

# VERMONT LEGAL AID, INC.

## OFFICE OF HEALTH CARE ADVOCATE

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## QUARTERLY REPORT

October 1, 2013 – December 31, 2013

to the

Agency of Administration

submitted by

Trinka Kerr, Vermont Health Care Advocate

January 21, 2014

### I. Introduction

This is the Office of Health Care Advocate's (HCA) report to the Agency of Administration (AoA) for the quarter October 1, 2013, through December 31, 2013. Prior to January 1, 2014, our quarterly report was submitted to the Department of Financial Regulation (DFR) and the Department of Vermont Health Access (DVHA). On January 1, 2014, the Office of Health Care Ombudsman became the Office of Health Care Advocate pursuant to 18 V.S.A. §9601 *et seq* and began a new contract with AoA. Therefore, we are submitting this report to AoA, but will also send it to DFR, DVHA and the Green Mountain Care Board (GMCB).

The HCA provides consumer assistance to 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 GMCB, 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**
- Five data reports
  - **All calls/all coverages:** 949 calls
  - **DVHA beneficiaries:** 417 calls or **44%** of total calls
  - **Commercial plan beneficiaries:** 146 calls or **15%**
  - **Uninsured Vermonters:** 114 calls or **12%**
  - **Vermont Health Connect:** 249 calls or **26%** (this is a new data report which draws from the three other data sets).

## II. Individual Consumer Assistance

The HCA provides assistance to consumers mainly through our statewide hotline (**1-800-917-7787**) and now through our new Online Help Request feature on our website, [www.vtlawhelp.org/health](http://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. In December we moved into renovated space which accommodates our expanded staff of seven advocates.

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 290 cases had Eligibility for state health care programs as the primary issue, there were actually a total of 589 calls in which we spent a significant amount of time assisting consumers regarding access to health insurance. In each section of this narrative we record 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 the state programs fell into all three insurance status categories.

The HCA received 949 calls this quarter. We divided these calls into five issue categories. The figures below are based on the All Calls data. See the other data reports for a similar breakdown based on the insurance status of the caller, or whether the call was connected to a Vermont Health Connect issue. The breakout by issue category in this quarter based on the caller's primary issue was as follows:

- **19.28%** (183) of our total calls were regarding **Access to Care**;
- **12.64%** (120) were regarding **Billing/Coverage**;
- **2.63%** (25) were questions regarding **Buying Insurance**;
- **14.75%** (140) primarily involved **Consumer Education**;
- **30.56%** (290) were regarding **Eligibility** for state programs and Medicare; and
- **20.13%** (191) 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.

### **A. The launch of Vermont Health Connect was extremely rocky, resulting in a 26% increase in our call volume.**

The state launched its health benefit exchange, Vermont Health Connect (VHC), on October 1, 2013 as required by the federal Affordable Care Act. The VHC website was plagued with

glitches and problems for consumers, and the VHC customer support call center was unable to handle the increase in its call volume.

The problems with the website and the call center caused the HCA's call volume to increase by 26%. We received 949 calls this quarter, compared to 751 in the previous quarter. By comparison, we received 842 calls in the same quarter of 2012. Because 26% of our calls this quarter were directly related to Vermont Health Connect (VHC), it seems safe to assume that the big increase was directly attributable to the exchange launch.

December in particular was very busy. It was, in fact, our busiest December ever. We received 339 calls, compared to 227 in December 2012, a 49% increase.

Our call volume probably would have been even higher but for the fact that VHC was unable to send written Notices of Decision (NODs) to applicants. The HCA phone number is on DVHA NODs and is one of the main ways that consumers find out about our services. We complained repeatedly about the lack of notices during this period. Our understanding is that VHC is just starting to send out NODs as of this writing. Although we commented on early drafts of the NODs, we have still not seen the final versions of the notices.

## **B. The top issues generating calls**

This section includes both primary and secondary issues. The most common issues raised by callers were requests for information about VHC, requests for information about applying for state programs and problems related to the high costs of health care.

