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OFFICE OF THE HEALTH CARE ADVOCATE

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QUARTERLY REPORT

July 1, 2014 – September 30, 2014

to the

Agency of Administration

submitted by

Trinka Kerr, Chief Health Care Advocate

October 17, 2014

I. 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. The HCA also engages in consumer protection activities on behalf of the public before the Green Mountain Care Board, other state agencies and the state legislature.

The following information is contained in this quarterly report:

- This narrative which includes sections on **Individual Consumer Assistance**, **Consumer Protection Activities** and **Outreach and Education**
- Six data reports
 - **All calls/all coverages:** 1,096 calls
 - **DVHA beneficiaries:** 403 calls or **37%** of total calls
 - **Commercial plan beneficiaries:** 265 calls or **24%**
 - **Uninsured Vermonters:** 152 calls or **14%**
 - **Vermont Health Connect:** 441 calls or **40%** (this data report draws from the All Calls data set above)
 - **Reportable Activities (Summary & Detail):** 134 activities, 54 documents

II. Individual Consumer Assistance

The HCA provides assistance to consumers mainly through our statewide hotline (**1-800-917-7787**) and through our 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 Vermonter free of charge.

The HCA received 1,096 calls 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:

- **21.53%** (236) of our total calls were regarding **Access to Care**;
- **15.05%** (165) were regarding **Billing/Coverage**;
- **1.64%** (18) were questions regarding **Buying Insurance**;
- **10.49%** (115) primarily involved **Consumer Education**;
- **28.19%** (309) were regarding **Eligibility** for VHC programs and Medicare; and
- **23.08%** (253) were categorized as **Other**, which includes Medicare Part D, communication problems with providers or 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. This system allows us to track more than one issue per case, so that we can see the total number of calls that involved a particular issue. For example, although 309 cases had Eligibility for state health care programs as the primary issue, there were actually a total of 1,039 calls in which we spent a significant amount of time assisting consumers regarding eligibility for health insurance. 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. One call can involve multiple secondary issues. [See the breakouts 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.

See our recommendations to the state at the end of this section, beginning on page 10.

A. The HCA's call volume continued to set record high levels primarily due to problems with Vermont Health Connect.

The HCA's call volume was 46% higher than in the same quarter last year, although calls increased only 7% from last quarter. The state launched its health benefit exchange, Vermont Health Connect (VHC), on October 1, 2013, as required by the federal Affordable Care Act (ACA). The rollout was rocky, and VHC continues to be plagued by operational problems. As a result, our call volume has hit record levels month after month since December 2013.

We received 1,096 calls this quarter, compared to 1,022 last quarter. This compares to 751 calls in the third quarter of calendar year 2013. Thus, our SFY 2015 Q 1 call volume was 46% higher than SFY 2014 Q 1. Because about 40% of our calls this quarter were related to VHC, it

seems safe to assume that this big increase was mainly attributable to problems with the exchange. The number of calls involving VHC increased just slightly from last quarter, from 418 to 441, a 5% increase. However, this was below the 541 VHC calls in the first quarter of 2014.

In each month this quarter we saw a record number of calls for that particular month. July's call volume was 381, compared to 271 last year; August's was 342 compared to 224; and September's was 374 compared to 256.

B. Problems with Vermont Health Connect premium processing more than doubled, and surpassed the number of cases involving Change of Circumstance issues.

