legal Aid, Inc.

264 North Winooski Avenue

Burlington, Vermont 05402

(800) 917-7787

<http://www.vtlegalaid.org>

Table of Contents

BACKGROUND	1
EXECUTIVE SUMMARY	2
DESCRIPTION OF CASELOAD	4
Access to Care	5
Billing and Coverage	6
Eligibility	7
Types of Coverage	7
Geographic Distribution of Calls	8
Resolution of Calls	9
Outcomes	10
QUALITY ASSURANCE AND CONSUMER SATISFACTION	10
OTHER ACTIVITIES	13
COORDINATION	16
REPORTING	17
EXPENDITURES	18

BACKGROUND

In 1998 the Vermont legislature created the Office of Health Care Ombudsman (HCO) to counsel and advocate for Vermonters with health care and health insurance problems. The HCO operate a statewide hotline based in Burlington to help individuals navigate the complexities of the current health care system. In addition, we act as a voice for consumers regarding health care policy with the state and federal government. We advise and assist Vermont citizens, regardless of their income, resources or insurance status. Our services are free. As part of Vermont Legal Aid (VLA), we are able to refer cases to, and utilize the expertise of, the attorneys in the other VLA projects.

The HCO is funded by two state agencies: the Department of Banking, Insurance, Securities and Health Care Administration (BISHCA) and what is now known as the Department of Vermont Health Access (DVHA), which is the state Medicaid agency. On a quarterly basis we file reports and meet with BISHCA and DVHA staff.

We get around 2,500 to 2,600 calls each year, and now also receive messages through our website. When individuals contact the HCO, advocates analyzes their situation, then give information and advice, directly intervene to resolve the problem, or refer them. In some cases we represent individuals in appeals.

One of our main goals is helping individuals get access to care. Due to limited resources, the HCO triages cases and gives the highest priority to individuals who are having difficulty getting immediate health care needs met or who are about to lose their insurance. We give information and advice about the health insurance options in Vermont and assist if there are problems with the application process for public programs. We also educate consumers about their rights and responsibilities when using their insurance.

Our cases involve all types of health insurance, including:

- Commercial insurance like BlueCross BlueShield, CIGNA, and MVP;
- State health care programs like Medicaid, Dr. Dynasaur and VHAP;
- Federal programs like Medicare and Tri-Care; and
- Hybrid government and private insurance programs like VPharm, Medicare Advantage, Medicare Part D, Catamount Health Premium Assistance (CHAP) and VHAP-ESIA.

EXECUTIVE SUMMARY

SFY2010

Introduction

From July 1, 2009, through June 30, 2010, State Fiscal Year (SFY) 2010, the HCO consumer assistance hotline received 2,537 calls. This is a slight drop from last year's call volume of 2,600. In light of the Great Recession we are experiencing, this is a little surprising. However, we have not done much outreach in years because funding constraints have reduced our staff and it would be difficult to manage a significant increase in calls. To help more consumers, however, we now coordinate closely with the Campaign for Health Care Security, which also assists people looking for insurance. The Campaign does outreach about Catamount Health and frequently refers people with more complicated situations to the HCO.

Of the 2,537 HCO calls, 36% were from individuals on state health care programs, 19% were from beneficiaries on commercial health insurance plans, and 10% were uninsured. In the other calls the individual's insurance status was either unknown or not relevant.

On October 5, 2009, we began using a new database. This new database allows us to compile more data and to slice it in different ways. We can now track more than one issue per case. We assign a primary issue to every case to avoid double counting. So, for example, a call about an impending layoff and its effect on health care coverage could be considered primarily a Catamount Health eligibility case, but could also involve consumer education regarding COBRA and how pre-existing condition exclusions might apply.

Increased calls about eligibility for state programs

Once again eligibility for state programs was our largest category of calls. It has been steadily growing since the fall of 2007, when the state's Catamount Health program began. This year 751 or nearly 30% of the HCO's calls involved questions or problems with eligibility. This compares to 667 calls last year.

There are probably a number of reasons for the increase in calls about eligibility. Due to the prolonged economic downturn, more people are uninsured, and more can't afford commercial coverage. Vermont's many health care programs are confusing and the application process for them can be complex. In addition, the Department for Children and Families' Economic Services Division, which determines eligibility, has been struggling with staffing cuts and the implementation of a more technologically based processing system called Modernization. The transition to the new system has not been easy and is still ongoing. On top of this, the federal stimulus bill, the American Recovery and Reinvestment Act of 2009 (ARRA), made some temporary changes to how eligibility is to be determined

for federally funded programs. As a result of all these changes, we have seen a sharp increase in DCF delays and processing errors. We are working with DCF to resolve the problems of individuals and to come up with systemic solutions.