### All Calls (949, compared to 751 last quarter)

1. Information about VHC 167 (this is a new code)
2. Information about DVHA programs 156 (compared to 127 last quarter)
3. Affordability of health care 146 (137 last quarter)
4. Medicaid eligibility 102 (64 last quarter)
5. MAGI Medicaid eligibility 89 (this is a new code)
6. Complaints about Providers 88 (105 last quarter)
7. Communication Problems with ESD (DSW/HAEU) 83 (56 last quarter)
8. Access to Prescription Drugs 74 (51 last quarter)
9. VHAP eligibility 73 (79 last quarter)
10. Information about Medicare 67 (33 last quarter)
11. Buying QHPs through VHC 51 (this is a new code)
12. Buy In programs 45 (36 last quarter)
13. Information about the ACA 60 (30 last quarter)
14. Premium Tax Credit 37 (this is a new code)  
VHC Complaints 37 (this is a new code)
15. Information about HCA 34 (21 last quarter)
16. Medicaid Spend Down program 31 (31 last quarter)
17. Premium Assistance 28 (39 last quarter)

- Premium Billing 28 (25 last quarter)
- 18. Medicare Billing 27 (22 last quarter)
- 19. ESD (DCF) Eligibility Mistake 26 (23 last quarter)
  - Access to Primary Care Doctor 26 (18 last quarter)
- 20. Transportation to medical care 22 (25 last quarter)
  - Billing problems with providers 22 (16 last quarter)

DVHA Beneficiary Calls (417, compared to 367 last quarter)

1. Information re VHC 65 calls (this is a new code)
2. Complaints about Providers 48 (66 last quarter)
3. Information about VHC 65 (this is a new code)
4. Information about DVHA programs 62 (56 last quarter)
5. Affordability of health care 50 (43 last quarter)
  - Medicaid eligibility 50 (24 last quarter)
6. MAGI Medicaid eligibility 42 (this is a new code)
7. Communication Problems with ESD 38 (27 last quarter)
8. Access to Prescription Drugs 35 (23 last quarter)
9. VHAP eligibility 25 (25 last quarter)
10. Transportation to medical care 22 (24 last quarter)

Commercial Plan Beneficiary Calls (146, compared to 103 last quarter)

1. Information about VHC 52 calls (this is a new code)
2. Information about DVHA programs 28
3. Affordability of health care 24
4. Buying QHPs through VHC 21 (this is a new code)
5. Information about the ACA 20
6. MAGI Medicaid eligibility 17
7. Information about Medicare 16
8. Premium Tax Credit eligibility 14
9. VHC complaints 12 (this is a new code)
10. Premium billing 11
  - Medicaid eligibility 11

Vermont Health Connect Calls (249)

1. Information about VHC 164 calls
2. MAGI Medicaid eligibility 85
3. Information about the ACA 59
4. Information about applying for DVHA programs 51
5. Buying QHPs through VHC 49
6. Affordability of health care 38
7. VHC complaints 37
8. Premium Tax Credit eligibility 31
9. Medicaid eligibility 27
  - Communication Problems with ESD 27

## 10. Information about Medicare 14

### C. Hotline call volume by type of insurance:

The HCA received 949 total calls this quarter. Callers had the following insurance status:

- **DVHA programs** (Medicaid, VHAP, VHAP Pharmacy, Premium Assistance, VScript, VPharm, or both Medicaid and Medicare aka dual eligibles) insured **44%** (417 calls), compared to 49% (367) last quarter;
- **Medicare** (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 **31%** (295), compared to 31% (236) last quarter;
- **Commercial plans** (employer sponsored insurance, individual or small group plans, and Catamount Health plans) insured **15%** (146), compared to 14% (103) last quarter; and
- **Uninsured** callers made up **12%** (114) of the calls, compared to 11% (85) last quarter.
- In the remainder of calls the insurance status was either unknown or not relevant.

### D. Dispositions of closed cases

#### All Calls

We closed 936 cases this quarter, compared to 746 last quarter.

- 28% (261 cases) were resolved by brief analysis and advice;
- 27% (250) were resolved by brief analysis and referral;
- 20% (184) of the cases were complex interventions, which involves complex analysis, usually direct intervention, and more than two hours of an advocate's time;
- 16% (153) were resolved by direct intervention, including calling an insurance company, calling providers, writing letters, gathering supporting medical documentation, etc.;
- 5% (50) 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: 22 cases involved direct help with appeals, and 32 involved consumer education about appeals.

#### DVHA Beneficiary Calls

We closed 424 DVHA cases this quarter, compared to 353 last quarter.