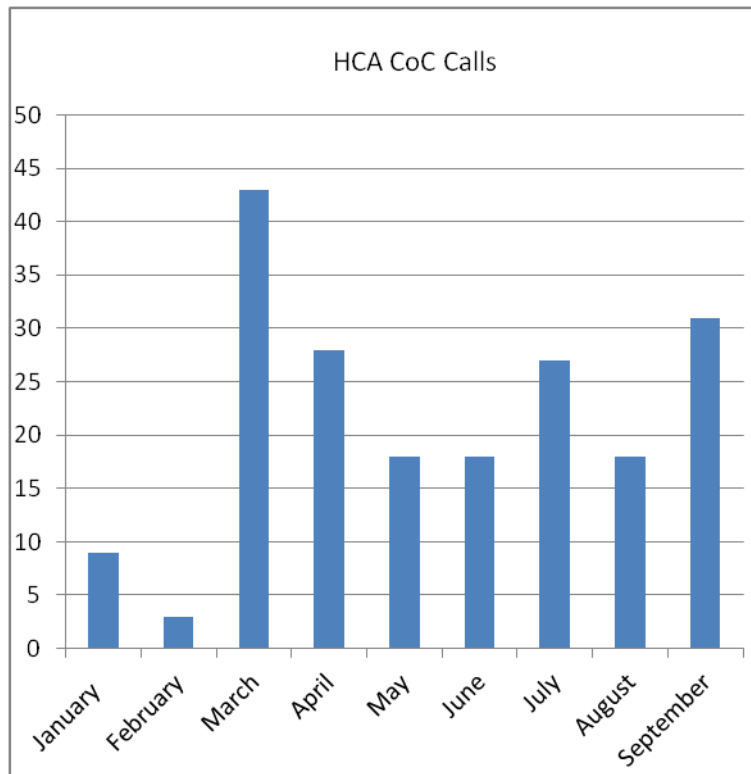
Many consumers who purchased Qualified Health Plans from VHC are having problems getting the coverage they bought. The problems include non-receipt of invoices, multiple invoices in one month, delays in processing, and sometimes longer delays in actually getting correct coverage. Some people reported that they had made payments for months which did not seem to be recorded anywhere. Frequently these problems resulted in individuals going without coverage for months. In many cases they were deferring or going without care or medications because their insurance had not been activated. Thus, it is small consolation for people to get retroactive coverage when things are finally fixed if they went without care while waiting for their coverage to be active. Not to mention that many do not want to pay for coverage retroactively that they were unable to access.

This quarter we received 117 calls involving premium processing, compared to 54 last quarter when primary and secondary issues are counted, an increase of more than 100%. In 58 of these cases a payment issue was identified as the primary problem, compared to just 17 cases last quarter.

Payment problems substantially outnumbered Change of Circumstance (CoC) problems this quarter. There were 117 payment cases and 76 CoC cases. Fifteen of our premium processing cases also involved access to care issues.

C. Complaints related to Vermont Health Connect's lack of Change of Circumstance functionality continued to increase.

At the beginning of the summer the State hired Optum to assist with the CoC backlog. They have reportedly made significant inroads into resolving those cases. However, this work is not yet showing up in the HCA's statistics. Calls to the HCA related to CoC problems have not decreased: they increased 19%, from 64 to 76.



Twelve of our CoC cases involved access to care issues. These cases are often complex and time-consuming for the HCA, difficult for the State to resolve, and extremely distressing for the consumers.

D. Vermont Health Connect began sending out Notices of Decision which did not cause the feared level of confusion.

NODs about eligibility status finally went out to the thousands of people who applied through VHC starting last October. Despite our concern that this would generate a large number of calls to both the call center and our office, that did not happen. We only received 33 calls related to problems with notices, down from 36 last quarter.

E. Access to care complaints caused by the cost of health care have significantly decreased since last year.

We only received 57 calls related to access to care problems caused by the lack of affordability of health care. Last year for this quarter we received 137 affordability calls, so that is a 58% decrease. We received 102 calls in the first quarter of calendar year 2014 and 65 last quarter, so these types of calls have steadily decreased since January. This may signify that more people have insurance and are thus finding care to be more affordable.

F. Medicaid eligibility calls dropped 16%.

Both MAGI Medicaid and MABD Medicaid calls decreased this quarter, as the State reinstated individuals who had been terminated for failure to re-enroll through VHC. Medicaid renewals have been pushed out into 2015. Last quarter we received 213 calls related to Medicaid eligibility, and this quarter we received 179.

G. Complaints about the Economic Services Division have decreased substantially over the last three quarters.

Calls about problems with ESD fell from 138 in the first quarter of this calendar year, to 67 last quarter, to 32 this quarter. This is a significant improvement!

H. Three new areas of concern are appearing: Advanced Premium Tax Credits, Special Enrollment Periods and grace periods.

APTCs

The number of calls related to premium tax credits increased from 55 to 73. We expect to get increasingly more calls about the calculation of PTC and its implications for the upcoming tax season. We have had significant difficulty getting clarification of how exactly VHC and Siebel (the VHC computer system) are calculating PTC, especially in complex tax households.

SEPs

Special Enrollment Periods are available to individuals who experience specific qualifying life events like divorce, marriage, loss of coverage through employment, etc. We received 45 calls about SEPs this quarter, compared to 21 last quarter. It is inevitable the SEPs would be more of an issue outside the Open Enrollment Periods.

