
Vermont Legal Aid
Office of the Health Care Advocate

Quarterly Report
April 1-June 30, 2023
to the
Agency of Administration
submitted by
Michael Fisher, Chief Health Care Advocate
Office of the Health Care Advocate

July 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 Helpline now has eight advocates working to resolve issues and answer questions.

The HCA opened 859 cases this quarter (897, the previous quarter). In this past quarter, Vermont Health Connect (VHC) re-started its Medicaid eligibility reviews. Reviews and closures for Medicaid and other state health care programs had been paused for three years during the COVID public health emergency. This quarter, the HCA focused on increasing public awareness and understanding about the review process. We want to help consumers understand their health care options and prevent the loss of health care coverage. For enrollees new to Medicaid in the last three years, the review process will be unfamiliar.

When doing our Medicaid renewal outreach, the HCA worked to increase language access. The HCA partnered with the Vermont Language Justice Project to produce a short video titled “Open the Envelope,” which discussed Medicaid renewal notices. These videos were translated into 17 different languages, and they have been collectively viewed over 1,236 times on YouTube and Facebook.

The HCA has also worked to keep its own website updated with renewal information. This past quarter—we had 1305 page views of our webpage on Medicaid limits, and 593 pageviews of the webpage about VHC, Medicaid and Dr. Dynasuar. Our news item titled “Medicaid renewals Re-started” had 500 pageviews. In addition to calling, Vermonters can contact the Helpline on our website, and this past quarter we had 131 online help requests.

During the quarter, more consumers started to call with questions about their health care options, and what they should do if they were found ineligible for Medicaid. The HCA Helpline provided consumer education about the renewal process, and we saw an uptick in calls on VHC renewals, Medicaid renewals, eligibility for Special Enrollment Periods, and Eligibility for Premium Tax Credit. We expect to see increased eligibility calls in the coming quarters. We also spoke to another 158 households about all types of Medicaid eligibility and applying for DVHA programs. The HCA advocates also participated in multiple outreach events. In addition, the HCA did a training

Theo called the HCA because he missed his enrollment period for his employer insurance. His employer was telling him that he would have to wait until the next year to enroll. Theo had a chronic medical condition that requires multiple prescriptions, so he could not wait almost a year to get onto coverage. The HCA advocate explained that Vermont Health Connect (VHC) has a new special enrollment period (SEP) that allows you to enroll outside of the open enrollment period if you are under 200 percent of the federal poverty level (FPL). Theo was under the 200 FPL income limit, so he could use the SEP to enroll. However, because he had an offer of employer insurance, he was not eligible for subsidies to help for his premiums. Even though he had not actually signed up for the employer plan, the offer made him ineligible for subsidies. He could not afford the premiums without a subsidy. But the HCA advocate also found that Theo’s income was not that far above the Medicaid limit. She advised him that he could lower his monthly income by opening a traditional IRA account. By contributing to the IRA, his income was lowered, and he would be Medicaid eligible. Theo opened the account, and was able to get onto Medicaid, allowing him to get his prescriptions.

about the end of the public health emergency and the Medicaid review process, for the rest of Vermont Legal Aid and Legal Services Vermont.

The HCA is also doing focused consumer education for Medicare eligible Vermonters. During the PHE, many Vermonters who became Medicare eligible stayed on Medicaid for Children and Adults. Normally, once you become Medicare eligible, you lose eligibility for Medicaid for Children and Adults and need to transition to a different type of Medicaid, Medicaid for the Aged Blind and Disabled (MABD). MABD has lower income requirement and resource rules, and so many people who are eligible for Medicaid for Children and Adults, will be over-income for MABD. During the PHE, because VHC was not reviewing or closing Medicaid, many Medicare eligible Vermonters stayed on MCA. Some Medicare eligible Vermonters also did not sign up for Medicare Part B when they became eligible because they were still on Medicaid for Children and Adults. This year, there are new special enrollment periods for exceptional circumstances for Part B enrollment, including one that gives you an SEP after you lose Medicaid coverage. See [SSA - POMS: HI 00805.385 - Exceptional Conditions Special Enrollment Period \(SEP\) for Termination of Medicaid Eligibility - 12/20/2022](#)

This new SEP will help Vermonters who did not enroll on Part B because they were still on Medicaid due to the PHE. The HCA is also working with community partners to assist Vermonters as they transition to new coverage. The new Medicare SEP will also mean people can enroll without a gap in their health coverage, and that they will not have late enrollment penalty.

