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

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Quarterly Report  
April 1, 2021 - June 30, 2021  
to the  
Agency of Administration  
submitted by  
Michael Fisher, Chief Health Care Advocate  
Office of the Health Care Advocate

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July 21, 2021



## 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, state agencies, and the state legislature.

Since Governor Scott's "stay at home" order on March 24, 2020, the HCA has been operating remotely and it anticipates operating remotely through the early fall of 2021. The HCA Helpline now has seven advocates working to resolve issues.

During this quarter, we saw a high number of cases related to the American Rescue Plan Act (ARPA). ARPA increases the amount of Advance Premium Tax Credit (APTC) most Vermont households are eligible for, which makes Vermont Health Connect (VHC) plans more affordable. It also removes the income eligibility cut-off for APTC, which makes some households newly eligible for APTC. Additionally, it will pay for COBRA subsidies for eligible employees, from April to September 2021. The HCA gave consumer education about ARPA to 43 households. It spoke to another 32 households about their eligibility under ARPA. On our website, we had 189 page views of our page about ARPA. We spoke to 7 households about COBRA eligibility. The HCA has also been collaborating with VHC on ARPA outreach and notices. We provided feedback on three ARPA Notices that VHC was sending out to enrollees and have been meeting on a regular basis. The HCA will continue to do significant outreach, including town halls and consumer education on ARPA in the next quarter.

The HCA helpline had 739 calls this quarter. Medicaid eligibility remains the top issues. We had 204 calls about all types of Medicaid eligibility. We had 2,443 pageview on our website on Medicaid eligibility. We also had significant calls about Special Enrollment Periods to enroll on VHC (46), and had 128 page views of our webpage on the VHC's COVID SEP. Advocates also helped Vermonters with 8 cases involving a VHC eligibility error.

The HCA had worked on the passage of H.430-Act-48, which will allow children and pregnant Vermonters to be eligible for Dr. Dynasaur coverage without regard to their immigration status. The HCA is now working with DVHA to implement the program and increase access to health care for these Vermonters. The HCA also brought the question of whether ARPA subsidies gave the state a new opportunity that was sufficient to warrant dividing the Small and Individual groups for rating purposes for the 2022 plan year. The Legislature took fast action and did provide for this division in S.88 (Sec.34) – Act 25. The HCA is now actively involved in the resulting rate cases with this newly-divided market.

### Lena's Story

Lena called the HCA because she was uninsured. She applied for Medicaid for Children and Adults (MCA). However, she was told she was not eligible for MCA, and did not understand why. The HCA advocate discovered that although Lena was income-eligible for MCA, she was not eligible due her immigration status. She had gotten her green card in 2020 which meant she is a legal permanent resident. But even with the green card, she is subject to what is called the five-year bar and could not enroll in Medicaid for five years after getting the green card, even though she met the income requirements. But she was eligible for a VHC plan with APTC. Normally, unless you have a qualifying event, you need to wait until open enrollment to enroll on a VHC plan. But VHC still has a COVID SEP for uninsured Vermonters. Lena enrolled in a plan, and her premium was less than \$5 per month.

The HCA helpline continues collaborating with other parts of Vermont Legal Aid to make sure the community understands the impact on health care programs of both new unemployment programs, hazard pay, and the stimulus checks created by the CARES ACT and the American Rescue Plan Act. We are continually working on updating our website so consumers can access the latest information on how these programs will impact their Medicaid and other public benefits.

The HCA advocated for the use of one-time Federal funds to improve access to dental care and dentures for lower income Vermonters, and plan to continue to advocate for increased dental access in the coming year. We continue to participate on the Vaccine Implementation Advisory Committee convened by the Vermont Department of Health as well as various other boards and work groups.

As the state of Vermont re-opens this summer and fall, we know that Vermonters will be confronting the economic and health impacts of the pandemic. The HCA will continue to work to make health care more accessible for all Vermonters, and to make the system more equitable, responsive, and affordable.