Access to care call volume remains high

This year we received 669 calls (26%) from individuals having trouble getting medical care, compared to 680 last year. Areas of particular concern in descending order (considering primary and secondary issues, which means there can be some overlap in the count) were: access to prescription drugs, access to specialty care, affordability of care which created an access problem, pain management, mental health treatment and dental care.

With our new database we hope to be able to dig deeper into the access problems to work toward resolving them at a systems or policy level. For example, what are the reasons for the high number of prescription access calls? Is it due to a termination of insurance? Increased cost sharing? Lack of a primary care doctor to write a prescription? Prior authorization denials? Next year we hope to have more information for policy makers.

The future

This is an exciting time in health care reform. In March the federal government finally passed its mammoth health care reform bill, the Affordable Care Act of 2010. More locally, the Vermont legislature passed Act 128, which will bring three new health care system designs before policy makers in 2011. The HCO will be working on behalf of consumers to make the impending reforms a real improvement in access to health care in Vermont. And we will continue to assist individuals however we can.

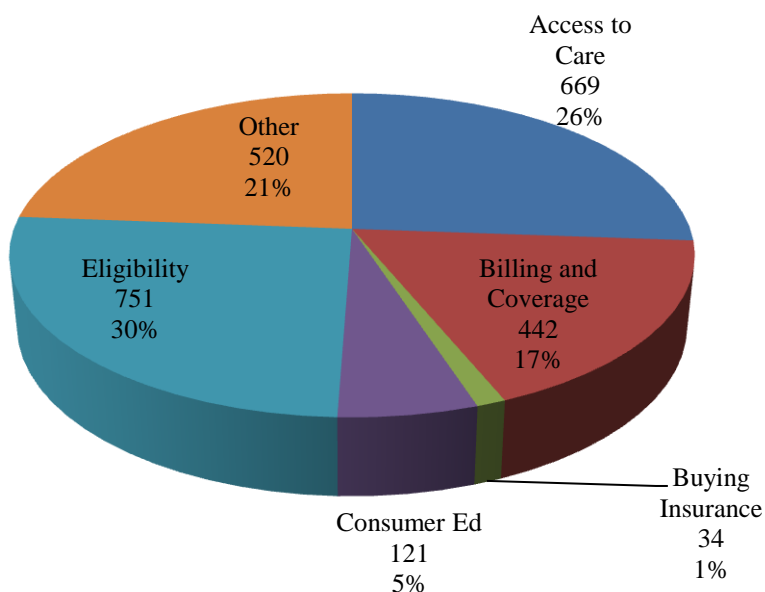
Trinka Kerr
State Health Care Ombudsman
August 2010

DESCRIPTION OF CASELOAD

In State Fiscal Year (SFY) 2010 we received 2,537 calls to our statewide hotline, compared to 2,600 last year. We closed 2,544 cases during this period, and had 82 cases pending at the end of June 2010. The HCO keeps various data on the issues raised by callers. We subdivide the issues into six categories: *Access to Care*, *Billing and Coverage*, *Buying Insurance*, *Consumer Education*, *Eligibility*, and *Other*. Every case is assigned to one of these categories.

- *Access to Care* (caller has not received needed care): 26%, 669 calls, compared to 26%, 681 calls in SFY 2009;
- *Billing and Coverage* (care received, but claim denied or other billing issues): 17%, 442 calls, compared to 18%, 456 calls;
- *Buying Insurance*: 1%, 34 calls, compared to 1%, 31 calls;
- *Consumer Education* (education about a particular issue, but not in relation to a specific denial of care or inability to access care): 5%, 121 calls, compared to 6%, 147 calls;
- *Eligibility* (for state health care programs, including Catamount Health and premium assistance): 30%, 751 calls, compared to 26%, 667 calls; and
- *Other* (includes Medicare Part D, termination of commercial insurance, access to medical records, health insurance marketing, etc): 21%, 520 calls, compared to 24%, 618 calls.

The pie chart below illustrates the comparative volume of calls for each category.