- 26% (110 cases) were resolved by brief analysis and advice;
- 27% (116) were resolved by brief analysis and referral;
- 19% (82) were considered complex intervention, which involves complex analysis, usually direct intervention, and more than two hours of an advocate's time;

- 20% (83) were resolved by direct intervention on the caller's behalf, including advocacy with DVHA and providers, writing letters, and gathering medical information;
- Less than 6% of calls (24) from DVHA 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: 10 cases involved appeals: 8 Fair Hearings and 2 Medicare appeals.

### Commercial Plan Beneficiary Calls

We closed 134 cases involving individuals on commercial plans,, compared to 110 last quarter.

- 41% (55 cases) were resolved by brief analysis and advice;
- 21% (28) were resolved by brief analysis and referral;
- 22% (30) were considered complex intervention, which involves complex analysis, usually direct intervention, and more than two hours of an advocate's time;
- 10% (13) were resolved by direct intervention on the caller's behalf, including advocacy with the carrier and providers, writing letters, and gathering medical information;
- 5% of calls (7) from commercial plan beneficiaries were resolved in the initial call.
- In the one remaining case the client withdrew.
- Appeals: 12 cases involved appeals: 7 commercial plan appeals, 5 DVHA program appeals and 3 Medicare appeals. (One case could involve several appeals if the beneficiary had more than one type of insurance.)

## **E. Case outcomes**

### All Calls

The HCO helped 84 people get enrolled in insurance plans and prevented 13 insurance terminations or reductions. We obtained coverage for services for 18 people. We got 32 claims paid, written off or reimbursed. We assisted 10 people complete applications and estimated program eligibility for 65 more. We provided other billing assistance to 19 individuals. We obtained hospital patient assistance for 9 people. We provided 482 individuals with advice and education. We obtained other access or eligibility outcomes for 79 more people, many who will 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. In total, this quarter the **HCA saved individual consumers \$24,523.51.**

## **F. Case examples**

Here are a few examples of how we helped Vermonters this quarter:

1. Ms. A called the HCA because she had questions about the changes in health insurance she had heard about, and she was worried what would happen to her in the new system. When her HCA advocate investigated her current coverage, she discovered that Ms. A had been on the wrong plan for nearly six months. She had been paying

premiums for VHAP when she actually should have been on Medicaid without a premium. When the advocate pointed out the error, the Economic Services Division switched Ms. A to Medicaid and reimbursed her for the premiums she had paid, over \$1,000. Ms. A will also continue to be eligible for Medicaid in 2014, so she did not need to take any action regarding her 2014 coverage.

2. Mr. B had recently gotten out of jail and was uninsured. He called the HCA because he had been struggling to enroll in a health plan for over a month through VHC and had pressing medical needs. He needed immediate coverage. He had completed an online application with the help of a navigator more than a month earlier but still did not have coverage. The HCA advocate looked into the situation, and in one day was able to get Mr. B onto VHAP. The advocate also ensured that Mr. B would be able to get his prescriptions that day, and that the coverage was appropriately backdated so that it would cover a hospital emergency room visit during the period Mr. B's application was pending. The advocate also let Mr. B know that he would transition to Medicaid for 2014.
3. Mr. C called the HCA because he was unable to get necessary medication. His insurance had been terminated for non-payment of premium. Mr. C had very high medical needs, and his prescriptions costs alone were over \$10,000 a month. He had been told that he had lost his coverage because his premium had not been paid. Mr. C had set up his health insurance premium payments to be made automatically by his bank, so he could not understand how this had happened. When the HCA advocate investigated, he learned that the premium had not been withdrawn from Mr. C's bank due to a computer glitch. When the advocate reported this to the Economic Services Division, Mr. C's insurance was reinstated, saving him thousands of dollars a month.

#### **G. Recommendations to DVHA**

1. *Maximus should increase its training for customer service representatives in its Customer Support Call Center.*

This is a repeat of last quarter's recommendation. Last quarter we expressed the concern that the Maximus CSRs were not being sufficiently trained to handle the complexity and length of calls related to Vermont Health Connect. After VHC began operations on October 1, 2014, the problems became worse. Their call volume drastically increased, the calls became longer as consumers sought assistance, and the time it took for CSRs to answer questions increased.