The HCA is continuing its work to increase Medicare affordability for all Vermonters. We continue to advocate for increasing the income limits for Medicare Savings Programs (MSPs). The MSPs pay for Medicare Part B premiums, and in some cases pay Medicare cost-sharing. By increasing the income limits, more Vermonters would be able to access the medical care they need. Last quarter, we spoke to 175 households about Medicare eligibility, affordability, enrollment, and consumer education questions. The HCA is laying the foundation for a focused outreach to Vermonters who are on Medicare to gather their stories and understand how affordability impacts their access to care.

The HCA policy team also spent time this quarter preparing for the insurance rate review process. The HCA will be working to make sure the voices of individual Vermonters are heard in the process. We are working to engage more individuals and small business owners. The HCA will again focus on affordability, and how the rate of annual increases is not sustainable for individuals or small businesses in Vermont.

Case Stories:**Ava's Story:**

Ava called the HCA because she was having trouble getting healthcare in Vermont. She moved to Vermont from another state, where she had coverage on a plan from the state marketplace for herself and her kids. But, she was having trouble applying on VHC, and one of her kids had high health needs. She was so frustrated that she was thinking of leaving the state. The HCA advocate investigated and found that the application had been denied. VHC had denied the application because of lack of income verification. The HCA advocate discovered that Ava did not have any countable income. One of the children received SSI, but that does not count as income for Medicaid. Ava also received child support, but that is also not considered countable income for MCA and Dr. Dynasaur. Ava was eligible for Medicaid and the kids for Dr. D. If you have no income, you can attest to that with VHC, and the HCA advocate helped Ava to attest that the household did not have income. The application was processed, and the whole family was able to get on coverage.

Vera's Story:

Vera called the HCA because VHC was telling her that she did not have a special enrollment period to enroll on a VHC plan. Without a special enrollment, Vera would be without coverage for the rest of the year. The HCA advocate investigated Vera's situation. Earlier in the year, Vera left her job, and enrolled on COBRA. COBRA allowed her to have a continuation of her employer health insurance after she left her job. Her employer had agreed to subsidize the COBRA coverage for several months. Typically, COBRA is very expensive, and Vera could not afford it without help from her former employer. When the employer subsidy ended, she applied on VHC and was denied the SEP. The HCA advocate explained to Vera that this was an error. There is a special enrollment period for Vera's situation, when someone loses assistance paying for COBRA. The HCA advocate pointed out the error to VHC, and it agreed to reverse its decision and allow Vera to enroll on a plan. This meant Vera was able to get onto a VHC plan, and she would not have a gap in her insurance coverage.