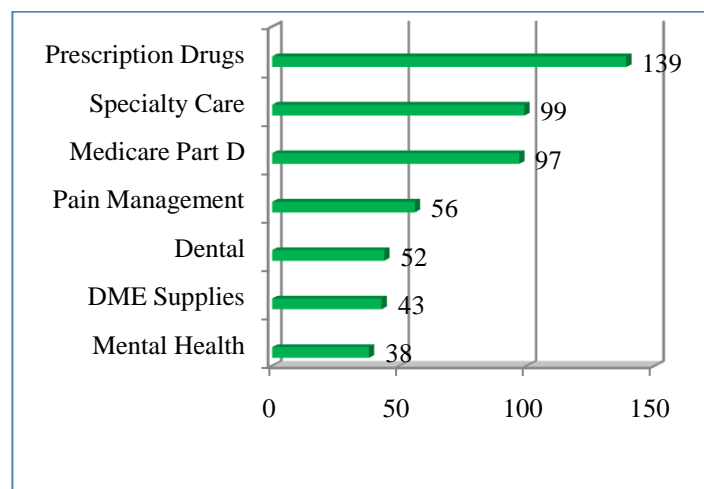


Access to Care

Access to Care cases are those in which the HCO helped individuals seeking specific health care services. We received 669 *Access to Care* calls this year, compared to 681 last year. These types of calls constituted 26% of our call volume this year, the same as last year. However, there were 613 additional *Access to Care* secondary issues raised. These issues by definition overlapped with other issues; that is, they were raised in the same call but were not considered the primary reason for the call. For example, someone could have an eligibility problem that created a prescription drug access problem.

We have over 38 subcategories in *Access to Care*. The top volume subcategories in *Access to Care* this year were the same as last year's: Prescription Drugs, Specialty Care, Pain Management, and Dental Care. As has been the case for years, the largest subcategory involved access to Prescription Drugs. This year we received calls from 139 Vermonters unable to promptly get necessary medications, compared to 119 last year. This number is significantly higher when the 97 Medicare Part D calls are added, yielding a total of 236. Specialty Care was again the second largest subcategory, at 99 calls; Medicare Part D was third; Pain Management came in fourth, at 56 calls, compared to 90 last year; Dental Care, including access to dentists and orthodontia, came in fifth at 52, compared to 65.; Durable Medical Equipment and Supplies, including wheelchairs, came in at sixth with 43; and Mental Health Treatment came in seventh at 38, excluding Substance Abuse Treatment.

The bar graph below shows the top seven subcategories within *Access to Care*.

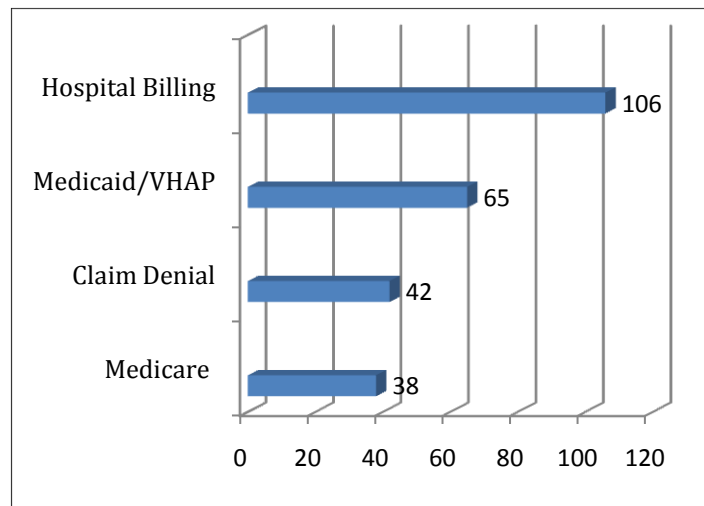


Billing and Coverage

Calls in this category are from Vermonters who received the care they needed, but subsequently experienced problems getting their insurance to pay for that care or had other problems with the billing process. We received 442 calls in this category, compared to 457 last year. Billing cases constituted about 17% of our calls, down from 18% last year. As a general rule, individuals calling about billing problems no longer get direct intervention from us. Instead, we provide advice on ways to handle the situation. This is consistent with the higher priority that we give to *Access to Care* and *Eligibility* calls.

Billing and Coverage calls are broken down into over 21 subcategories. The four most common types of billing calls in SFY 2010 were the same as last year's: Hospital Billing (106, compared to 114 last year), Medicaid/VHAP (65, compared to 71), Claim Denials (42 compared to 46, and Medicare (38, compared to 52) which includes billing for Medicare Part B drugs.

The bar graph below shows the top four subcategories in *Billing and Coverage*.

