

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

Quarterly Report  
January 1-March 31, 2025  
to the  
Agency of Administration  
submitted by  
Michael Fisher, Chief Health Care Advocate  
Office of the Health Care Advocate

April 21, 2025



## 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 838 cases this quarter (940 the previous quarter). During this quarter, VHC's Open Enrollment ended. (January 15), so we had quite a few calls from consumers with questions in the final two weeks. We again advised consumers on how they could save money in 2025. We also sent a postcard again to remind consumers that they could save money by switching plans. (See the next page for a photo of the postcard) We also talked to 121 households about Medicaid eligibility.

It was also the start of the Medicare General Enrollment period and the Medicare Advantage Open Enrollment Period. We talked to 28 households about Medicare consumer education issues and enrollment rules, and 27 households about eligibility for Medicare Savings Programs which reduce the out-of-pocket costs of Medicare. On our website, our Dental page had over 1800 pageviews and our pages on Medicaid limits had 1300 pageviews. We talked to 21 consumers about access to dental and orthodontic care this quarter.

For many years, the HCA has expressed strong concerns about the instability of Vermont's health care financing systems. Today, it is not an overstatement to say that our healthcare system is fragile and teetering on a precipice. Whether you look at it from the consumer, provider, or payer perspective, today's challenges confirm our worst fears about the vulnerability of the state's health care system. We remain concerned about federal cuts and changes to the enrollment rules on Vermont Health Connect. In the next year, the whole state's health care could be negatively impacted. While there is a broader recognition of this risk today, concrete steps to stabilize our finances remain elusive. The HCA is deeply concerned that a crisis could develop in the current year that would greatly impact Vermonters' access to care, hurt Vermont's economy, and at its worst make Vermont a place where people cannot choose to live if they have real health care needs. Our call volume already reflects Vermonters' ongoing struggles to access care. We spoke to 46 households this quarter about accessing prescription drugs, and another 16 households who were having issues accessing primary and specialty care.

### Jade's Story:

Jade called the HCA because she could no longer afford her health care premium of over \$800 per month. She was on a Vermont Health Connect plan, but she was not getting any financial assistance paying for it. After speaking with Jade, the HCA advocate learned that Jade had separated from her spouse. The spouse had moved out of state. They were not sharing financial expenses. Jade was not in contact with her spouse, but their divorce was also not final. She was also not currently working and had significant medical needs. Under the Medicaid rules, Jade qualified as a household of one, even though her divorce was not yet final. She was living apart from her spouse, and they did not intend to file their taxes jointly. Since she was a household of one, that meant only Jade's income was counted when VHC screened her for Medicaid. The HCA advocate helped Jade report her change of household status and update income and be screened for Medicaid. She was found eligible for Medicaid. The change from being on a VHC plan to Medicaid, meant that Jade was going to save nearly \$10,000 a year premium alone.

Below is an example of the postcard we mentioned on the prior page.

During the first week of January, we sent a second round of postcards, reminding enrollees that they had the opportunity to switch plans and save money in 2025. We spoke to 38 households about buying plans on VHC and 12 households about special enrollment periods, and over a hundred households about Medicaid eligibility.



**Case Stories:****Pippa's Story:**

Pippa called the HCA after she was terminated from her VHC plan. She did not understand how she could have been terminated. She had not received any notices that she was behind paying her premiums. She also thought that she was paying her premiums with autopay. Now she was facing going without coverage and many thousands of dollars of unpaid medical claims. Since Pippa received APTC (Advance Premium Tax Credit) to help pay for her premiums, she should have received three grace period notices before her plan was closed. When the HCA advocate investigated with the carrier, she found that only two of the three notices had been sent before Pippa's plan had been terminated. Because the carrier did not follow the notice rules, the carrier reinstated Pippa's coverage after she paid her premiums. The HCA advocate also discovered that the carrier had an old address for Pippa, which explained why she did not get the first two notices. Pippa updated her address with VHC. Additionally, Pippa learned that her autopay had not been working properly, which explained why her premiums were not getting paid on time. With her insurance reinstated, and her address and autopay fixed, Pippa did not expect any more issues with her VHC plan going forward.