Hayden's Story

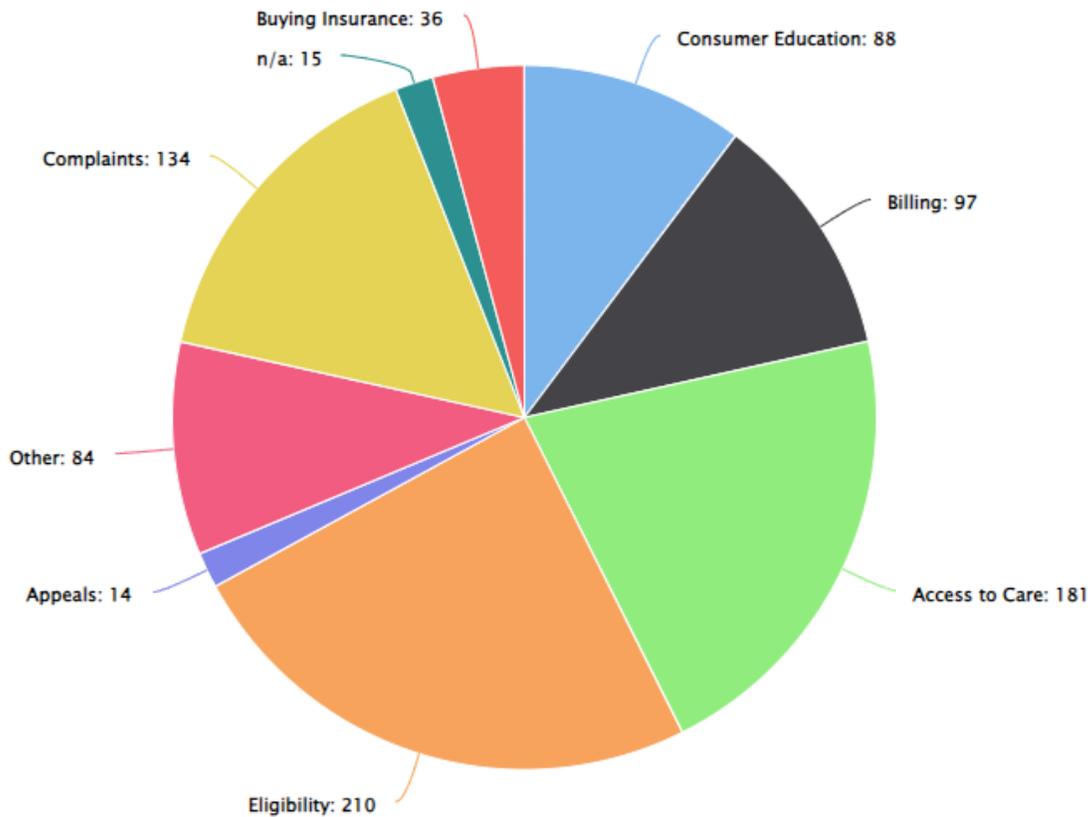
Hayden called because he received a notice from VHC about his Medicaid coverage. This quarter, VHC re-started Medicaid reviews, after a three-year pause due to the COVID Public Health Emergency (PHE). Hayden was on Medicaid for Children and Adults during the COVID PHE. During the PHE, he also turned 65 and enrolled on Medicare. Normally, when you become eligible for Medicare, you lose your eligibility for Medicaid for Children and Adults. The type of Medicaid that works with Medicare is called Medicaid for Aged, Blind and Disabled (MABD). MABD has much lower income limits, and it also has resource limits. Often people who are eligible for Medicaid for Children and Adults find out that they are over-income or over-resourced for MABD. Once the reviews re-started, Hayden's MCA coverage was going to end. The HCA advocate guided Hayden through the renewal process, and explored with him the programs that he would be eligible for. Hayden was going to be over-income for MABD, but she explained how he could apply for a Medicare Savings Program to help pay for Medicare Part B premiums. During the PHE, Hayden also had not signed up for a Medicare Part D plan. The HCA advocate explained that the closure of his Medicaid would mean that he would have a special enrollment period for a Part D plan. He was also going to be eligible for VPharm, which would help pay for his Part D premiums.

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 859 calls this quarter. We assign cases a primary issue, depending on the nature of the legal issue. Normally, we have more Eligibility and Access to Care cases than the other issues, and that was true this quarter. Callers’ primary issue category were as follows:

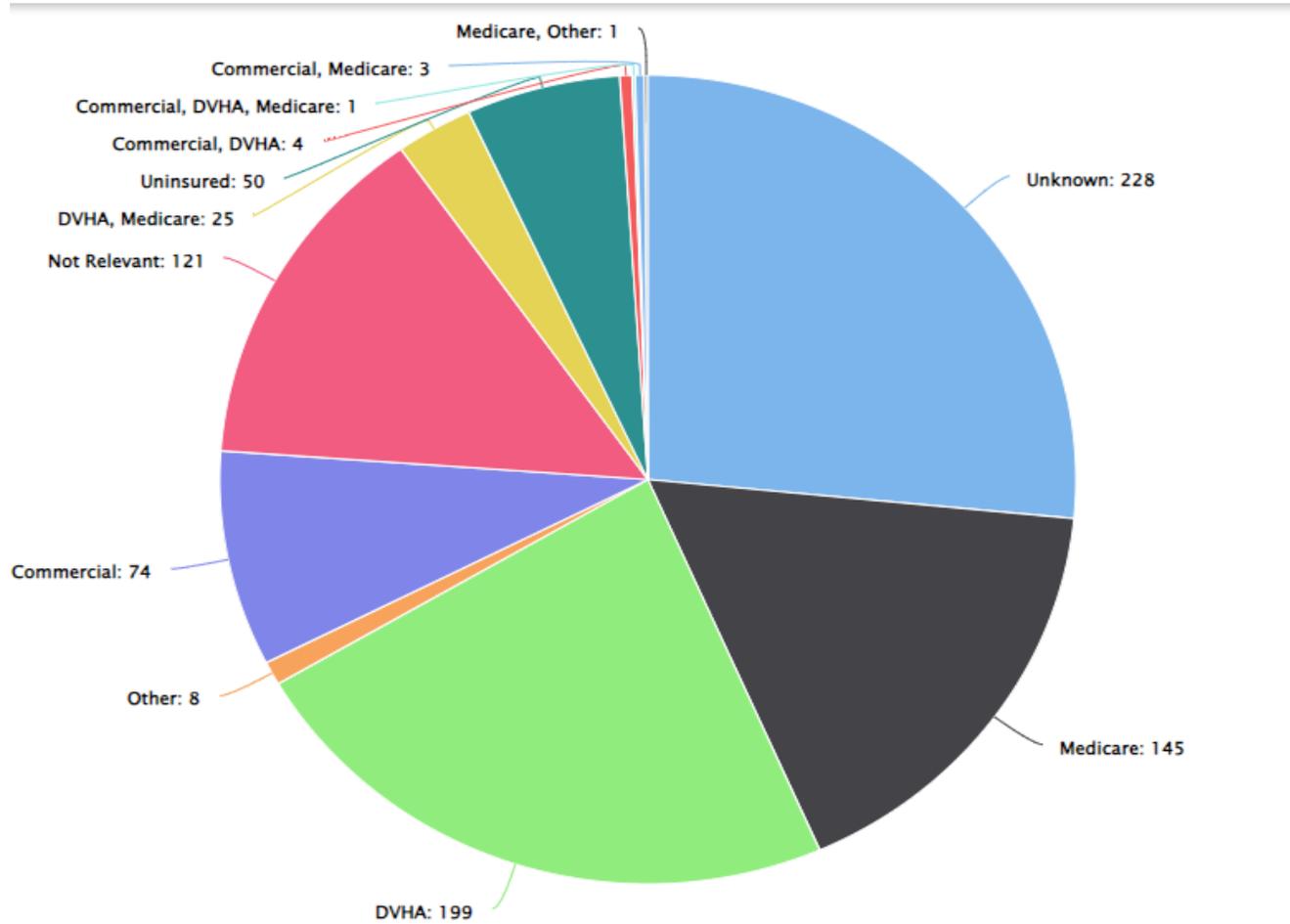
Chart: Q2 FY2023 Caller Primary Issue Category



** 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 also tracks its callers by insurance category. We don't collect insurance information for every case, because sometimes it is not always relevant to the caller's issue.

Table: Insurance Coverage for Q2 FY2023 Callers for whom Insurance Coverage



The top issues Q2 FY2023 callers had were:

Table: Top Ten Primary Issues of Q2 FY2023

1. **Complaints-Provider 83**
2. **Eligibility for Medicaid-MAGI 79**
3. **Access to Care -Dental & Dentures 37**
4. **Access to Care -Prescription Drugs 31**
5. **Complaints-Hospital 30**
6. **Eligibility Medicaid-Non-MAGI 24**
7. **Consumer Education-Medicare 20**
8. **Consumer Education-Info/Applying for DVHA Programs 19**
9. **Billing-Hospital Billing/Financial Assistance 19**
10. **Buying Insurance-VHC-17**
11. **Consumer Education-General Questions about Insurance-17**

Overall Cases Resolution Q2SFY2023

HCA tracks how it resolves its cases. A complex intervention means that the Advocate spent more than two hours on the case. A direct intervention means that the HCA Advocate made at least one call on behalf of the client.

