
Vermont Legal Aid
Office of the Health Care Advocate

Quarterly Report
January 1– March 31, 2023
to the
Agency of Administration
submitted by
Michael Fisher, Chief Health Care Advocate
Office of the Health Care Advocate

April 21, 2023



Summary and Update

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

The HCA began advocating over a year ago for an adjustment to the way Silver plans in the individual market are rated to recognize the value of the Cost Sharing Reduction (CSR) subsidies. On the individual market, Vermont Health Connect (VHC) offers Silver plans that include CSR subsidies for income eligible consumers. These plans reduce the deductible and cost-sharing consumer pay. For example, a regular standard silver plan has a \$4000 deductible for individuals. The highest-level standard silver CSR plan, called a Silver 94, has a \$250 deductible for an individual. The HCA proposed a change in how these plans are valued. This quarter the GMCB voted in favor of a modified version of the HCA proposal. This change will ultimately make consumers eligible for up to \$10 million dollars more Advance Premium Tax Credits (APTC). It will help all Vermonters who are eligible for tax credits, even those who are not eligible for the CSR plans. With the increased subsidies, Vermonters can buy more generous Gold or even Platinum plans that have lower out of pockets costs for consumers.

The HCA Helpline now has eight advocates working to resolve issues and answer questions. We opened 897 cases this quarter. (821 the previous quarter) Many consumers called with questions about their health care plans that they had signed for in the VHC Open enrollment. Consumers had questions about the plan coverage and premiums. VHC Open Enrollment also lasted until January 15th, so the Helpline also had calls from consumers who were trying to sign up for a VHC plan before the end of the enrollment period.

We also had calls from Medicare enrollees who were confused about their enrollment on a Medicare Part C plan. Medicare Part C plans, also called Advantage plans, are private health plans that offer Medicare benefits. Some of the plans may also offer benefits beyond Original Medicare such as dental or hearing aid coverage. The plans, however, may also have limited provider networks and prior authorization requirements. Often, consumers told the HCA advocates, that they had not meant to enroll on an Advantage plan, or they did not fully understand that they were signing up for. Medicare consumers enrolled on Part C plans have an annual enrollment period from January to March, where they can switch back to Original Medicare or to another Advantage plan. The HCA advised these consumers about that process. Consumers who discover that they were not happy with their Advantage plan enrollment within the first year that they were eligible for Medicare, also have another guaranteed issue period to enroll in a Medigap plan. Medicare generally covers 80 percent of covered services, and

Sam's Story:

Sam had been diagnosed with a serious chronic condition, and he needed to go to multiple appointments and pick up prescriptions. But Sam was uninsured, and he had missed the Vermont Health Connect (VHC) Open enrollment period. Sam had a part-time job, but he did not work enough hours to qualify for employer coverage. Since he was outside VHC open enrollment, Sam would need a special enrollment to get a plan. The HCA advocate discovered that Sam qualified for one of VHC's new special enrollment periods. If you have an income under 200% of the Federal Poverty Level and meet the other eligibility requirements for Advance Premium Tax Credit, you can enroll outside the Open Enrollment. The HCA advocate helped Sam fill out the application and enroll in a plan. He qualified for significant APTC and cost-sharing reductions. This meant that he would be able to go to his appointments and afford his prescriptions.

Medigap plans help cover the remaining 20 percent of the cost. If you enroll outside of the guaranteed issue period or special enrollment, you can be charged more or even denied enrollment. Enrollees outside the first year can still switch back to Original Medicare or another Part C plan during the annual Medicare Advantage Open Enrollment, but you won't have a guaranteed issue to get a Medigap plan. That means people who discover that their Part C plan does not meet their needs after the first year may have very limited options for Medigap enrollment and may have to pay more if they do enroll. Consumer education about Medicare was in the top three areas that HCA advocates advised on this past quarter.