**Suni's Story:**

Suni called the HCA because her doctor had prescribed a new medication, and she could not afford it. The HCA advocate learned that she had just lost her job. Suni had just applied for unemployment, but she had not been found eligible yet, and she did not have any other income. First, the HCA advocate told Suni that she would be eligible for Medicaid for Children and Adults (MCA) and helped Suni submit her application. The advocate also explained that Vermont Health Connect (VHC) was not closing Medicaid during the COVID public health emergency (PHE). This meant that Suni could stay on Medicaid until the PHE ends. The advocate also did some research on the prescription and found that it required a prior authorization to be covered by Medicaid. For the immediate prescription, the advocate helped Suni find a coupon that would provide a discount. She was able to pick up the prescription with the coupon. The advocate then explained the prior authorization process for that medication to Suni, so her provider could submit the request once Suni was approved for Medicaid.

**Leslie's Story:**

Leslie's partner had lost his job which meant they both had lost their employer-sponsored insurance. She called because she wanted to know if they should enroll on COBRA or get a plan on VHC. COBRA coverage allows some employees to continue on their employer coverage after they leave the job. However, typically, COBRA is very expensive. But the American Rescue Plan Act (ARPA) that was passed in 2021 had a provision that said the federal government would pay for COBRA premiums from April to September 2021 for eligible employees. After September, the couple would have a special enrollment period to enroll on a VHC plan. Because they had lost their insurance, the couple also was eligible for a special enrollment period to enroll on a VHC plan right away, and they would be eligible for increased subsidies in 2021, because ARPA also increased the subsidies most households could get. This meant Leslie and her partner had the option of getting COBRA with the premiums paid for six months and then enrolling on VHC, or enrolling on VHC, with increased APTC. The advocate discussed both options and reviewed the subsidies that they would be eligible for on a VHC plan. Ultimately, the couple decided to enroll in COBRA, with the intention of enrolling on a VHC plan when the COBRA subsidies ended in the fall.

**Arnold's Story:**

Arnold was turning 65 in a couple of months, and he was unsure if he could afford Medicare. He was on Medicaid for Children and Adults (MCA). Eligibility for MCA ends when you turn 65. The type of Medicaid that works with Medicare is called Medicaid for Aged, Blind and Disabled (MABD). MABD has lower income limits than MCA, and it also has resource limits. The advocate spoke to Arnold and discovered that he was going to be eligible for MABD and a Medicare Savings Program (MSP). The MSP would pay for his Part B premium, and his Medicare cost-sharing. Medicare normally covers 80% of the costs for covered services, and the patient is responsible for the remainder. The advocate advised Arnold to apply for MABD and MSP. Being approved for the MSP would also mean that Arnold would be deemed eligible for a Low Income Subsidy (LIS). LIS helps pay Medicare Part D prescription drug plan premiums and reduces the copayments. This meant Arnold would have help with his Part D premiums, Part B premiums, and Medicare cost-sharing when he turned 65 and became Medicare eligible.

## Overview

The HCA provides assistance to 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 739 calls<sup>1</sup> this quarter. We divided these calls into broad categories. The figures below are based on the All Calls data. The percentage and number of calls in each issue category, based on the caller's primary issue, were as follows:

- **27.06%** about **Access to Care**
- **13.67%** about **Billing/Coverage**
- **2.17%** about **Buying Insurance**
- **14.07%** about **Complaints**
- **9.20%** about **Consumer Education**
- **21.65%** about **Eligibility** for state and federal programs
- **9.61%** were categorized as **Other**, which 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.

We have a customized case management system that allows us to track more than one issue per case. This enables us to see the total number of calls that involved multiple issues. For example, although 160 of our cases had eligibility for state and federal healthcare programs listed as the primary issue, an additional 383 cases had eligibility listed as a secondary concern.