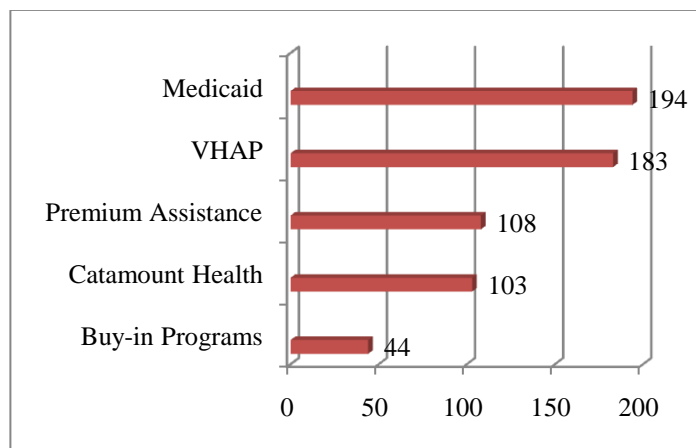


Eligibility

We received 751 calls about eligibility for state health programs in SFY 2010, compared to 667 last year, which continues to grow as the largest category of calls. Calls regarding *Eligibility* made up 30% of our calls this year, compared to 26% last year. Notably, we also had an additional 726 secondary *Eligibility* issues raised.

Eligibility calls came from individuals who were uninsured, who had commercial insurance they couldn't afford, or who were on state programs but were being terminated from that coverage or were otherwise concerned about their ongoing eligibility. About 28% of these calls were specifically about the Catamount Health or Premium Assistance programs. The top five subcategories, out of 27, were Medicaid (194), VHAP (183), Premium Assistance (108), Catamount Health (103), and the Buy In or Medicare Savings Programs, in which the state pays for Medicare premiums (44).

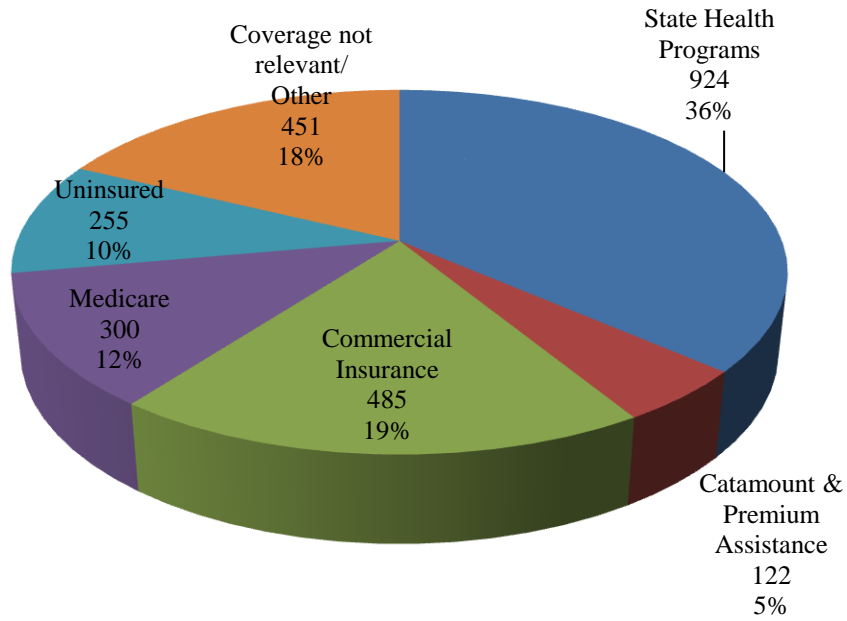
The bar graph below shows the top five subcategories in *Eligibility*.