The HCA also started to prepare for the end of the continuous coverage requirement. Since the start of the COVID emergency in March of 2020, Medicaid closures and closures for Medicare Savings Programs and VPharm, have been on hold. Starting in April, VHC will re-start the renewal process. Vermonters will get notices about their eligibility, and will need to respond, or they may lose coverage. Some people currently on Medicaid will also need to transition to an individual plan on VHC. The HCA started to get some phone calls about renewals re-starting. It has prepared consumer education including a video and flyers about Medicaid renewals, and we anticipate doing more consumer education as the process gets underway. The HCA will also be doing outreach and consumer education about the new eligibility rules for Dr. Dynasaur for pregnancy. As of April 1, the post-partum coverage period increased from 60 days to 12 months. Eligibility for Medicaid remains the top issue that we get calls about. We had over 2500 page views on our website about Medicaid eligibility. Our news item on Medicaid renewals re-starting also had 158 page views. We expect our calls on Medicaid eligibility and renewals, and special enrollment on VHC plans will increase in the next few quarters.

VHC will review 12,000 households per month, and about 200,000 individuals in the next year. This will be the first time that some Medicaid enrollees will undergo the renewal process. Some enrollees will have to transition from Medicaid to a VHC plan or Employer insurance. The HCA will continue to work on increasing affordability for all and making the complicated process as accessible as possible for all Vermonters.

Case Stories:**Daniel's Story**

Daniel called the HCA because he was leaving his job, and that meant his employer health care coverage was ending soon. When he applied on the VHC website, it told him that he was not eligible for APTC to lower his monthly premiums. When the HCA advocate investigated, she found that VHC was saying that Daniel was eligible for Medicaid for Children and Adults. If you are eligible for Medicaid, that means you will be ineligible for APTC to help pay for a VHC plan. When the HCA advocate reviewed his income, however, she found that it was above the Medicaid income limit, and that Daniel should have been eligible for APTC to help pay for a plan on VHC. She escalated the case with VHC and was able to get the eligibility decision fixed. Daniel's employer was also paying for one extra month of employer coverage after he left the job. Daniel wanted to make sure that he avoided any gaps in his coverage. This meant he was applying ahead of time to get a start date on a VHC plan the day after his employer coverage ended. He was having trouble getting the correct start date with VHC, and the HCA advocate again intervened to make sure that the VHC plan started the day after his employer coverage ended.

Irina's Story:

Irina called the HCA because she was having trouble using her VPharm. VPharm is a state of Vermont program that helps pay for Medicare Part D premiums and reduces the co-payments for medications to \$1 or \$2. She was also enrolled on a Medicare Advantage Plan. Medicare Advantage Plans are private health plans that offer Medicare benefits. Frequently, Advantage plans include prescription coverage, which means you do not need a separate Part D plan. When Irina tried to tell her pharmacy to bill VPharm, she was directed to call the Advantage plan. When she called the Medicare Advantage Plan, she was directed back to the pharmacy. The HCA advocate investigated and found that Irina was getting her prescriptions with a pharmacy that was not enrolled with Vermont Medicaid. That meant that her prescriptions could not be billed to VPharm, and she was not getting the reduced copayment. The HCA helped Irina find a pharmacy enrolled with Vermont Medicaid that would cover her prescriptions and bill VPharm. Irina switched pharmacies and was able to get her prescriptions at the VPharm co-payment rate.

Andrew's Story

Andrew needed to get transportation to an urgent medical appointment. He had an appointment for a biopsy, and he could not drive himself because he was going to be under anesthesia. The HCA advocate confirmed with Andrew that he had Medicaid coverage. Medicaid covers transportation to appointments, but you must show that you don't have access to a vehicle in your household. You also need to get prior authorization approved ahead of time. Andrew was not sure his prior authorization had been approved, and his appointment was only a couple days away. He lived by himself, and he had a car. But he was not going to be able to drive himself because of the anesthesia, and he had no one else who could drive him. The advocate confirmed that the prior authorization request had been submitted to Vermont Medicaid. She explained that although there was a car in the household that it could not be used for this appointment because of the anesthesia and asked for the process to be expedited. Andrew's prior authorization for transportation was approved and was relieved that he could get to his appointment.