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

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

The full quarterly report for April - June 2021 includes:

- This narrative
- Seven data reports, including three based on the caller's insurance status:
  - **All Calls/All Coverages: 739**
  - **Department of Vermont Health Access (DVHA) beneficiaries: 229**

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

- **Commercial Plan Beneficiaries:** 129
- **Uninsured Vermonters:** 46
- **Vermont Health Connect (VHC):** 124

## The Top Issues Generating Calls

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

### All Calls 739 (vs. 778 last quarter)

1. MAGI Medicaid Eligibility 98 (78)
2. Complaints about Providers 87 (109)
3. Information/Applying for DVHA programs 64 (64)
4. Premium Tax Credit Eligibility 56 (50)
5. Medicare Consumer Education 52 (52)
6. Complaints about Hospitals 50 (46)
7. Medicaid eligibility (non-MAGI) 48 (41)
8. Termination of Insurance 47 (34)
9. ARPA (American Rescue Plan Act) Consumer Education 43
10. Access to Nursing Home & Home Health 43 (35)
11. Buy-in programs/Medicare Savings Programs 42 (37)
12. Access to Prescription Drugs/Pharmacy 39 (43)
13. Special Enrollment Period 37 (27)
14. Buying QHPs through VHC 36 (47)
15. Long term care Medicaid & Choices for Care 36 (26)
16. Hospital Financial Assistance 34 (42)

### Vermont Health Connect Calls 124 (151)

1. Premium Tax Credit eligibility 53 (47)
2. MAGI Medicaid Eligibility 51 (46)
3. ARPA (American Rescue Plan Act) Consumer Education 40
4. Buying QHPs through VHC 33 (43)
5. ARPA Eligibility 30
6. IRS Reconciliation Education 27 (31)
7. Information about DVHA 25 (22)
8. Termination of Insurance 24 (20)
9. Information about ACA 23 (21)
10. ACA Tax issues 22 (28)
11. Eligibility for Special Enrollment Periods 22 (27)

**DVHA Beneficiary Calls 229 (vs. 255 last quarter)**

1. MAGI Medicaid Eligibility 48 (48)
2. Information about DVHA 28 (32)
3. Medicaid Eligibility (non-MAGI) 26 (19)
4. Eligibility for MSPs/Buy-In Programs 19 (15)
5. Balance Billing 18 (15)
6. Prior Authorization Criteria for Healthcare Access 17 (14)
7. Access to Prescription Drugs/Pharmacy 16 (17)
8. Access to Dental Care 15 (19)
9. Access to Transportation 15 (13)
10. Specialty Care 15 (12)

**Commercial Plan Beneficiary Calls 129 (vs. 149 last quarter)**

1. Premium Tax Credit Eligibility 32 (32)
2. ARPA Consumer Education 32
3. ARPA Eligibility (24)
4. Termination of Insurance 23 (18)
5. Special Enrollment Period Eligibility 22 (24)
6. Buying QHPs through VHC 21 (29)
7. IRS Reconciliation Education 20 (24)
8. Coverage & Contract Questions 18 (16)
9. Eligibility for MAGI Medicaid 17 (9)
10. Premiums Billing 16 (18)

The HCA received **739** total calls this quarter. Callers had the following insurance status:

- **DVHA program beneficiaries** (Medicaid, Medicare Savings Program also called Buy-In program, VPharm, or both Medicaid and Medicare also known as “dual eligible”): 31% (229 calls)
- **Medicare<sup>2</sup> beneficiaries** (Medicare only, Medicare Advantage Plans, Medicare and a Medicare Supplemental Plan aka Medigap, Medicare and Medicaid also known as “dual eligible,” Medicare and Medicare Savings Program also called Buy-In program, Medicare and Part D, or Medicare and VPharm): 20.7% (153 calls)
- **Commercial plan beneficiaries** (employer-sponsored insurance, small group plans, or individual plans) 17.4% (129 calls)
- **Uninsured:** 6.2 % (46 calls)

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

## Dispositions of Closed Cases

**All Calls:** We closed 757 cases this quarter. Overall, 302 were resolved by brief analysis and advice. Another 246 were resolved by brief analysis and referral. There were 81 complex interventions involving complex analysis and more than two hours of an advocate's time, and 57 cases that involved at least one direct intervention on behalf of a consumer. The HCA provided consumer education in 451 cases. We also estimated eligibility for insurance coverage and helped enroll people onto coverage in 65 cases. We saved consumers \$44,672.35 this quarter.