Grace periods

Many people appear to be confused about Vermont's premium payment grace periods. Individuals without APTC get a one month grace period to catch up on their premiums if they fall behind; individuals with APTC get three months. We received 31 calls this quarter about terminations connected to grace period problems. Some of these problems are related to the timing of payments. Payments must be mailed by the end of the month, but dunning notices go out immediately at the beginning of the next month. This was a new code so we do not have earlier figures.

I. The top issues generating calls

This section includes both primary and secondary issues.

All Calls (1,096, compared to 1,022 last quarter)

1. VHC complaints 198 (compared to 190 last quarter)

2. Information about VHC 185 (138)
3. Complaints about providers 146 (132)
4. Information about DVHA programs 138 (116)
5. VHC website/technology problem 127 (109)
6. Premium Billing 121 (70) [107 of these were VHC-related]
7. VHC Invoice Problem 117 (54)
8. Access to Prescription Drugs 101 (116)
9. MAGI Medicaid eligibility 92 (102)
10. Medicaid (non-MAGI) eligibility 87 (110)
11. Change of Circumstance 76 (63)
12. Premium Tax Credit eligibility 73 (53)
13. Buying QHPs through VHC 67 (54)
14. Medicare consumer education 67 (45)
15. Affordability access problem 57 (60)

Vermont Health Connect Calls (441, compared to 418 last quarter)

1. VHC complaints 197 (190 last quarter)
2. Information about VHC 181 (138)
3. VHC website/technology problem 127 (109)
4. VHC Invoice problem 117 (54)
5. Premium billing problem 107 (55)
6. MAGI Medicaid eligibility 82 (97)
7. Change of Circumstance 76 (62)
8. Information about applying for DVHA programs 71 (55)
9. Premium Tax Credit eligibility 71 (53)
10. Buying QHPs through VHC 67 (54)

DVHA Beneficiary Calls (403, compared to 414 last quarter)

1. Complaints about Providers 84 (67 last quarter)
2. Information about DVHA programs 56 (59)
3. Access to Prescription Drugs 41 (63)
4. Medicaid Billing 37 (36)
5. Medicaid (non-MAGI) eligibility 34 (54)
6. VHC complaints 28 (41)
7. MAGI Medicaid eligibility 25 (42)
8. Medicare consumer education 24 (8)
9. Choosing/changing providers 23 (13)
10. Out of state billing 20 (13)
11. Transportation 20 (12)

Commercial Plan Beneficiary Calls (265, compared to 208 last quarter)

1. Information about VHC 99 (56 last quarter)
2. VHC complaints 92 (80 last quarter)
3. Premium billing 80 (37)
4. VHC invoice problem 69 (32)

5. VHC website/technology problem 57 (30)
6. Change of Circumstance 44 (25)
7. Premium Tax Credit eligibility 40 (16)
8. Buying QHPs through VHC 38 (19)
9. MAGI Medicaid 29 (17)
10. Access to Prescription Drugs 22 (22)

J. Hotline call volume by type of insurance:

The HCA received 1,096 total calls this quarter. Callers had the following insurance status:

- **DVHA program beneficiaries** (Medicaid, VPharm, or both Medicaid and Medicare aka “dual eligibles”) insured **37%** (403 calls), compared to 40% (414) last quarter;
- **Medicare¹ beneficiaries** (Medicare only, Medicare Advantage Plans, Medicare and a Medicare Supplemental Plan aka Medigap, Medicare and Medicaid aka “dual eligibles,” Medicare and Medicare Savings Program aka Buy-In program, Medicare and Part D, or Medicare and VPharm) insured **19%** (209), compared to 21% (210) last quarter;
- **Commercial plan beneficiaries** (employer sponsored insurance, small group plans, or individual plans) insured **24%** (265), compared to 20% (208) last quarter; and
- **Uninsured** callers made up **14%** (152) of the calls, compared to 13% (137) last quarter.
- In the remainder of calls the insurance status was either unknown or not relevant.

K. Dispositions of closed cases

All Calls

We closed 1,086 cases this quarter, compared to 1,021 last quarter.