Types of Coverage

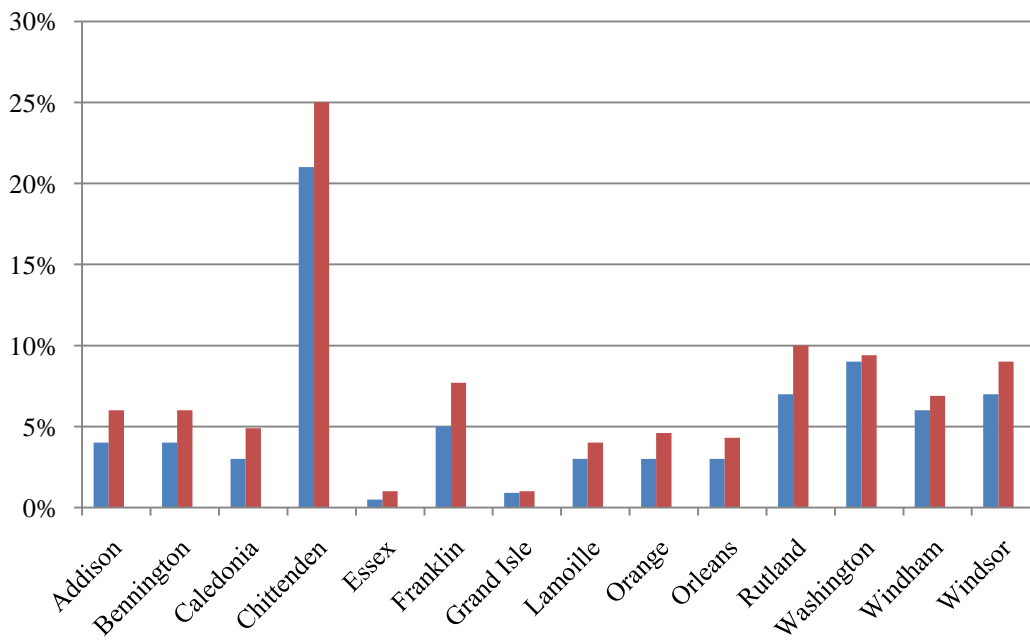
HCO received calls from Vermonters with all types of health insurance, and from the uninsured. The chart below breaks down our calls by type of coverage of the caller. State health care programs include Medicaid, VHAP, VHAP Pharmacy, VScript, VPharm, and beneficiaries who have both Medicaid and Medicare. Commercial insurance includes both individuals with small and large group coverage, and those with individual coverage.

The pie chart below shows the proportion of callers with each type of coverage.



Geographic Distribution of Calls

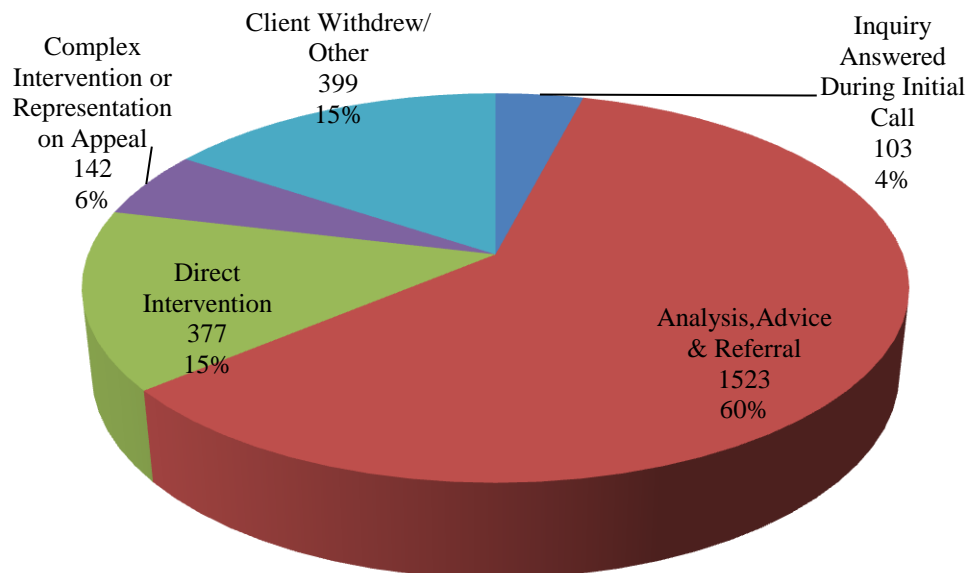
We received calls from individuals across Vermont. While there was some variation by county, our calls are spread across the state in almost direct proportion to the population of the state. The chart below shows a comparison of the calls received (first column, in blue) to the general population by county (second column, in red).



Resolution of Calls

In SFY 2010, the HCO closed 2,544 cases, compared to 2,658 last year. When each case is closed, we document how we resolved the case, where we referred the individual, and what materials we sent. We use the following categories to track how we resolve calls:

- *Inquiry Answered During Initial Call* (103 calls, 4%) [last year 253, 10%]
- *Analysis, Advice and Referral* (advice and/or referral after analysis for cases that are slightly more complex) (1,523 calls, 60%) [last year 1,503 calls, 56%]
- *Direct Intervention* (made calls or took other action on behalf of the client, up to two hours work per case) (377 calls, 15%) [last year 419 calls, 16%]
- *Complex Intervention or Representation on Appeal* (direct intervention that took more than two hours to resolve case) (142 calls, 6%) [last year, 186 calls, 7%]
- *Client withdrew, Other* (399 calls, 15%) [last year, 307 calls, 11%]



Outcomes

The HCO records outcomes whenever we know them. Frequently when we give advice, we do not know the ultimate result of that advice. However, we do track our outcomes to as high a degree as possible.