## Consumer Protection Activities

### Health Insurance 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 decided four premium price change requests during the quarter from April 1, 2021, through June 30, 2021. Additionally, there are four premium price change requests pending as of the end of this quarter.

MVP submitted one premium price change request decided by the Board this quarter: the MVP Large Group HMO 2021 POS Riders filing. MVP requested an overall manual rate impact of - 3.4% for its large group members with coverage dates between 7/1/2021 - 12/31/2021. On May 7, 2021, the Board approved MVP's premium price change request as filed. The HCA appeared on behalf of Vermonters in this matter.

The Vermont Health Plan (TVHP) submitted one premium price change request decided by the Board this quarter: the TVHP Large Group filing. On February 10, 2021, TVHP submitted a premium price change request to take effect in the third quarter of 2021 for four quarters. The overall premium price change requested was -0.6%. This premium price change request was consolidated with the Blue Cross Blue Shield of Vermont (BCBSVT) Large Group premium price change request. On May 7, 2021, the Board approved an average premium change of -1.7%. The HCA appeared on behalf of Vermonters in this matter.

BCBSVT submitted two premium price change requests decided by the Board this quarter: the BCBSVT Association Health Plan filing and the BCBSVT Large Group filing. In the first premium price change request, the BCBSVT Association Health Plan filing, BCBSVT requested a premium price decrease of - 1.3% to take effect January 1, 2022. On June 1, 2021, the Board approved the premium price change request. The second premium price change request, the BCBSVT Large Group filing, was consolidated with the TVHP Large Group filing. As detailed above, BCBSVT submitted a premium price change request that to take effect in the third quarter of 2021 for four quarters. The overall premium price change requested was -0.6%. On May 7, 2021, the Board approved an average premium change of -1.7%. The HCA appeared on behalf of Vermonters in these matters.

There are four premium price change requests pending at the end of this quarter: the 2022 BCBSVT Small Group Vermont Health Connect (VHC) filing (BCBSVT Small Group); the 2022 BSBCVT Individual Group VHC filing (BCBSVT Individual); the 2022 MVP Small Group VHC filing (MVP Small Group); and the 2022 MVP Individual Group filing (MVP Individual). Collectively, these four filings are the 2022 VHC Filings. There are four filings, as opposed to two, because, for 2022, the legislature unmerged the individual and small group markets.

The BCBSVT Small Group filing impacts roughly 18,750 Vermonters. BCBSVT is requesting an average premium price decrease of -7.8%. The BCBSVT Individual filing impacts roughly 15,800 Vermonters. BCBSVT is requesting an average premium price increase of 7.9%. The MVP Small Group filing impacts roughly 21,850 Vermonters. MVP is requesting an average premium price increase of 5%. The MVP Individual filing impacts roughly 15,350 Vermonters. MVP is requesting an average premium price increase of 17%. The HCA has appeared on behalf of Vermonters in all four of these matters. Further, we will file all appropriate memoranda and other documents, in addition to appearing at hearings, to represent the interests of Vermonters in these matters.

### **Certificate of Need Review Process (SP)**

In the last quarter, the HCA entered an appearance in four Certificate of Need matters to monitor them for potential consumer protection issues. The first application was submitted by an out-of-state entity proposing to purchase and operate a Vermont ambulance company. The GMCB approved the application with reporting requirements. The second application was submitted by the Vermont Department of Mental Health and proposes to develop a secure residential mental health treatment program in Essex, Vermont. This application is still pending at the time of this report. The third application is a proposal to build a 40-bed residential substance abuse disorder treatment facility in Ludlow. The fourth application is to implement a QC Kinetics franchise for pain management. Both applications are pending Board review.