- 28% (307 cases) were resolved by brief analysis and advice;
- 26% (287) were resolved by brief analysis and referral;
- 22% (236) of the cases were complex interventions involving complex analysis, usually direct intervention, and more than two hours of an advocate’s time;
- 17% (186) were resolved by direct intervention, including calling an insurance company, calling providers, writing letters, gathering supporting medical documentation, etc.;
- <1% (3) of the cases were resolved in the initial call.
- In the remaining cases, clients withdrew, resolved the issue on their own, or had some other outcome.
- Appeals: 28 cases involved help with appeals: 3 commercial plan appeals, 19 Fair Hearings, 4 DVHA internal MCO appeals and 2 Medicare appeals. Most of our cases involving VHC and DVHA are resolved without using the formal appeals process.

¹ Since Medicare beneficiaries can also have commercial or DVHA coverage, these Medicare numbers overlap with those figures.

DVHA Beneficiary Calls

We closed 407 DVHA cases this quarter, compared to 401 last quarter.

- 29% (120 cases) were resolved by brief analysis and advice;
- 30% (124) were resolved by brief analysis and referral;
- 17% (69) were considered complex intervention, which involves complex analysis, usually direct intervention, and more than two hours of an advocate's time;
- 20% (80) were resolved by direct intervention on the caller's behalf, including advocacy with DVHA and providers, writing letters, and gathering medical information;
- Just 1 DVHA beneficiary call was resolved in the initial call.
- In the remaining cases, clients withdrew, resolved the issue on their own, or had some other outcome.
- Appeals: 23 cases involved appeals: 19 Fair Hearings and 4 internal MCO appeals.

Commercial Plan Beneficiary Calls

We closed 253 cases involving individuals on commercial plans, compared to 222 last quarter.

- 29% (73 cases) were resolved by brief analysis and advice;
- 18% (45) were resolved by brief analysis and referral;
- 31% (78) were considered complex intervention, which involves complex analysis, usually direct intervention, and more than two hours of an advocate's time (this measure increased by 20% over last quarter);
- 22% (55) were resolved by direct intervention on the caller's behalf, including advocacy with the carrier and providers, writing letters, and gathering medical information;
- No calls from commercial plan beneficiaries were resolved in the initial call.
- In the remaining cases clients withdrew, resolved the issue on their own, or had some other outcome.
- Appeals: 3 cases involved appeals.

L. Case outcomes

All Calls

The HCA helped 141 people get enrolled in insurance plans and prevented 9 insurance terminations or reductions. We obtained coverage for services for 43 people. We got 28 claims paid, written off or reimbursed. We helped 8 people complete applications and estimated VHC insurance program eligibility for 22 more. We provided other billing assistance to 41 individuals. We obtained hospital patient assistance for 8 people. We provided 555 individuals with advice and education. We obtained other access or eligibility outcomes for 61 more people, many of whom we expected to be approved for medical services and state insurance.

We encourage clients to call us back if they are subsequently denied insurance or a medical service after our assessment and advice, or do not have their issue resolved as expected.

In total, this quarter the **HCA saved individual consumers \$49,138.66** in cases opened this quarter. The amount of individual savings so far in calendar year 2014 was **\$269,103.21**.

M. Case examples

Here are a few examples of the problems we helped Vermonters resolve this quarter:

1. Wrong start date delayed coverage and held up proof of insurance for college student.
Mr. A called the HCA because he had signed up for a Qualified Health Plan (QHP) for his family through VHC and paid the premiums for two months, but the coverage was not active. He worked with a navigator and called VHC, but could not resolve the problem. His son was starting college in just a few weeks, and the college required proof of his insurance before the start of the school year. If Mr. A could not get the proof quickly, he would need to pay \$3,000 for the college's insurance so his son could start classes. When the HCA advocate contacted VHC, she learned that VHC had the wrong start date for Mr. A's QHP. The family had signed up for a July 1 start date, but VHC set it to begin September 1. The advocate worked with VHC to fix the start date and get the premiums applied to the correct months. She also got a letter from VHC to show the college that Mr. A's son had insurance. The family's coverage was activated and the son's college accepted VHC's letter, so he could begin school without paying the additional \$3,000.
2. Refugee forced onto QHP rather than Medicaid in error.
When Ms. B received a bill from a provider, she was puzzled. She thought that she had Medicaid, so she did not know why she was getting a bill. She called VHC and found out that her Medicaid coverage had been closed. She was also advised by VHC that she was ineligible for Medicaid and would need to purchase a QHP. So, Ms. B signed up for a QHP and paid the first premium, but then realized she could not afford the monthly premiums. She called the HCA to find out if she really was ineligible for Medicaid. The HCA advocate identified that VHC had made a mistake when it terminated her Medicaid. Ms. B came to the U.S. as a refugee and subsequently got a "green card." Usually an immigrant with a green card has to wait five years for Medicaid eligibility. However, there are exceptions to this rule, and the advocate pointed out to VHC that Ms. B fell into one of the exceptions. Because Ms. B had come to the country as a refugee, she was not subject to the five-year bar and was eligible for Medicaid as long as she was also income eligible. VHC put Ms. B back onto Medicaid and refunded the premiums she had paid.
3. Cancer patient unable to afford QHP copayments.
Ms. C called the HCA because she had been diagnosed with cervical cancer and was having trouble continuing treatment due to the high levels of cost-sharing in her QHP. Her plan required copayments every time she saw her providers. Her HCA advocate