Outcome Summary

Got Client onto Insurance	93
Obtained Coverage for Services	64
Other Access/Eligibility Outcome	496
Estimated Eligibility for Insurance	233
Claim Paid as a result of HCO Intervention	18
Client Not Eligible for Benefit	75
Bill Written Off	10
Other Billing Assistance	135
Service Excluded Under Contract	4
Service Not Medically Necessary	1
Client Responsible For Bill	49
Reimbursement Obtained	5
Other Outcome	732
Patient Assistance Provided	16
Prevented Termination or Reduction in Coverage	72
Grand Total:	2,003

This number is less than the total number of calls (2,537) because we did not start assigning outcomes to all cases until after the new database came online in October 2009.

QUALITY ASSURANCE AND CONSUMER SATISFACTION

The satisfaction of our clients is extremely important to us. To monitor how consumers feel about the way we provide our services, we send a Client Satisfaction Questionnaire (CSQ) to every client on whose behalf we intervene directly or whom we represent in an appeal. We follow up with every client who requests follow up via returned CSQ in order to resolve complaints or outstanding issues.

This year 147 clients returned CSQ's. We sent out more than 325. In those that were returned, 143 clients said they were Satisfied or Very Satisfied with the service they received from our office. The vast majority said they were Very Satisfied. Of the four that

said they were Not Satisfied, in every case it was because they were unhappy about the outcome of the case, which was due to a state program policy.

With the new HCO database, which became operational on October 5, 2009, for the first time we can electronically track how many CSQ's we send out each quarter. The database showed that we sent out 325 after implementation. Since the start of the new database was just slightly after the beginning of the second quarter, we can calculate a rough response rate for three quarters this year. Our response rate to the CSQ's was about 34% for three quarters, which is remarkably high. Next year we will have a whole year of data on CSQ's sent and will be able to calculate a more accurate response rate.

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

- *This was one of the most positive experiences we had with the process of getting health care. Without your office I really have no idea what we would have done!*
- *We would be without health insurance if not for [our HCO advocate]. We are very grateful.*
- *I would like to thank [my HCO advocate] without whom I strongly believe there would have been no positive resolution to my daughter's health care coverage. As state insurance programs become more complicated so that even the DCF workers don't understand how to handle them it is going to be vital that Vermonters have someone in their corner to help understand and fight for their rights.*
- *I just want to say thank you, thank you. Without your help I would not have gotten my medicine. You were wonderful.*
- *Once [the HCO] was contacted [my HCO advocate] took action to solve the problem in one week, and it had been ongoing for six months!*
- *Very excellent communication. I cannot tell you how much you have helped. Outstanding in this and attention. Please continue to offer your excellent services. We, the public, need them!*
- *One conversation with [the HCO advocate] gave me enough information [including copies of state regulations] to resolve the matter favorably with [my commercial insurance plan]. I was able to persuade [my insurance company] to cover my prescribed medicine that they had been withholding... while they (endlessly, or so it seemed) processed my application for prior approval.*

- *My husband and I are so grateful for the health benefits we receive and it's understandable that the system is complicated, but unfortunately it is sometimes impossible to actually speak to someone without an advocate. So, THANKS for being there!*
- *My Part D coverage had been cancelled. [My HCO advocate] made arrangements with my Rx so that I could get Rx until my Part D was effective and she advised me to contact the Council on Aging to help me select the best Part D plan. She was outstanding. If she were here I would give her a hug.*
- *Thank you so much for the superior service. You were knowing and helpful in resolving my problem. The other government agencies could learn a lot from your office's professionalism. My problem was resolved in less than 24 hours. You must have lit a real fire under the "arses" of [the pharmacy benefit manager]. It gets worse each year with them. Again, thank you.*
- *[My HCO advocate] was fabulous! She contacted me as soon as anything changed with my case. It felt great to have someone on my side, understanding how frustrating the ordeal was, and helping me be heard. I feel more prepared and confident while dealing with my health insurance because I know that I have the help and support of a really great office!*
- *[My HCO advocate] was extremely helpful and fast in dealing with the nightmare of the [ESD] office.*
- *I greatly appreciate the help your office gave. It was very frustrating to deal with my insurance carrier and the coaching and encouragement were great.*
- *I was rattled and upset after talking to so many state workers. [My HCO advocate] took complete control of the situation and got some answers for me without a runaround.*
- *Completely frustrated I called [the HCO]. Spoke to [my HCO advocate], explaining my dilemma [regarding access to medication through Medicare Part D]; she made several conference calls with me. [My HCO advocate] was unable to fix the problem by the phone calls. She wanted to contact another individual, promising to get back to me as soon as she found out anything. Within hours she had an answer, and the problem was solved. [My HCO advocate] was very helpful, respectful, and kind.*
- *[My HCO advocate] was very helpful and informative about the issues I have with the new health care bill and young adult coverage. Lovely experience. I just wish Kentucky where our daughter is moving was as nice.*