The HCA has been meeting with Maximus and VHC staff every two weeks to discuss these and other issues that we are hearing about from our clients. This has been a collaborative and worthwhile effort, but the call center wait times remained very high which was frustrating to many consumers. We applaud Maximus for its recent announcement that it is doubling the number of CSRs, but remain concerned that the level of training for each CSR may be insufficient. We do recognize the difficulty of getting more CSRs to the frontline quickly while

simultaneously ensuring that they are adequately trained. However, sufficient training is imperative so that incorrect information is not given out and calls can be handled more quickly.

2. *The Health Access Eligibility Unit also needs increased training and more staff to answer the phone.*

This quarter we saw an increase in mistakes by HAEU staff, 26 compared to 23 last quarter. In addition to the mistakes that caused consumers to call the HCA, we also had conversations with HAEU during which we were given incorrect information, which is not reflected in our data.

HCA advocates frequently have problems getting through to HAEU. Sometimes the phone continues to ring and no one answers and there is no opportunity to leave a voicemail. Sometimes when we talk to HAEU staff and they tell us they will research the issue and call us with the answer, we never get called back. This is probably the result of an insufficient staffing level.

3. *The best pathways for communication between the HCA and VHC should be clarified.*

We would welcome a discussion about whom we should contact about different types of issues to improve our efficiency.

4. *ESD should assign designated HAEU workers to assist individuals with Medicaid Spenddowns.*

This is a repeat request. We continue to get calls from Vermonters struggling with the Medicaid Spenddown, or Medically Needy, program. This quarter we received 19 calls in which the primary reason for the call was a Spenddown problem, and 12 in which it was a secondary issue. This was about the same number as in the previous quarter.

#### **H. Table of all calls by month and year**

	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>January</b>	241	252	178	313	280	309	240	218	329	282	289
<b>February</b>	187	188	160	209	172	232	255	228	246	233	283
<b>March</b>	177	257	188	192	219	229	256	250	281	262	263
<b>April</b>	161	203	173	192	190	235	213	222	249	252	253
<b>May</b>	234	210	200	235	195	207	213	205	253	242	228
<b>June</b>	252	176	191	236	254	245	276	250	286	223	240
<b>July</b>	221	208	190	183	211	205	225	271	239	255	271
<b>August</b>	189	236	214	216	250	152	173	234	276	263	224
<b>September</b>	222	191	172	181	167	147	218	310	323	251	256
<b>October</b>	241	172	191	225	229	237	216	300	254	341	327
<b>November</b>	227	146	168	216	195	192	170	300	251	274	283
<b>December</b>	226	170	175	185	198	214	161	289	222	227	339
<b>Total</b>	2578	2409	2200	2583	2560	2604	2616	3077	3209	3105	3256



### **III. Consumer protection activities**

#### **A. Rate review work**

The HCA filed notices of appearance and legal memoranda in ten new rate cases which were ready for review by the Green Mountain Care Board (GMCB) in this calendar quarter. No contested hearings were held during the quarter. In three cases the HCA supported modifications recommended by the Commissioner of DFR and the GMCB adopted these changes. In seven cases, the HCA supported modifications recommended by DFR and suggested additional reductions in rates. The GMCB accepted the DFR recommendations but did not adopt the HCA's additional suggested modifications in three of these cases. The GMCB went beyond the DFR recommendations and accepted some but not at all of the reductions recommended by the HCA in four cases.

The HCA continued to review and comment on the new GMCB proposed rate review regulations which the GMCB promulgated pursuant to changes in statute made in Act 79 of 2013. These rules took effect on January 1, 2014. We provided written comments to the GMCB on the proposed version of the regulations filed with the Legislative Committee on Administrative Rules, supplementing our comments on an earlier draft. After holding a public hearing on the proposed regulations on September 30, 2013, and reviewing written comments, the GMCB decided to make changes in the final proposed version of the regulations submitted to the LCAR. We reviewed these changes and provided feedback to the GMCB's Legal Counsel. We also reviewed further changes in the regulations proposed by the staff attorney for LCAR. We attended the two meetings of LCAR where the regulations were considered.