Case Outcomes Q2FY2023

Brief Analysis and or Advice	383
Direct Intervention	44
Complex Intervention	56
Brief Analysis and or Referral	280
Case Still Open by the End of the Quarter	49
Duplicate Case	26
Other	12
Client Withdrew	4
Test Case	1

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 decided on one premium price change request during the quarter from April 1, 2023, through June 31, 2023. Six premium price change requests were pending at the close of the quarter.

On May 11, 2023, the Board issued a Decision and Order related to the 2024 Blue Cross and Blue Shield of Vermont (BCBSVT) Large Group Filing. BCBSVT requested a price increase of 10.8% for this block of business. The Board approved a 9.8% price increase. The HCA appeared on behalf of Vermonters in this matter and took all appropriate actions to represent the best interests of Vermonters in this matter.

There were six premium price change requests pending at the close of this quarter. Four of these pending filings are the 2024 Vermont Health Connect (VHC) filings: the 2024 BCBSVT Small Group VHC filing (BCBSVT Small Group); the 2024 BCBSVT Individual Group VHC filing (BCBSVT Individual); the 2024 MVP Small Group VHC filing (MVP Small Group); and the 2024 MVP Individual Group VHC filing (MVP Individual). For 2024, as was the case in 2022 and 2023, there are four filings instead of two, because the legislature opted to keep the individual and small group markets unmerged for another year.

The BCBSVT Small Group filing impacts roughly 21,943 Vermonters and BCBSVT is requesting an average premium price increase of 14.5% for this book of business. The BCBSVT Individual filing impacts roughly 18,517 Vermonters and BCBSVT is requesting an average premium increase of 15.5% for this book of business. The MVP Small Group filing impacts roughly 16,262 Vermonters and MVP is requesting an average premium increase of 12.5% for this book of business. The MVP Individual filing affects roughly 11,602 Vermonters and MVP is requesting an average premium price increase of 12.8% for this book of business. The HCA has appeared on behalf of Vermonters in all four of these matters. Further, the HCA will file all appropriate memoranda and other documents. In addition, the HCA will appear at the hearings on these matters to question the carriers' witnesses and provide affirmative testimony in its role representing the interests of Vermonters in proceedings before the Board.

The two other premium price change requests pending at the close of the quarter are the BCBSVT Association Health Plan filing and the BCBSVT Large Group Unit Cost Trend filing. The HCA has appeared in both matters and will continue to take all appropriate actions to represent the best interests of Vermonters in the matters.

Hospital Budgets

The HCA is currently reviewing FY24 hospital budget submissions in preparation for annual hearings conducted by the GMCB in August. Given the high charge requests again this year, the HCA plans to raise concerns rooted in lack of affordability for Vermonters and Vermont families.

Certificate of Need Review Process

The HCA has statutory authority to assert interested party status in certificate of need (CON) proceedings before the GMCB. The HCA continues to advise the GMCB as they review a CON application by University of Vermont Medical Center (UVMCC) 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 continues to provide both written and oral comments as a part of the FY23 OneCare Vermont (OCV) budget hearing process, the FY24 budget guidance process for OneCare Vermont, and the FY24 Medicare-Only ACO budget guidance. 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.

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, The Vermont 1115 Global Commitment Waiver, CAHPS Survey, Durable Medical Equipment access, The Camden Coalition work in Vermont and the Health Benefits Eligibility and Enrollment HBEE Rule Revisions.

Legislative Advocacy

This quarter included the conclusion of the first year of the Legislative Biennium. The Chief Advocate spent considerable time this quarter engaging with new and incumbent legislators to make sure they are aware of the HCA as a resource for their constituents, as well as promoting an agenda that 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 passed the House and Senate, was vetoed by the Governor and the legislature overrode the Veto.

[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 House and was signed by the Governor.

[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 remained in House Government Operations at the end of the session.

[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 the House and was signed by the Governor.

[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 remained in House Health Care at the end of the session.

[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. The language of S.79 was attached to H.206 in the Senate and passed through all stages with that bill.