**Tristan's Story**

Tristan called the HCA because he suddenly found himself without insurance. He lost his job at the end of 2024 and used a special enrollment period (SEP) to enroll on a Vermont Health Connect plan. He was eligible for APTC, which meant he could get a plan with a low monthly premium. He had paid his first premium, and thought he was all set. However, he did not get a second premium bill. When he called VHC in 2025 after Open Enrollment had ended, he was told he had no insurance, and that he would need to wait until Open Enrollment for 2026 to enroll in a plan. When the HCA advocate investigated, she found that Tristan had been enrolled at the end of 2024. But for some reason, there was a glitch, and his enrollment was not auto renewed. This meant it looked like he had one solitary month of coverage, instead of continuing coverage into 2025. That explained why he had only paid for the one month of coverage and had not received additional premium bills after the first one. VHC was able to correct the issue, which meant that Tristan coverage was reinstated, and that he had active coverage started from his date of enrollment with his special enrollment period and was renewed into 2025.

**Lester's Story**

Lester called the HCA because he could not afford the costs of his prescriptions. When the HCA advocate researched his Medicare enrollment, she found that Lester was on Medicare Parts A and B, but he had not signed up for Part D when he was first eligible for Medicare, which meant he had no prescription coverage. It was also outside the Open Enrollment Period for Part D, which meant he could not sign up for a plan. The advocate explored whether Lester would be eligible for Medicaid for Aged, Blind and Disabled (MABD), but he was over-income for that program. However, the advocate found that Lester would be income eligible for VPharm, the state pharmacy assistance program, that helps with Part D premiums and co-payments. You, however, cannot get on VPharm without a Part D plan. But the HCA advocate advised him to apply for VPharm anyway. When he applied, he would get a denial telling him that he was income eligible but could not get on VPharm because he was not enrolled on a Part D plan.

The HCA advocate explained that Lester could use that denial, showing that he was income eligible for a State Pharmacy Assistance Program (VPharm), to get an SEP for a Part D plan. Following the HCA's advice, Lester was able to enroll in a Part D plan with that SEP, and once he was enrolled on the Part D plan, he was then able to get on VPharm. VPharm can help with the monthly Part D premium and will reduce the copayments to \$1 to \$2.