figured out that Ms. C was eligible for a special type of Medicaid coverage specifically for individuals with breast or cervical cancer which does not require copayments. This Medicaid coverage, however, could not be activated until Ms. C's QHP was closed. The advocate contacted VHC and worked to get Ms. C's QHP closed quickly, and her Medicaid application rushed. The advocate helped ensure that there was a seamless transition onto Medicaid without any gap in coverage. Ms. C is now on Medicaid and able to continue her cancer treatment.

N. Table of all calls by month and year

All Cases (2004-2014)											
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
January	252	178	313	280	309	240	218	329	282	289	428
February	188	160	209	172	232	255	228	246	233	283	304
March	257	188	192	219	229	256	250	281	262	263	451
April	203	173	192	190	235	213	222	249	252	253	354
May	210	200	235	195	207	213	205	253	242	228	324
June	176	191	236	254	245	276	250	286	223	240	344
July	208	190	183	211	205	225	271	239	255	271	381
August	236	214	216	250	152	173	234	276	263	224	342
September	191	172	181	167	147	218	310	323	251	256	374
October	172	191	225	229	237	216	300	254	341	327	
November	146	168	216	195	192	170	300	251	274	283	
December	170	175	185	198	214	161	289	222	227	340	
Total	2409	2200	2583	2560	2604	2616	3077	3209	3105	3257	3302

O. Recommendations

1. *The VHC invoice and payment system still needs improvement.*

We continue to hear from consumers who have had significant problems with the premium payment system. Some people are getting multiple invoices, are making payments for months without receiving coverage in a timely manner, have made payments that are not applied to their accounts, and have complex problems that are not resolved quickly. It might make more sense to have consumers pay the carriers directly, rather than send their payments to VHC. There are too many steps in the payment process which result in opportunities at each step for something to go wrong, and make resolving problems time-consuming.

2. *The backlog of Change of Circumstance cases must be eliminated before open enrollment begins on November 15th.*

As mentioned above, we are not yet seeing a reduction in CoC calls. VHC needs to double down on its efforts to get these cases resolved before renewals begin, or there will be a whole new set of problems for consumers.

3. *VHC staff and consumer education needs to be increased so that tax issues related to premium tax credits and exemptions from the Individual Shared Responsibility Payment can be more easily addressed.*

We are getting more and more concerned about the number and degree of potential problems that Vermonters may have with the IRS as a result of the ACA requirements. The Maximus call center, Optum and the Health Access Eligibility Unit (HAEU) staff all need to be thoroughly trained on premium tax credits and exemptions from the Individual Shared Responsibility Payment. They also need training on how to explain possible IRS-related consequences and options to consumers. A greater outreach and education effort is needed to inform consumers about what the amount of APTC received in 2014 will mean when they file their tax returns.

III. Consumer protection activities

A. Rate review work

Insurance carriers filed seven new rate cases with the Green Mountain Care Board (GMCB) in this quarter. The HCA filed Notices of Appearance in all of these new filings. We also filed memoranda in four of the rate cases filed during the prior quarter, and participated in the two contested hearings which were held this quarter.

Exchange Filings

The most significant rate review cases were the two filings for Vermont Health Connect filed by Blue Cross Blue Shield of Vermont (BCBSVT) and MVP in June, 2014. The HCA worked with its independent actuary to review these filings and prepare for the contested hearings held in August. The GMCB issued its decisions on September 2, 2014. The Board received 275 comments from the public about these proposed increases.