Overview

The HCA assists consumers through our statewide helpline (**1-800-917-7787**) and through the Online Help Request feature on our website, Vermont Law Help (<https://vtlawhelp.org/health>). We have a team of advocates located in Vermont Legal Aid's Burlington office that provides this help to any Vermont resident free of charge, regardless of income. The HCA received 897 calls this quarter. We assign callers a primary issue category. Callers' primary issue category were as follows:

Table: Q1 FY2023 Caller Primary Issue Category

Primary Issue Category	Percent *
Eligibility	25%
Access to Care	22%
Complaints	14%
Consumer Education	13%
Other **	9%
Buying Insurance	3%

*Column may not sum to 100 due to rounding.

** The "Other" primary issue category includes communication problems with health benefit plans, access to medical records, changing providers or plans, confidentiality issues, and complaints about insurance premium rates, as well as other issues.

The HCA's new industry-standard case management system (CMS), LegalServer, captures information about eligibility for state programs by insurance coverage. The CMS captured insurance coverage for 56% of callers. The HCA is working to further optimize internal processes and the structure of our CMS, which was implemented in Q4 of 2022, to increase the capture rate for caller insurance coverage. We currently do not know a time certain for completion of this optimization work although the work has started and is being actively pursued. Insurance coverage of callers for whom insurance coverage is known is:

Table: Insurance Coverage for Q1 FY2023 Callers for whom Insurance Coverage is Known

Insurance Coverage	Percent *
DVHA	35%
Commercial	18%
Medicare	38%
Uninsured	9%

*Column may not sum to 100 due to rounding.

The top issues Q1 FY2023 callers had were:

Table: Top Ten Issues of Q1 FY2023 Callers

Issue	Percent *
Eligibility - Medicaid - MAGI	8.6%
Complaints - Provider	7.7%
Complaints - Hospital	4.1%
Consumer Education - Medicare	4.0%
Eligibility - Medicaid - Non-MAGI	3.2%
Access to Care - Prescription Drugs	2.9%
Access to Care - Dental	2.8%
Other **	2.1%
Eligibility - MSPs/Buy-In Programs	1.8%
Access to Care - DME & Supplies	1.7%

*Column does not sum to 100 as only top ten most frequent issues presented. Percentage is of all callers.

** The “Other” primary issue category includes communication problems with health benefit plans, access to medical records, changing providers or plans, confidentiality issues, and complaints about insurance premium rates, as well as other issues.

The top issues Q1 FY2023 callers on DVHA programs had were:

Table: Top Issues of Q1 FY2023 Callers Who Participated in DVHA Programs

Issue	Percent *
Eligibility: Medicaid - MAGI	24.2%
Access to Care: Dental	4.7%
Complaints: Provider	4.2%
Consumer Education: Information about DVHA	4.2%
Consumer Education: Medicare	4.2%
Eligibility: Medicaid - Non-MAGI	3.7%
Other **	2.6%
Consumer Education: Info/Applying for DVHA Programs	2.1%
Unanswered After Multiple Attempts to Contact	2.1%
Access to Care: Specialty Care	1.6%
Eligibility: Long Term Care Medicaid & Choices for Care	1.6%
Eligibility: Medicaid for Working People with Disabilities	1.6%
Billing: General Billing Questions	1.6%
Eligibility: Medicare	1.6%

*Column does not sum to 100 as only top issues presented. Percentage is of callers who participate in DVHA programs.

** The "Other" primary issue category includes communication problems with health benefit plans, access to medical records, changing providers or plans, confidentiality issues, and complaints about insurance premium rates, as well as other issues.