**Willow's Story:**

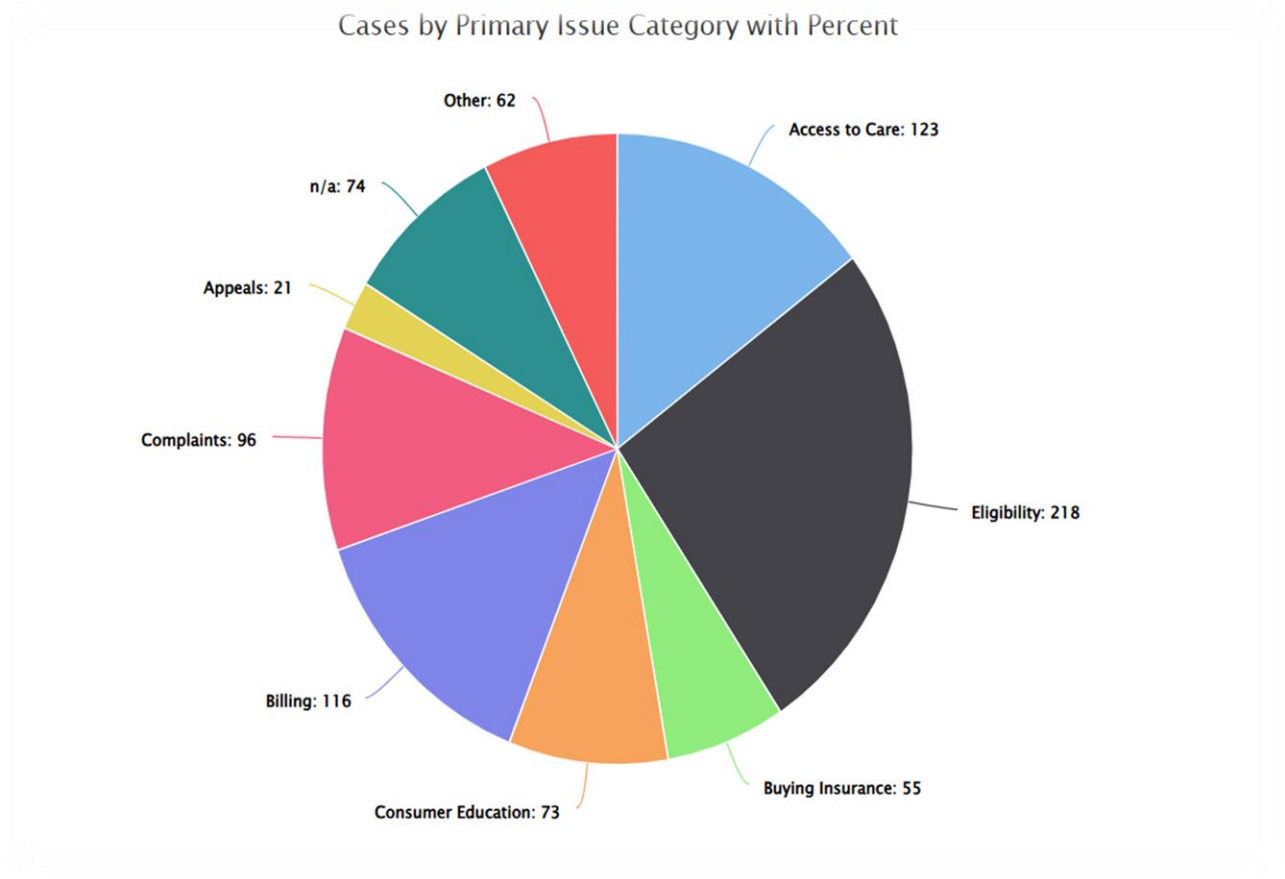
Willow called the HCA after she found out that her two grandchildren did not have any healthcare coverage. Both grandchildren lived with her, and she took them to the dentist, expecting the visit to be covered by Dr. Dynasaur. However, neither child had active coverage. She called the HCA for help resolving the issue. The HCA advocate found both children were correctly listed in Willow's household, but they had no active coverage. The Dr. Dynasaur had recently been closed. The HCA advocate discovered that the Dr. Dynasaur renewal paperwork had been mailed to an incorrect address. This meant that Willow did not get the renewal paperwork, and the children's coverage had been closed because she did not respond to the renewal paperwork. The HCA advocate helped Willow complete the renewal, and both children were approved for Dr. Dynasaur for another year. This meant that their recent dental appointments would be covered by Dr. Dynasaur.

## 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.

**Primary Issue**

The HCA received 838 calls this quarter. We assign cases a primary issue, depending on the legal issues. We had more Eligibility and Access to Care cases than the other issues, which is a normal pattern of calls for the HCA. We also had a considerable amount of consumer education and buying insurance cases, which reflect that we were getting calls about both VHC and Medicare Open Enrollment Periods. We continue to get many calls about provider complaints. 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 Callers' primary issue category.



### Insurance Type:

The HCA also tracks its callers by insurance category. We do not collect insurance information for every case because sometimes it is not always relevant to the caller's issue. This quarter DVHA and Medicare cases made up over half of all cases (432/838).