BCBSVT covers about 58,000 lives through its VHC plans. The company asked for an average **9.8%** rate increase for 2015. In the BCBSVT filing, both the HCA and the Board's actuaries argued that the rate should be lowered by 2% because the federal government had announced that it intends to provide a greater subsidy to insurers under its transitional reinsurance program. This program pays for part of the costs for members who have very large health care claims. The Board decided in favor of this reduction. The Board further reduced the rate based on a second recommendation made by both its actuary and the HCA's actuary. This change in the rate requires BCBSVT to use different factors developed by the federal government to make sure that members' health status is not used in setting premiums. Finally, the Board made a

small adjustment to the amount used to calculate the federal insurance fee BCBSVT must pay. The Board's decision in the BCBSVT filing reduced the average increase for the VHC plans by 2.2%, resulting in an overall rate increase of **7.7%**.

MVP's VHC plans cover about 4,800 lives. It asked for an average rate increase of **15.3%** for 2015. In this case the HCA argued the Board should require adjustments in four parts of the filing which would together lower the rate increase by 5.1%: administrative trends, pharmacy trends, family size estimates, age estimates, and MVP's "manual rate" calculation. In addition, the HCA asked the Board to lower MVP's proposed 1.5% contribution to surplus. In its decision, the Board ordered MVP to make changes to pharmacy trend, family size estimates, and age estimates, lowering the rate increase by 4%. The Board also lowered MVP's contribution to surplus by 0.5%. The decision reduced the average rate increase to **10.9%** for MVP's 2015 VHC plans.

A summer intern from the George Washington University Law School, Xavier Hardy, worked with HCA staff on policy issues before the Green Mountain Care Board during this quarter, including helping to review and analyze the VHC rate filings.

Policy Paper on the Rate Review Process

The HCA developed a policy paper on the health insurance rate review process in Vermont. The paper was posted to the HCA's website in July:

[Health Insurance Rate Review: A Critical Part of Health Care Reform in Vermont.](#)ⁱ

Other Rate Review Activities

The HCA contributed to two Families USA blogs on rate review during the quarter. Families USA is a national health care consumer advocacy organization.

B. Hospital Budget Review

In this quarter the Green Mountain Care Board reviewed the Fiscal Year 2015 budgets for Vermont's 14 hospitals. The HCA participated in the hospital budget review process, including:

- Reviewing each hospital's budget submission
- Meeting with the GMCB Director of Health System Finances
- Submitting suggested questions to the GMCB
- Attending all 13 hospital budget hearings
- Submitting written comments following the hospital budget hearings
- Submitting written comments following the hospital budget decisions

C. Certificates of Need

We continue to monitor new and pending Certificate of Need (CON) letters of intent, requests for jurisdictional determination, and applications. Additionally, this quarter we:

- Filed 2 Notices of Intervention as an Interested Party (GMCB-015-13con Copley Hospital Construction of New Surgical Suite and GMCB-013-14con Green Mountain at Fox Run Eating Disorder Treatment Program)
- Filed 2 sets of suggested questions to the applicant (GMCB-015-13con Copley Hospital Construction of New Surgical Suite and GMCB-015-14con Fletcher Allen Health Care Property Acquisition)
- Attended a site visit at the proposed South Burlington site for GMCB-015-14con Fletcher Allen Health Care Property Acquisition
- Attended a presentation at Fletcher Allen Health Care regarding the hospital's master facility plan, including the property acquisition proposed in GMCB-015-14con

D. Other Green Mountain Care Board activities

Pursuant to Act 48 of 2011 and Act 171 of 2012, the GMCB is required to consult with the HCA about various health care reform issues. The HCA is directed in Act 79 of 2013 to "suggest policies, procedures, or rules to the GMCB in order to protect patients' and consumers' interests." This quarter we:

- Attended 10 public meetings of the GMCB
- Attended 3 public meetings of the GMCB Data Governance Council
- Submitted 2 sets of comments to the GMCB on proposed changes to the standards for Vermont's Commercial Accountable Care Organization Shared Savings Programs
- Met 5 times with GMCB staff including the Executive Director, General Counsel, Health Policy Director, Deputy Director of Policy & Evaluation, and Health Care Project Director

E. Vermont Health Care Innovation Project

We continue to participate in the State's Vermont Health Care Innovation Project (VHCIP) aka the SIM grant. This quarter we:

- Participated in 3 meetings as a member of the VHCIP Steering Committee
- Participated, along with representatives from other projects of Vermont Legal Aid, as "active members" in six of the seven VHCIP work groups, including the Payment Models Work Group, the Quality and Performance Measures Work Group, the Population Health Work Group, The Care Models and Care Management Work Group, The Disability

and Long Term Services and Supports Work Group, and the Health Information Exchange/Health Information Technology Work Group. This quarter HCA staff attended 14 VHCIP work group meetings.