#### **B. Green Mountain Care Board and Vermont Health Innovation Project**

Pursuant to 18 V.S.A. § 9374(f), the Green Mountain Care Board is required to consult with the HCA about various health care reform issues. This quarter we:

- Attended ten GMCB meetings;
- Met monthly with General Counsel for the GMCB;
- Participated in a joint meeting of the Accountable Care Organization (ACO) Measures Work Group and the ACO Standards work Group and commented on the proposed new Process for Review and Modification of Measures Standards
- Participated in the state's Vermont Health Care Innovation Project (VHCIP, formerly called the State Innovation Model or SIM project) in the following ways:
  - Participated as a member of the project Steering Committee in two meetings
  - Participated, along with representatives from other projects of Vermont Legal Aid, as "active members" in four of the seven VHCIP work groups: the Payment Models Work Group, the Quality and Performance

Measures Work Group, the Duals Demonstration Work Group and the Care Models Work Group

- Attended two meetings of the Core Team
- Submitted three sets of comments on the proposed Commercial and Medicaid ACO Shared Savings Measures to the VHCIP Core team, staff of the Quality and Performance Measures Work Group and the GMCB

### **C. DVHA and Vermont Health Connect**

In addition to work related to the GMCB, the HCA engaged in administrative advocacy related to Vermont's new Health Benefit Exchange, Vermont Health Connect (VHC) in the following ways:

- The Health Care Advocate (the Health Care Ombudsman at the time) participated in three Medicaid and Advisory Board (MEAB) meetings
- The Health Care Advocate chaired a MEAB workgroup on Improving Access to Medicaid services. This workgroup was created to give consumers a way to give DVHA feedback and suggestions. The workgroup developed a "roadmap" for consumers seeking durable medical equipment, a process that many consumers have found frustrating. The workgroup raised a number of other access issues which are still being discussed.
- Continued to monitor and participate in the development of rules related to VHC and submitted comments on the emergency rules.
- Continued to comment on notices as developed by VHC and DVHA.
- Submitted numerous questions and suggestions to VHC as the rollout of VHC caused problems for consumers.
- Shared information and coordinated with several Navigators to try to improve Vermonters' experience using VHC and resolve problems.
- Met several times and communicated with BlueCross BlueShield and MVP to strategize about how to help consumers.
- Starting October 30<sup>th</sup>, met every two weeks with Maximus (the VHC call center vendor), VHC, and Economic Services Division staff to give feedback on the problems we were seeing and discuss possible solutions.

### **D. Other Activities**

- The Health Care Advocate gave a presentation on consumer assistance programs at the National Health Law Program annual conference in Washington, D.C. in December.
- Submitted a final report to the federal Center for Consumer Information and Insurance Oversight (CCIIO) at the conclusion of our Consumer Assistance Program funding under the ACA.

- Participated in a work group pursuant to Act 150 of 2012 which came up with recommendations to improve the accessibility and comprehensibility of filings required by health insurers.
- Participated in the Palliative Care and Pain Management Task Force, created pursuant to Act 25 of 2009, and led by the Vermont Ethics Network.
- Participated in the Unified Pain Management System Advisory Council, created by Act 75 of 2013, which advises the Commissioner of the Vermont Department of Health (VDH) on matters relating to the appropriate use of controlled substances in treating chronic pain and addiction and in preventing prescription drug abuse.
- Participated in the Surrogate Consent workgroup run by VDH, which is working to resolve issues surrounding Do Not Resuscitate orders, Clinical Orders of Life Sustaining Treatment, and admission to hospice for individuals who have not designated an agent through an advance directive.

Our new health care policy analyst, Julia Shaw, started working with us on November 4, 2013.

#### **IV. Outreach**

##### **Website**

The HCA has a new website which is part of Vermont Law Help. This statewide website is maintained by Vermont Legal Aid and Law Line of Vermont. The site includes a substantial Health section with more than 150 pages of consumer-focused information maintained by the HCA. Please visit it at [www.vtlawhelp.org/health](http://www.vtlawhelp.org/health).

With the many changes that have occurred since the launch of Vermont Health Connect on October 1, 2013, we have worked diligently to keep the site updated in order to provide the latest and most accurate information to Vermont consumers. We run our VHC related content by VHC staff to ensure consistency.

Comparing the health site's Google Analytics with Q2 of the prior year, we continue to see large increases in the number of pageviews (+143.5% - 2,042 vs. 830) and the number of unique pageviews (+168.63% - 1,370 vs. 510). Unique page views counts only the first view of a page by each user; repeat views of the same page are not counted. The bounce rate (the percentage of single-page visits in which the user entered on the page and left without clicking on any links within the page) decreased by 36% (50.99% vs. 79.78%). Decreases in the bounce rate indicate a higher level of engagement with the site.