### **Oversight of Accountable Care Organizations (SP)**

The HCA participates in the Board's annual ACO budget review process. This quarter, the HCA reviewed the Board's proposed changes to its rule governing the ACO certification and budget review processes. We provided written feedback on the draft rule and met with the Board staff to discuss our comments and recommendations. Our concerns focused on transparency, improving and developing metrics for ACO performance evaluation, consumer representation, and advocating for considering policy "lessons learned" from the COVID-19 pandemic. The HCA also submitted a public comment recommending that the GMCB reject a request from a Medicare-only ACO to waive the requirements of GMCB Rule 5.400 (Board review and approval of an ACO's annual budget) and GMCB Rule 5.500 (Board's monitoring and enforcement of ACOs) for Clover Health. Clover Health is participating as a Direct Contracting Entity in CMS' Direct Contracting Model. This waiver request was denied by the Board, and the HCA agreed to the Board's request to work together with its staff to develop oversight and budgetary guidance for Medicare-only ACOs in Vermont.

### **Other 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, weekly Prescription Drug Technical Advisory subgroup meetings, and the Board's General

Advisory Committee meeting. In addition, we met with Board staff to review the status of their legislatively-mandated hospital sustainability planning.

### **Vaccine Implementation Advisory Committee**

The COVID-19 Vaccine Implementation Advisory Committee serves in an advisory role to the Commissioner of Health. It was given the charge of assisting with four primary activities including to identify and reach critical populations, promote COVID-19 vaccination, develop crisis and risk communication messaging, and to carry out the vaccine implementation plan. During this quarter, the Advisory committee met less frequently than in the previous quarter. The HCA is supportive of the Administration's move to offer COVID Vaccines to Vermont's BIPOC communities who are at increased risk due to a long history of systemic racism that has resulted in unequal access to our health care system and other social determinants that increase their risks. We also joined with other members of the committee in recognizing substantial successes in getting a high percentage of Vermonters vaccinated.

### **The Medicaid and Exchange Advisory Committee**

The HCA participated in three meetings this quarter. The content of this quarter's meetings was primarily focused on the impacts of the American Rescue Plan Act on Vermont's Medicaid and Exchange programs. In addition to this focus on the programmatic changes, the Advisory committee also focused on the question of how best to communicate these changes to Vermonters. The Advisory committee also spent time understanding the planned changes to premium processing and considered how best to help Vermonters understand this change.

### **Legislative Advocacy**

The HCA continued to advocate for Vermonters in the new landscape of a fully-remote Legislative session. In addition to weighing in on policy matters, the HCA continued our supportive role, helping legislators in their role of assisting Vermonters who are having a hard time managing the complexity of our health care systems of care and health finance systems.

During this quarter, the HCA continued our legislative advocacy on the proposal to expand Dr Dynasaur-like coverage for children and pregnant individuals who are not eligible for coverage due to their immigration status. We continued to play a supportive role as the bill worked its way through the Senate and the Governor's signature. This included the ongoing communications and organizing of a stakeholder group that continued to grow as the bill moved through the legislative process.

Through the end of the session the HCA also continued our work on the initiative to divide the individual and small group QHP marketplace for the 2022 plan year. As the session moved toward a close, the coalition of supporters of this effort grew to include both carriers in the QHP marketplace as well as the Scott Administration and the business community. The initiative finally landed as section 34 of S.88, and upon the Governor's signature became Act 25.

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## Collaboration with Other Organizations

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

- American Civil Liberties Union of Vermont
- Bi-State Primary Care
- Blue Cross Blue Shield of Vermont
- Department of Financial Regulation
- Economic Equity Fund Group/Vermont Community Foundation
- Families USA
- Georgetown University Health Policy Institute
- IRS Taxpayer Advocate Service
- 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
- RISPnet Group
- Rural Vermont
- South Royalton Legal Clinic
- Spectrum Youth and Family Services
- SHIP, State Health Insurance Assistance Program
- United States of Care
- 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 Medical Society
- Vermont Workers' Center
- You First

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## Increasing Reach and Education Through the Website