The top issues Q1 FY2023 callers with commercial insurance had were:

Table: Top Issues of Q1 FY2023 Callers with Commercial Insurance

Issue	Percent*
Consumer Education: ACA Tax Issues	9%
Buying Insurance: QHP - VHC	6%
Consumer Education: IRS Reconciliation	5%
Eligibility: Premium Tax Credit	4%
1095-A Problems	4%
Appeals: Private Insurance - Covered Service	4%
Access to Care: Transition of Care	4%
Billing: Mammography	3%
Eligibility: Termination of Insurance	3%
Consumer Education: Medicare	3%
Complaints: Hospital	2%
Billing: Copayments & Coinsurance	2%
Billing: Provider Billing	2%
Appeals: Fair Hearing - Eligibility	2%
Eligibility: Citizenship & Identity	2%

*Column does not sum to 100 as only top issues presented. Percentage is of callers who have commercial insurance.

The top topics Q1 FY2023 callers called the HCA to ask questions about were:

Table: Top Topics Q1 FY2023 Callers Asked About

Topic	Percentage*
Medicare	31%
ACA Tax issues	10%
Information about DVHA	10%
Info/Applying for DVHA Programs	9.5%
HIPAA	7.8%
Information about HCA	6%
General Questions About Insurance	6%
Unanswered After Multiple Attempts to Contact	4%
IRS Reconciliation	4%
Other Insurance Laws and Regulations	2.6%
Enrollment Penalties	2.6%
Accountable Care Organization	1.7%
Information about ACA	0.9%
Grace Periods	0.9%
Family Law and Health Insurance Interactions	0.9%

*Column does not sum to 100 as only top issues presented. Percentage is of callers who had consumer specific consumer education needs.

Consumer Protection Activities

Rate Review

The HCA reviews and analyzes all commercial insurance carrier requests to the Green Mountain Care Board (Board) to change premium prices. The Board did not decide any premium price change requests during the quarter from January 1, 2023, through March 31, 2023. There is one premium price change request pending at the close of the quarter.

Blue Cross and Blue Shield of Vermont (BCBSVT) submitted a premium price change request for its Large Group book of business. BCBSVT's proposed premium price change impacts approximately 5,785 Vermonters. BCBSVT requested a total annual increase of 10.8% for large groups renewing in the first quarter of 2024. The HCA filed an appearance in the matter, reviewed the carrier's submissions, and submitted questions regarding the filing. The HCA will file a Memo In Lieu of Hearing in the next quarter. The Board's decision on the request is due in early May.

Hospital Budgets

The HCA provided comments, edits, and questions that were incorporated into the FY24 Hospital Budget guidance adopted by the GMCB.

Certificate of Need Review Process

The HCA has statutory authority to assert interested party status in certificate of need (CON) proceedings before the GMCB. In the last quarter, the HCA filed and was granted Interested Party status in the CON application by University of Vermont Medical Center (UVMCM) to build a new Outpatient Surgery Center (MCB-004-23con). We continue to actively monitor certificate of need applications as they are submitted and assert party status when the interests of Vermonters are clearly impacted.

Oversight of Accountable Care Organizations

The HCA has continued to provide both written and oral comments as a part of the FY23 OneCare Vermont (OCV) budget hearing process, which includes review of a new data analytics contract with the University of Vermont Health Network. The HCA looks forward to continuing to work with the GMCB ACO Budget team and Board members to provide recommendations to improve their oversight of OCV's budget and programs. The HCA has also provided questions, comments, and recommendations to the GMCB in regard to the FY23 budget submission from Lore Health, a Medicare-only ACO that is operating in Vermont.

Additional Green Mountain Care Board and other agency workgroups

Over the last quarter, the HCA attended the Board's weekly board meetings, monthly Data Governance meetings, quarterly Prescription Drug Technical Advisory meetings, and several other legislatively established workgroups focused on affordability and access.

Global Budget Technical Advisory Group

The HCA is a member of the Global Budget Technical Advisory group convened by both the GMCB and the Agency of Human Services. This group met four times this quarter exploring the technical options that may be available to Vermont. This discussion hinges significantly on decisions at CMS and whether there are options for a Vermont agreement with CMS that will work for our state.