The average time spend on a page decreased slightly (9.16% - 1:47 vs. 1:57), but the new health section features much shorter, more focused pages that don't overwhelm consumers, particularly those with lower reading levels.

The most frequently visited pages reflect Vermonters' interest in finding more information about Vermont Health Connect and health care reform, generally. During this quarter, 14 of the 20 most visited health-related pages were about health care reform or Vermont Health Connect. The following were the 10 most visited pages within the Health section:

Page	# of Visits
Health main page	873
Vermont Health Connect page	195
Health care reform	177
Health insurance	70
Vermont Health Connect Coverage	64
Vermont health care reform	55
Health care changes in Vermont and what they mean to you	51
Medicare authorization to disclose personal health info form	42
More VHC enrollment and extension information available...	42
Vermont's health insurance marketplace opens	34

The new website features an online intake form that enables Vermonters to request help at a time that is convenient for them. Ten requests for assistance were received via the Online Help Request form after it was deployed in mid-October.

### Presentations

During this quarter, the HCA presented six programs to groups ranging from public meetings and events to staff trainings, reaching approximately 95 Vermonters directly. In several of these meetings, members of the audience included people who refer Vermonters who need assistance with health care/insurance issues to the HCA, increasing the potential impact of the presentations significantly.

- **Burlington Ward 6 Neighborhood Planning Assembly Meeting (October 3)**  
 Attended by 20-25 people. Provided brief overview of HCA.
- **Senior Solutions, Springfield (October 9)**  
 Attended by 8 Senior Solutions (Area Agency on Aging) employees. Presentation about the HCA; handed out new brochures.
- **Burlington Ward 5 Neighborhood Planning Assembly Meeting (October 17)**  
 Attended by 12 people. Discussed HCA; fielded questions about upcoming changes to health insurance/programs and sunseting programs; distributed new brochure.
- **We All Belong AmeriCorps Team Meeting (October 21)**  
 Attended by 14 AmeriCorps members/former AmeriCorps members. Distributed new brochure, list of navigator organizations; presented what HCA does and who should be referred to us.

- **RISPNet (Refugee & Immigrant Service Providers Network) Meeting, Burlington (October 24)**  
Attended by 25-30 people from various immigrant service provider organizations. Distributed brochures; answered questions.
- **Library Program, Burlington, Arlington, Newport (December 14)**  
Presentation about HCA at the Fletcher Free Library (Burlington), with two libraries [Martha Canfield (Arlington) and Goodrich Memorial Library (Newport)] participating via videoconference. Turnout was low due to the Christmas season and extreme weather, but the response from those presenting, attending and the librarians was very positive.

### **Brochure**

We published a new brochure explaining what the Health Care Advocate's office does and how Vermonters can get help with health care access/insurance issues. We distributed all 250 copies within two months and re-published the brochure using our new name. The brochure includes instructions in eight languages telling New Americans living in Vermont how to get help from the HCA through an interpreter. We emailed a PDF of the brochure to the HCA's partner organizations/agencies and to the Vermont Congressional delegation offices.

### **Email Outreach**

We sent an email to 470 UVM social work undergraduate and graduate students/alumnae to explain what the HCA is and how Vermonters can get help with health care access/insurance issues.

Additionally, we sent a branded email campaign about the new Health website to 40 HCA partners who may refer Vermonters to the HCA or to the website. A total of 177 recipients opened the email, suggesting that the email was passed along to many others with an interest in the HCA's work. A branded email about the entire Vermont Law Help website, including the health section, was sent to more than 200 friends of Vermont Legal Aid, netting more than 400 opens.

We also sent a traditional email to 40 HCA partners and 32 Navigator organizations with a PDF of the new brochure and a link to our website.

### **Television**

On November 13, 2013, we produced a 30-second video PSA focusing on the HCA's new website, the types of help that can be found, and how to contact us for assistance. The program was distributed to cable access stations across Vermont and has aired numerous times.

On December 11, 2013, we produced a half-hour television program at CCTV about the HCA, what we do and how Vermonters can get help from us. The program was distributed to cable

access stations across Vermont and has aired numerous times. One caller specifically stated that she called the HCA after hearing the program and that she found it to be “very helpful.”

### **Press Releases**

We issued a total of seven press releases this quarter. Six were targeted to specific audiences located where the library presentations were to be held, one about Vermont Legal Aid being selected to manage the Office of Health Care Advocate services, and one about the Health Care Ombudsman name change.