- Attended 4 meetings of the VHCIP Core Team
- Submitted comments to the Quality and Performance Measures Work Group, the Steering Committee, and the Core Team regarding measure sets for the second performance year of Vermont's Accountable Care Organization (ACO) Medicaid and Commercial Shared Savings Programs

F. Other Activities

Plain Language Materials

The HCA continues to advocate for the use of plain language in materials intended for health care consumers. This quarter we conducted research on health literacy issues and continued to encourage state agencies to use plain language in their health care communications. For example, we met with Green Mountain Care Board staff about improving the readability of the GMCB's consumer materials. We suggested that the GMCB implement a plain language policy for its communications with consumers and provided GMCB staff with a memo that included a proposal for the content and implementation of such a policy. We also worked with DVHA to improve the readability of its instructions for acquiring durable medical equipment through Medicaid.

Policy Paper on Cost Sharing

The HCA's 2014 summer intern developed a white paper examining research about the effects of cost sharing on patients' utilization of the health care system. It was posted to the website in September: [The Limits of Cost Sharing](#).ⁱⁱ

Other Boards, Task Forces, and Work Groups

The HCA participated in:

- 3 Medicaid and Exchange Advisory Board (MEAB) meetings
- 1 Governor's Consumer Advisory Council meeting
- 1 MEAB Improving Access Work Group meeting (a subgroup of the MEAB which works on improving access to Medicaid services, which the Chief Health Care Advocate Chairs)
- 2 MEAB VHC Individuals and Families Work Group meetings
- 3 VHC Consumer Experience Work Group meetings
- 4 VHC Customer Support meetings with Maximus, VHC, DVHA and HAEU
- 1 Act 75 Unified Pain Management Advisory Council meeting

Legislative Activities

- Testified before legislative committees 4 times
- Attended 5 additional legislative hearings on health care

Administrative Advocacy

- Commented on VHC notices 7 times
- Commented on VHC regulations once
- Participated in 2 informal meetings about VHC regulations
- Submitted complaints or suggestions about VHC operations multiple times

Collaboration with other organizations

The HCA worked with the following organizations this quarter:

- American Civil Liberties Union (ACLU)
- City of Burlington
- Families USA
- Howard Center
- Vermont Campaign for Health Care Security
- Vermont Family Network
- Vermont Public Interest Research Group (VPIRG)
- Voices for Vermont's Children

Trainings

- Consumers Union webinar, 'Protecting Consumers from Surprise Out-of-Network Bills' (July 2)
- Consumers Union national advocates call on rate review issues (July 22)
- Vermont Information Technology Leaders, Inc. (VITL) Health IT Summit (September 8 and 9)
- Families USA advocates call discussing SIM programs, other health reform (August 28)
- Federal Office of the National Coordinator for Health IT Annual Consumer Health IT Summit on Patient Engagement (September 19)
- First day of a 2-day Community Rounds program at Fletcher Allen Health Care (September 30)

IV. 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 150 pages of consumer-focused information maintained by the HCA. Since the launch of Vermont Health Connect, we have worked diligently to keep the site updated in order to provide the latest and most accurate information to Vermont consumers.

The dramatic increases in pageviews that we experienced over the past two years have leveled off and in some cases decreased, and there are significant differences in the type of information that visitors to our site are looking for. Analysis of these changes suggests two main drivers:

1. The 2013 statistics for this quarter reflected the results of months of steady improvements to the old site, as well as those of the newly launched website. Beginning this quarter, the 2014 and 2013 statistics no longer compare considerably different websites.
2. Nearly a year after the launch of Vermont Health Connect, fewer visitors are searching for information about applying for insurance and finding health care services. This is likely due to more Vermonters having insurance through Medicaid expansion and VHC plans. However, the HCA's high call volume and lower volume of web traffic suggest that Vermonters who are having problems want a live person to assist them, rather than looking for information online and trying to resolve issues on their own. Interestingly, the number of visitors looking for information about public participation in rate reviews and other aspects of health care reform and those seeking out more complex policy information has increased.