The Medicaid and Exchange Advisory Committee

The Advisory Committee met three times this quarter. The content of this quarter's meetings included a focus on messaging and planning for the PHE Unwind, Medicaid Dental Access, non-emergency Medicaid transportation, DVHA Language access planning, telehealth and a discussion of DVHA budget priorities.

Legislative Advocacy

This quarter started at the beginning of the new Legislative Biennium. The Chief Advocate spent considerable time this quarter engaging with new and older legislators to make sure they are aware of the HCA as a resource for their constituents as well as promoting an agenda which continues to focus on key improvements to our health care system. Our primary focus on Medicare Savings Plan eligibility as well as Immigrant Health Insurance coverage resulted in the introduction of bills in the house and senate on both topics. We remain hopeful that next year the Legislature will devote some of its precious time on these policy areas.

The HCA participated in several legislative discussions on the following bills.

[H.494](#) An act relating to making appropriations for the support of government. The HCA actively advocated for an increase in the Medicaid dental cap as well as funding for the Bridges to Health program in addition to stated support for numerous other parts of the bill. The bill has passed the House and is currently in Senate Appropriations.

[S.54](#)An act relating to individual and small group insurance markets. The HCA supported this bill which extends the current practice of rating the individual and small groups separately for 2024 and 2025. The bill has passed both the House and the Senate and was delivered to the Governor on April 12th.

[S.36](#)An act relating to permitting an arrest without a warrant for assaults and threats against health care workers and disorderly conduct at health care facilities. The HCA supported a balanced approach to this bill that recognized the stated needs of the workers in Emergency Departments and first responders and recognized the risks of bringing more law enforcement into the health care setting. We supported a narrowing of the disorderly conduct in this bill as well a significant narrowing of the health care facilities where warrantless arrests could be called for. The bill has passed the Senate and is currently in House Judiciary.

[S.9](#)An act relating to the authority of the State Auditor to examine the books and records of State contractors. The HCA supported this bill in the Senate recognizing the importance of an independent

auditor's ability to safeguard taxpayer dollars even when those monies flow through independent contractors. The bill passed the Senate and is currently in House Government Operations.

[S.37](#) An act relating to access to legally protected health care activity and regulation of health care providers. The HCA supported this bill. The bill passed the senate and is in House Health Care where it is actively being worked on.

[S.65](#) An act relating to commercial insurance coverage of epinephrine auto-injectors. The HCA supported this bill once it was fashioned to comply with high deductible health plans. The bill passed the Senate and is currently in House Health Care.

[S.79](#) An act relating to limitations on hospital liens. The HCA Supported this bill and joined with a small group of advocates to find a compromise. The HCA had fought for protections for patients who are eligible for a hospital's free care policy from Hospital Liens, but compromised as the bill is a step in the right direction. The bill passed the Senate Judiciary Committee after crossover and is currently in Senate Rules.

Collaboration with Other Organizations

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

- American Civil Liberties Union of Vermont
- All Copays Count Coalition
- Bi-State Primary Care
- Bridges to Health
- Blue Cross Blue Shield of Vermont
- Committee on Vermont Elders
- Department of Financial Regulation
- Families USA
- IRS Taxpayer Advocate Service
- Let's Grow Kids
- Migrant Justice
- MVP Health Care
- National Academy for State Health Policy
- NHeLP, National Health Law Program
- New American Clinic/Family Room
- OneCare Vermont
- Open Door Clinic
- Planned Parenthood of Northern New England
- Rights and Democracy (RAD)
- Rural Vermont
- South Royalton Legal Clinic
- SHIP, State Health Insurance Assistance Program
- University of Vermont Medical Center
- University of Vermont Migrant Health, Bridges to Health
- Vermont Association of Hospitals and Health Systems
- Vermont Department of Health
- Vermont Department of Taxes
- Vermont Health Connect
- Vermont Health Care for All
- Vermont Interfaith Action (VIA)
- Vermont Medical Society
- Vermont - NEA
- Vermont Public Interest Research Group (VPIRG)
- Vermont Workers' Center
- You First