- *I greatly appreciate the assistance and support from your advocates. This is the 3rd or 4th time I have requested help and the results have been positive each time, as have the experiences with staff. I believe there are ongoing issues with staff training and follow through and accountability at the state level and my issues are repetitive and the only way to have issues resolved is to contact your office.*
- *The services are great. Medicare and Medicaid can be difficult to understand. I needed it to be explained to me so I would know what is going on. It was a huge hell. I gained a lot from you and you helped me understand things better.*
- *God Bless You!*

OTHER ACTIVITIES

In addition to providing services to individuals, the HCO works for systematic change. Because we talk to consumers every day and track data, we can see where problems exist and try to fix them. We inform public agencies and the legislature about the concerns of consumers and advocate for improved access to health care. To affect public policy we monitor, analyze and comment on federal and state laws and regulations. We collaborate with federal and state advocacy organizations in order to increase the voice of consumers in the public debate. We strive to promote the development of consumer organizations and to educate citizens about their rights and responsibilities.

State Legislature

HCO staff frequently speak to state legislators, submit reports on the cases we are seeing, and provide written and oral testimony in standing committees. When the legislature is not in session, we report regularly to the Health Access Oversight Committee. The HCO is also a member of the legislatively created Palliative Care and Pain Management Task Force created by Act 25. Some of the legislative areas we worked on this year were:

- Proposed changes to the Catamount Health and state Medicaid programs;
- “Challenges for Change” and other state budget ideas and cuts that impacted access to health care;
- Health care reform proposals;
- Access to appropriate pain management and palliative care, especially for children.

State Agencies

Department of Banking, Insurance, Securities and Health Care Administration (BISHCA)

- Conferred on federal health care reform and the implementation of the Affordable Care Act of 2010, including the creation of a Temporary High Risk Pool;
- Monitored rate increases, in particular Catamount Health premium increase submission;
- Commented on massive proposed changes to “Rule 10” (now Rule 2009-03), which requires mental health parity and many consumer protections;
- Arranged for BISHCA staff to train Vermont Legal Attorneys on Rule 2009-03 at our annual staff college;
- Submitted our annual report to the Act 129 Task Force on mental health issues seen by the HCO;
- Reviewed selected Certificate of Need applications, including the Secured Recovery Residence at the Vermont State Hospital.

Department for Children and Families (DCF)

- Gave frequent feedback on how to improve the Economic Services Division Modernization project, which handles eligibility determinations for state health care programs;
- Commented on changes to applications and notices for state programs;
- Identified a few problems with the implementation of some American Recovery and Reinvestment Act of 2009 (ARRA) provisions, and conferred on ways to resolve them;
- Reviewed regulations related to changes in eligibility for state programs and commented formally or informally;
- Worked to improve the public availability of DCF regulations online and to provide notice to stakeholders regarding changes to the rules.

Department on Aging and Independent Living (DAIL)

- Collaborated with DAIL staff on annual changes to Medicare Part D, particularly regarding notices.

Department of Health (VDH)

- Coordinated with VDH on consumer education related to the 2009 influenza outbreak and the availability of H1N1 vaccine.

Department of Vermont Health Access (DVHA)

- Commented on proposed Medicaid program regulations, including those on the following subjects:
 - 90 day fill requirements for prescriptions;
 - A pilot program in VPharm, requiring therapeutic substitution;

- Expanded prior authorization requirements and the Clinical Utilization and Review Board;
 - Limitations on the number of physical therapy, occupational therapy and speech therapy
 - The state recoupment of money to be sent to VPharm beneficiaries under the federal Affordable Care Act for coverage while in the Medicare Part D “donut hole;”
 - The managed care grievance and appeals process.
- Communicated regularly with DVHA regarding policy issues;
 - Commented on DVHA’s newsletter.