## Number of Cases by Insurance: January 1 to March 31, 2025

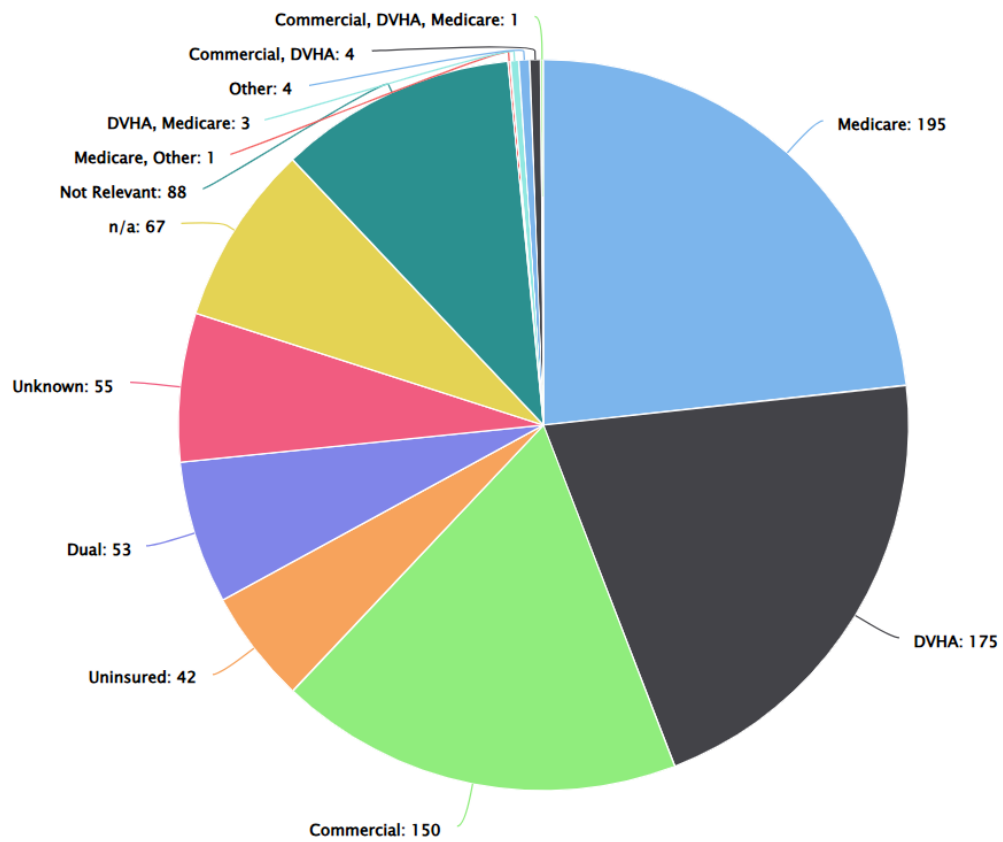


Table: Top Ten Primary Issues: January 1 to March 31, 2025

All Cases: 838

**All Cases: Top Ten Primary Issues**

1. Eligibility for MAGI Medicaid: 89
2. Provider Complaints & Medical Malpractice: 72
3. Access to Care Prescription Drugs: 43
4. Buying Health Insurance: 38
5. Consumer Education Medicare: 28
6. Eligibility Medicare Savings Programs: 27
7. Access to Care Dental, Dentures, Orthodontics: 21
8. Eligibility-Non-MAGI Medicaid: 20
9. Complaints Hospitals: 16
10. Eligibility Premium Tax Credit: 14

**DVHA Cases: total of 183 of 838 total cases**

Top Five Primary Issues

1. Eligibility for MAGI Medicaid: 60
2. Consumer Education Medicare: 8
3. Buying Insurance: QHP-VHC: 8
4. Complaints Provider: 7
5. Eligibility: Non-MAGI Medicaid: 5
6. Access to Care Prescription Drugs: 5

**Uninsured Cases: 42 out of 838 cases**

Top Three Primary Issues

1. Eligibility for MAGI Medicaid: 16
2. Buying Insurance: QHP-VHC: 5
3. Eligibility for Special Enrollment Period: 48

**Commercial Cases: total of 155 out of 838 cases**

Top Three Primary Issues

1. Buying Insurance QHP-VHC: 25
2. Hospital Billing: 10
3. Eligibility Premium Tax Credit: 9

## Overall Cases Resolution

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: January 1 to March 31, 2025.