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 recently worked with the following organizations:

- American Civil Liberties Union of Vermont
- All Copays Count Coalition
- Bi-State Primary Care
- Blue Cross Blue Shield of Vermont
- Committee on Vermont Elders
- Department of Financial Regulation
- Families USA
- The Family Room
- The Howard Center
- 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
- Parent University
- 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 Cheese Council
- Vermont Department of Health
- Vermont Department of Taxes
- Vermont Health Connect
- Vermont Health Care for All
- Vermont Interfaith Action (VIA)Vermont Language Justice Project
- Vermont Medical Society
- Vermont – NEA
- Vermont Professionals of Color Network
- 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. *Health* - section home page – 1,666
2. *Dental Services* – 1,529
3. *Income Limits - Medicaid* – 1,305 pageviews
4. *Medicaid, Dr. Dynasaur & Vermont Health Connect* – 593
5. *Medicare Savings Programs* – 467
6. *Long-Term Care* – 429
7. *Dr. Dynasaur* – 386
8. *Medicaid* – 385
9. *Medical Decisions: Advance Directives* – 385
10. *Resource Limits - Medicaid* – 382
11. *Services Covered – Medicaid* – 377
12. *HCA Help Request Form* – 346 pageviews and 131 online help requests
13. *Advance Directive forms* – 345
14. *Federally Qualified Health Centers* – 222
15. *Choices for Care Income Limits* – 221
16. *Medicaid and Medicare (Dual Eligible)* – 219 *
17. *Vermont Health Connect* – 219
18. *Choices for Care Giving Away Property or Resources* – 214
19. *Complaints About Doctors and Other Providers* – 214 *
20. *Choices for Care* – 194

This quarter we had these additional news items:

- *Medicaid Renewal Process Starts Again in April* – 500 pageviews
- *Your Benefits and the Public Charge Rule for Immigration* – 26

Outreach and Education

The Office of the Health Care Advocates (HCA) engaged in both in-person and virtual outreach activities this quarter. The HCA engages with Vermonters via social media, partnering with community organizations to develop referral relationships, outreach presentations, the circulation of virtual education videos, and legal clinics. Our office prioritized raising the visibility of our Helpline through a variety of different platforms to ensure that we are reaching Vermont residents from different geographic, language, and age demographics.

From April to June of 2023, we partnered with 22 organizations and participated in 16 outreach presentations as a means of providing accurate and accessible information on insurance eligibility and health care policy. Some of these organizations included the:

- Vermont Worker’s Center
- Parent University
- The Family Room
- The Vermont Cheese Council
- The Howard Center
- Vermont Language Justice Project
- Vermont Professionals of Color Network

Much of our outreach efforts this quarter were focused on spreading accurate and accessible information related to the Medicaid renewal process. Our approach to this work included the delivery of outreach presentations, the development of streamlined referral systems, and the distribution of messaging toolkits.

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 topics. Our messaging primarily highlighted new special enrollment periods for Qualified Health Plans, expanded Dr. Dynasaur postpartum coverage, and Medicaid dental access.

To prioritize language access in our Medicaid renewal outreach, we partnered with the Vermont Language Justice Project to produce a short video titled “Open the Envelope,” which discussed Medicaid renewal notices. These videos were translated into 17 different languages, and they have been collectively viewed over 1,236 times on YouTube and Facebook.

The HCA also provided in-person case support through a legal help clinic. These clinics were developed in collaboration with Vermont Legal Aid and the Old North End Community Center. The Old North End Community Center houses 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.

Additionally, the HCA participated in tabling events in Chittenden and Washington County to expand our office’s name recognition through in-person connections. On April 29th, members of our Advocacy Team participated in the spring Mexican Consulate event in Montpelier. This event enabled us to make

connections with Vermont residents who immigrated from Mexico. We were able to provide this population with information about our office's services and consumer education on insurance eligibility and patient financial assistance. On May 25th, we participated in a community resource series in collaboration with Parent University, the Burlington Electric Department, and Energy Efficiency Vermont. The primary audience of this series were Burlington residents with language needs. This outreach event enabled us to connect with these individuals so they could become familiar with their services.

Office of the Health Care Advocate

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

<https://vtlawhelp.org/health>