Increasing Reach and Education Through the Website

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

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

Popular Web Pages

* means the page moved into the top 20 this quarter

The top-20 health pages on our website this quarter:

1. [Income Limits - Medicaid](#) – 2,522 pageviews
2. [Health](#) - section home page – 1,984
3. [Dental Services](#) – 1,494
4. [Medicaid, Dr. Dynasaur & Vermont Health Connect](#) – 687
5. [Long-Term Care](#) – 499
6. [Resource Limits - Medicaid](#) – 483
7. [Medicaid](#) – 461
8. [Medicare Savings Programs](#) – 459
9. [Services Covered – Medicaid](#) – 401
10. [HCA Help Request Form](#) – 338 pageviews and 123 online help requests
11. [Choices for Care Income Limits](#) – 314
12. [Advance Directive forms](#) – 298
13. [Buying Prescription Drugs](#) – 291
14. [Medical Decisions: Advance Directives](#) – 284
15. [Choices for Care Giving Away Property or Resources](#) – 283 *
16. [Transportation for Health Care](#) – 264 *
17. [Vermont Health Connect](#) – 262
18. [Dr. Dynasaur](#) – 259
19. [Federally Qualified Health Centers](#) – 245 *
20. [Choices for Care](#) – 240

This quarter we had these additional news items:

- [Medicaid Renewal Process Starts Again in April](#) – 158 pageviews
- [It's Time to Consider Health Insurance Plans \(VHC and Medicare\)](#) – 62
- [Your Benefits and the Public Charge Rule for Immigration](#) – 36
- [You May Be Eligible for New Financial Help for Health Insurance \(ARPA\)](#) – 9

Outreach and Education

The Office of the Health Care Advocates (HCA) engaged in both in-person and virtual outreach this quarter. This hybrid model has made our services more accessible to community members who are seniors or have limited English proficiency. These activities included engaging with Vermonters via social media, partnering with community organizations to develop referral relationships and deliver outreach presentations, circulating virtual education videos, and hosting legal clinics.

We partnered with 23 organizations and participated in 15 outreach presentations as a means of providing accurate and accessible information on insurance eligibility health care policy. These organizations included the:

- Vermont Worker's Center,
- The Family Room,
- Bridges to Health,
- The Social Equity Caucus, and
- The Vermont Professionals of Color Network- just to name a few.

These partnerships included the delivery of outreach presentations, the development of streamlined referral systems, and coordinated messaging on important health law topics such as:

- Medicaid renewals,
- Qualified Health Plans and financial help,
- Medicare eligibility,
- And the Immigrant Health Insurance Plan.

Our office continued to use virtual platforms such as Facebook, Instagram, Zoom, and YouTube to connect with partner organizations and deliver legal education presentations. We used Facebook and Instagram to share important updates on a variety of health care related information, but we primarily focused on messaging about Medicaid renewals.

We prepared a communications toolkit to help community partners share accurate and accessible information with their networks. This toolkit included an informational flyer (that was translated into 13 languages), our Medicaid renewal video, a video about the Office of the Health Care Advocate (which was translated into 13 languages), and sample language on Medicaid and the renewal process that was designed to be posted and shared on social media. Our Medicaid renewal video has been viewed 2,800 times, and our toolkit has been circulated to 200 legislators and community partners. These materials have been disseminated to approximately 5,000 Vermont residents through our partner network.

The HCA also continued in-person outreach and service delivery through a legal help partnership with Vermont Legal Aid and the Old North End Community Center. The Old North End Community Center hosts organizations such as AALV, the Family Room, the New American Clinic, and the Champlain Senior Center. The HCA organized two clinics where community members connected with legal advocates to get free and confidential advice. Childcare and in-person interpretation were available to support people seeking our assistance. These clinics are primarily designed to connect seniors and those with language needs with legal support.

Office of the Health Care Advocate

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

<https://vtlawhelp.org/health>