Brief Analysis and or Advice	399
Direct Intervention	84
Complex Intervention	30
Brief Analysis and Referral	225
Inquiry Answered During Initial Call	0
Duplicate Case	9
Other	13
Client Withdrew	1

## Highlights of HCA

During this quarter, we provided 538 households with consumer education. We helped 56 households estimate their eligibility for insurance or get onto coverage. We assisted eight households with their health insurance applications. We helped with ten applications for the Immigration Health Insurance Plan and Emergency Medicaid. We saved consumers \$1,292,257 this quarter.

## Consumer Protection Activities

### Rate Review

The HCA reviews and analyzes all carrier requests to the Green Mountain Care Board (Board) to change commercial health insurance premium prices. The Board did not decide on any premium price change requests during the quarter from January 1, 2025, through March 31, 2025. One premium price change request was pending at the close of the quarter.

## Hospital Budgets

The HCA continues to advocate that the Board exercise its provider rate setting – specifically referenced-based pricing to address Vermont’s affordability and financing crisis. The HCA provided recommendations to the GMCB regarding their FY26 hospital budget guidance and has testified

numerous times to the legislature on proposed bills to improve hospital budget regulation. The HCA also continues to advocate for hospitals to fully comply with Act 119 – which standardized patient financial assistance policies.

### **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 participated in the CON hearing for Southwestern Vermont Medical Center, Development of Adolescent Inpatient Medical Health Unit (GMCB-014-23con), which was ultimately approved by the GMCB. The HCA continues 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 review submissions from OneCare Vermont to the Green Mountain Care Board as they move to sunset operations in FY2026.

### **Additional Green Mountain Care Board and other agency workgroups**

The HCA attended the GMCB's weekly board meetings, monthly Data Governance meetings and several other legislatively established workgroups focused on affordability and access.

### **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 Open Enrollment Wrap-Up, Budget Adjustment recommendations, FY26 Budget recommendations, DME access, Open Forum on Federal Updates, Legislative update, 1115 Waiver Public Forum. The committee also discussed AHEAD and CCBHC models, discussion about the Marketplace Affordability Report, electing new committee leadership, and updating the committee's by-laws.

### **Vermont Legislature**

The beginning of this quarter marked the beginning of a new biennium in the Vermont Legislature. The HCA played an active role daily in the committee process as well as working with legislators on the development of bills and responding to questions from legislators and legislative staff. We worked on many bills related to the CON process, medical debt, regulation of hospitals and health networks, a rewrite of the HCA statutes, budgetary and other issues.

### **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:

- AARP Vermont
- American Civil Liberties Union of Vermont

- All Copays Count Coalition
- Bi-State Primary Care Association
- Blue Cross Blue Shield of Vermont
- Department of Financial Regulation
- Disability Rights Vermont
- Families USA
- The Family Room
- The Howard Center
- IRS Taxpayer Advocate Service
- League of Women Voters of Vermont
- 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 Alzheimer's Association
- Vermont Association of Hospitals and Health Systems
- Vermont Association of Area Agencies on Aging
- Vermont Businesses for Social Responsibility (VBSR)
- Vermont Commission on Women
- 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 – National Education Association (NEA)
- Vermont Professionals of Color Network
- Vermont Public Interest Research Group (VPIRG)
- Vermont Workers' Center
- You First

### **Increasing Reach and Education Through the Website**

HCA quarterly report – website stats – January – March 2025

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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 150 pages of consumer-focused health information maintained by the HCA.