Other Efforts

- With other stakeholders, helped update a Vermont Ethics Network brochure on “Making Medical Decisions for Someone Else;”
- Provided Vermont’s Congressional delegation with information regarding the health care and health insurance concerns of Vermonters;
- Consulted with Vermont Interfaith Action on its efforts to make new outlier facilities of Fletcher Allen Health Care more accessible through improved transportation;
- Collaborated with the Vermont Ombudsman Project at Vermont Legal Aid regarding issues connected to long term care;
- Coordinated with the Senior Citizens Law Project at Vermont Legal Aid as it set up its Consumer Law Helpline Pilot;
- Participated in the Vermont Workers’ Center “Health Care is a Human Right” campaign;
- Met with the Summerville Neighborhood Association in St. Johnsbury, VT, to provide education about available resources to health care consumers;
- Prepared educational materials for and presented at a training for Area Agency on Aging case managers and others about Medicaid and other state programs;
- Was an active member of the Medicaid Advisory Board.

COORDINATION

HCO coordinates its efforts with other advocacy groups and agencies on many issues and projects to expand access to health care. These collaborations include these organizations:

- AARP
- Area Agencies on Aging
- Bi-State Primary Care Association
- Center on Budget and Policy Priorities
- Community Catalyst
- Community of Vermont Elders (COVE)
- Department of Banking, Insurance, Securities and Health Care Administration (BISHCA)
- Department of Health
- Disability Rights Vermont
- Families, USA
- Spectrum Youth and Family Services
- State Health Insurance Counseling and assistance Program (SHIP)
- Vermont 2-1-1
- Vermont Association of Mental Health
- Vermont Businesses for Social Responsibility
- Vermont Campaign for Health Care Security
- Vermont Cancer Society
- Vermont Council of Developmental and Mental Health Services
- Vermont Dental Society
- Vermont Ethics Network
- Vermont Family Network
- Vermont Heart Association
- Vermont Interfaith Action
- Vermont Low Income Advocacy Council (VLIAC)
- Vermont Medical Society
- Vermont Ombudsman Project, Disability Law Project, Senior Citizens Law Project, and all projects of Vermont Legal Aid
- Vermont Program for Quality in Health Care (VPQHC)
- Vermont Public Interest Research Group (VPIRG)
- Vermont Voices for Children
- Vermont Workers' Center

REPORTING

The HCO reports quarterly to the Department of Banking, Insurance, Securities and Health Care Administration (BISHCA) and the Department of Vermont Health Access (DVHA), and annually to the Vermont General Assembly and the Governor. Quarterly reports are sent to the Health Access Oversight Committee, and the State Health Care Ombudsman testifies before the Committee on a regular basis. The HCO communicates frequently with BISHCA, DCF and DVHA staff. The State Health Care Ombudsman is a member of the Medicaid Advisory Board.

EXPENDITURES

Health Care Ombudsman-Attorneys	\$100,017.30
Health Care Counselors	\$131,625.31
Admin Support	\$ 37,031.46
Clerical Support	<u>\$ 18,730.46</u>
Total Salaries	\$287,404.53
Fringe Benefits	\$138,511.41
Total Personnel	\$425,915.94
<u>Operating Costs:</u>	
Occupancy	\$ 43,416.64
Telephone	\$ 2,062.59
Office Supplies	\$ 2,790.21
Postage	\$ 2,389.42
Equipment Rental and Repair	\$ 3,484.00
Management Expenses	\$ 6,128.20
Law Library	\$ 10,798.77
EDS and Network Maintenance	\$ 10,363.72
Employment Advertising	\$ 917.54
Insurance	\$ 1,793.82
Depreciation	\$ 3,949.84
Miscellaneous and CMS System	<u>\$ 1,004.94</u>
Total Operating	\$ 89,096.69
<u>Grant Specific Costs:</u>	
Training and Conferences	\$ 1,269.26
Litigation	\$ 383.60
Long Distance Telephone	\$ 2,249.16
Publications, Community Outreach, Media, Etc.	\$ 645.01
Travel	<u>\$ 2,686.35</u>
Total Grant Specific Costs	\$ 7,233.37
Total Expenses	\$522,246.00
Additional Costs Covered by Vermont Legal Aid	\$ 12,025.54
Total Cost for HCO	\$534,271.54