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

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

### Popular Web Pages

\* means the page moved into the top 20 this quarter

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

1. *Income Limits - Medicaid* – 2,443 pageviews
2. *Health* - section home page – 1,480
3. *Dental Services* – 710
4. *Services Covered – Medicaid* – 513
5. *Long-Term Care* – 439
6. *Medicaid* – 419
7. *News: Coronavirus and Long-Term Care* – 364
8. *Resource Limits - Medicaid* – 337
9. *HCA Help Request Form* – 302 pageviews and 102 online help requests
10. *Medicaid, Dr. Dynasaur & Vermont Health Connect* – 286
11. *Medicare Savings Programs* – 282
12. *Vermont Health Connect* – 269
13. *Choices for Care* – 240
14. *Dr. Dynasaur* – 213
15. *Federally Qualified Health Centers* – 210
16. *Advance Directive forms* – 207
17. *Choices for Care Income Limits* – 205
18. *Transportation for Health Care* – 205 \*
19. *Medical Decisions: Advance Directives* – 196
20. *Vermont Long-Term Care Ombudsman Project* – 154

This quarter we had these additional news items:

- *News: You May Be Eligible for New Financial Help for Health Insurance* – 189
- *News: Coronavirus SEP for Vermont Health Connect* – 128

## Outreach and Education

The Office of the Health Care Advocates' (HCA) ability to conduct in-person outreach activities was limited this quarter because of the COVID-19 pandemic. To better meet the needs of Vermonters during this time, our office used virtual platforms to connect community members, with accurate and accessible information about health insurance eligibility and health care policy.

Many of the HCA's outreach activities this quarter focused on informing and educating Vermonters about the increased financial help that is available through Vermont Health Connect (VHC), as a result of the American Rescue Plan Act (ARPA).

We partnered with **14 organizations and participated in 10 outreach presentations** to provide Vermonters and direct service providers with accurate and accessible information on insurance eligibility health care policy.

The HCA partnered with a variety of stakeholders to distribute outreach material and host legal education events.

We co-hosted two education events with **Let's Grow Kids** and the **Vermont Association for the Education of Young Children**. The first webinar on **May 18<sup>th</sup>** provided 15 attendees with consumer education on the free services that are available through the HCA. The second webinar in this series took place on **June 9<sup>th</sup>**. During this hour-long event, attendees learned about Dr. Dynasaur eligibility and the increased financial help that is available through Vermont Health Connect because of ARPA. Participants had the opportunity to ask questions live, and in total, 28 individuals attended this presentation.

On **May 19<sup>th</sup>** the HCA's Helpline Director and the Communications Coordinator gave a virtual presentation to 33 members of the **Department of Vermont Health Access's Assistor team**. This educational event focused on providing this group with information about the advocacy services that are available through the HCA and how individuals and assistors could access our services.

From **May 15<sup>th</sup> - June 23<sup>rd</sup>** the HCA also collaborated with the **New American Pediatric Clinic, Planned Parenthood of Northern New England, the Open Door Clinic, UVM's Clinical Social Work Team, and Bridges to Health**, to host education events and stakeholder meetings to build a stronger referral relationship and provide consumer education on health insurance eligibility in Vermont. This collaboration has helped our office connect with an array of Vermonters who often have urgent access to care questions.

On **June 3<sup>rd</sup>**, Mike Fisher, the Chief Health Care Advocate, attended **Emily Kornheiser's zoom/cable access television show**. We discussed new opportunities for Vermonters to get health insurance with increased subsidies given the American Rescue Plan Act. Also discussed was the HCA's Helpline and its availability to all Vermonters, as well as the major regulatory activities taking place this summer.

The HCA developed and distributed outreach material targeted at restaurant staff to connect this population with information about the increased financial assistance that is available through Vermont Health Connect for those who received unemployment in 2021. The HCA also used social media to communicate with Vermonters about recent changes to health insurance eligibility criteria and increased financial help. We used targeted ads through Facebook to connect over 1,000 Vermonters with information about Act. 48. In addition, the HCA used Front Porch Forum to reach 515 Vermonters and spread the word about the educational videos our office developed regarding VHC and ARPA.

### **Promoting Plain Language in Health Communications**

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

- **IFC second draft**
- **ARPA Missing Data Notice**
- **ARPA NOD for Existing QHP enrollees**
- **ARPA Notice for Non-Financial Assistance**
- **VHC Open Enrollment Stuffer**

#### **Office of the Health Care Advocate**

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