The total number of visits to health-related pages decreased by 18% (from 1,870 in 2013 to 1,530 in 2014), while other important measures showed significant increases:

- After slight decreases over the past couple of quarters, the average time spent on a page **increased by 88.41%** (2:27 vs. 1:18). As stated above and shown in more detail below, this appears to be because more visitors are accessing pages with higher level information.
- The bounce rate decreased by 29.78% (from 73.02% to 51.28%) A decrease in the bounce rate is a positive reflection of more user engagement with the site.

More Vermonters Are Seeking Information about Health Care Policy and How to Participate in Health Care Reform

Almost 600 out of 1,530 total visitors to the Health section of Vermont Law Help visited the Health main page. This page provides visitors with information about how the HCA can help Vermonters as well as how to contact us by phone or through an online intake form that can be submitted at Vermonters' convenience, 24/7.

The majority of the other visitors visited pages with information about these topics:

- Public participation in health care reform (195)
- Health care policy, white papers, presentations, reports (144)
- Health care forms (122)
- Other health care reform, Vermont Health Connect (115)

178 (27%) out of the 653 PDFs that were downloaded from the entire Vermont Law Help website were related to health care. Of those, seven of the top 10 were policy papers, comments or other high-level presentations from the HCA:

- Health Insurance Rate Review - A Critical Part of Health Care Reform in Vermont (29)
- Protected Health Information - What Vermonters Should Know (17)
- Advance Directive (short form) (13)
- Low Income Taxpayers and the Affordable Care Act for Non-tax Lawyers (13)
- May 2013 Health Fair Flyer (13)
- Advance Directive (long form) (11)
- Accountable Care Organizations - What is the Evidence? (10)
- HCA Comments to GMCB on Hospital Budget Review (10)
- US Health Reform for H-2A workers in VT (10)
- The Limits of Cost Sharing (9)

B. Education

During this quarter, the HCA provided direct education to at least 88 people in seven organizations. In most cases, members of the audience included people who are in a position to refer Vermonters who need assistance with health care/insurance issues to the HCA, increasing the potential impact of the presentations. The presentations included:

- People with Aids Coalition Retreat (July 11)
Presentation attended by four people; advice/referral to two additional people; outreach to others attending retreat. Answered questions about Vermont Health Connect issues and 2015 open enrollment. Provided brochures for retreat attendees.
- Medicaid & Exchange Advisory Board (MEAB) (July 14)
Attended by about 25 stakeholders representing consumers, businesses and health care providers. Presented how the public can participate in the rate review process.
- Association of Africans Living in Vermont (AALV), Vermont Refugee Resettlement Project (VRRP) (September 10)
Attended by 10 AALV/VRRP staff members. Discussed what the HCA does; gained information about AALV/VRRP clients' health care issues. Provided HCA brochures.
- Champlain Valley Office of Economic Opportunity (CVOEO) (September 15)
Attended by eight navigators/employees at CVOEO. Covered what the HCA is/how we can help; answered questions. Provided HCA brochures.
- Vermont Tax Professionals Association (September 16)
Attended by 33 tax professionals. Topic: The Affordable Care Act: 2014 Tax Returns and Beyond. Discussed Premium Tax Credit allocation regulations, ACA penalty assessment and collection issues, excess Premium Tax Credit assessment and collection issues, and potential filing season pitfalls.

- Committee on Temporary Shelter (COTS) (September 25)
Attended by seven COTS case management team members. Covered what the HCA is and how we can help. Distributed 25 brochures and two flyers.
- Ottaqueechee Health Foundation (September 30)
Spoke with the executive director of the foundation, which provides grants to organizations to promote and support programs that identify and help meet health care needs of Vermonters within a certain geographic region, about the types of cases that the organization can and should refer to the HCA for assistance. Provided 25 brochures for the staff to provide to their clients who need our services

Due to demand for information on the topic, the HCA PowerPoint presentation - *U.S. Health Reform: Information for H-2A Guestworkers in Vermont* - which was originally presented in a prior quarter, was provided to at least 80 people. The recipients included navigators, low income taxpayer clinics, and Vermont Tax Preparers Association listserv.

ⁱ See "Health Insurance Rate Review: A Critical Part of Health Care Reform in Vermont" http://www.vtlawhelp.org/sites/default/files/Health%20Insurance%20Rate%20Review%20%20A%20Critical%20Part%20of%20Health%20Care%20Reform%20in%20Vermont_0.pdf

ⁱⁱ See "The Limits of Cost Sharing" <http://www.vtlawhelp.org/sites/default/files/The%20Limits%20of%20Cost%20Sharing.pdf>