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

### Popular Web Pages

The top 20 health pages on our website this quarter:

1. *Dental Services* – 1,866 pageviews
2. *Health* - section home page – 1,657
3. *Income Limits - Medicaid* – 1,340
4. *Medicare Savings Programs* – 550
5. *Patient Financial Assist. & Affordable Medical Care* – 454
6. *Medical Decisions: Advance Directives* – 431
7. *Long-Term Care* – 381
8. *Resource Limits - Medicaid* – 342
9. *Choices for Care Income Limits* – 341
10. *Medicaid, Dr. Dynasaur & Vermont Health Connect* – 339
11. *HCA Help Request Form* – 338 pageviews and 116 online help requests
12. *Vision* – 330
13. *Medicaid* – 320
14. *Services Covered by Medicaid* – 280
15. *Choices for Care Resource Limits* – 257\*
16. *Advance Directive forms* – 249
17. *Choices for Care Giving Away Property or Resources* – 243
18. *Dr. Dynasaur* – 234
19. *Choices for Care Long-Term Care Medicaid* – 229\*
20. *Medicaid and Medicare Dual Eligible* – 223

This quarter we had these additional news items:

- *Vermont Health Connect Enrollment Through Jan. 15: Learn About Lower Premiums and Costs!* – 112 pageviews
- *New Patient Financial Assistance Law Goes Into Effect* – 116

\* Signifies that this page moved into the top 20 this quarter

## Outreach and Education

### Quarterly Outreach Report: January – March 2025

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The Office of the Health Care Advocates (HCA) engaged in both in-person and virtual outreach activities during the first quarter of 2025. Our efforts raised awareness about our services and provided accessible information on health insurance options available to Vermonters. Our outreach and education work primarily focused on sharing information about the under 200 % FPL Special Enrollment Period (SEP) for Vermont Health Connect Qualified Health Plans and Hospital Financial Assistance Policies. Our outreach aimed to ensure Vermonters have information about their options for accessing affordable health care.

**200 % FPL SEP:** Vermont's SEP for those under 200 % FPL will enable many Vermonters with a qualified income to sign up or change their health insurance plan outside of the Open Enrollment Period. Our outreach and advocacy efforts focused on helping people get affordable insurance coverage through this pathway.

- **Social media campaigns** on Facebook and Reddit helped us connect with a broader Vermont audience to spread awareness about this opportunity. Our posts included important updates about who qualifies for this SEP and how to contact Vermont Health Connect (VHC) or the HCA to learn more.
- Six organizations helped us connect with lower income groups to raise awareness about this opportunity. We partnered with organizations such as Bridges to Health, the Family Room, Bridges to Rutland, the Community Asylum Seekers Network, and the Howard Center to provide outreach and education material, warm referral pathways for clients, and in-person assistance through clinics.

**Hospital Financial Assistance Policies (FAP):** Starting in July 2024, Vermont has new rules for hospital FAP. Many more Vermont residents will now qualify for this assistance. The HCA's efforts focused on how FAP can work with health insurance to lower out of pocket costs.

- **Social media campaigns** on Facebook, Instagram, Reddit, and YouTube helped us connect with a broader Vermont audience to spread awareness about changes in hospital FAP. Our posts included important updates about changes in who qualifies and how to apply.
- We hosted a training session with DVHA Assistors to spread awareness about the 2024 policy changes. Our education on this topic focused on who qualifies, how to calculate financial eligibility, and FAPs and Spenddowns.

**Collaborations and Partnerships:** The HCA continued our legal help partnership with Vermont Legal Aid, the Family Room, AALV, and Bridges to Health. We participated in three events where community members connected with legal advocates to learn more about emerging legal needs and connect with resources. Childcare and in-person interpretation were available to support people seeking assistance. These events primarily served seniors and those with language needs. Members of our advocacy team also attended two "paperwork nights" at the Old North End Community Center to answer health insurance related questions and raise awareness about our office.

With the continued support of our community partners, we provided more Vermonters with clear information to make informed decisions about their health insurance. The HCA remains committed to reducing barriers to health insurance access and ensuring all Vermonters have the tools and support they need to navigate their options successfully.

**Office of the Health Care Advocate**

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