
Vermont Legal Aid
Office of the Health Care Advocate

Quarterly Report
July 1-September 30, 2024
to the
Agency of Administration
submitted by
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Office of the Health Care Advocate

October 21, 2024



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 717 cases this quarter (778, the previous quarter). During the quarter, Medicaid eligibility was again the top issue (103 calls), and our website had nearly 2000 page views, and our Medicaid eligibility page had 1145. We also advised 16 households on eligibility and coverage appeals regarding Medicaid and other state health care programs. In the appeal cases, the consumer's health coverage has been denied, closed, or reduced, or they have been found ineligible for a program. We give advice on the eligibility rules and the appeals process. We also received a considerable number of calls from Vermonters having issues getting prescription medication (30), and from those who had complaints about their medical providers (57). Provider complaints were the second most called about issue overall. The complaints about providers covered a wide range of issues including the provider not being responsive or not adequately addressing the patient's medical issues. We also had 21 calls about access to primary care and specialty care.

HCA has been working on consumer education and messaging, so consumers can understand their new opportunities for this Open Enrollment. In 2025, APTC eligible consumers will be eligible for more APTC and have increased buying power for gold and platinum plans on VHC. It is estimated that the improvement could be worth as much as \$40 million of increased subsidies and increased buying power for Vermonters. Gold plans are also less expensive than silver plans in 2025, and both gold and platinum plans have lower deductibles and cost-sharing. With the increased APTC, many households could even move to premium free gold plans. VHC will map some of the silver enrollees to the most equivalent gold plan. By mapping some of the consumers, it will ensure that they can take advantage of increased APTC this year. Even if the consumers have been mapped to a gold plan, they still should compare plans because they can save significant money by switching to another gold plan.

We have been working particularly on our outreach to BC/BS enrollees on Silver 87 and Silver 94 enhanced plans. This year the two insurance carriers on VHC had significantly different premium rate increases. The different premium increases and silver alignment particularly impacted enrollees on BC/BS Silver 94 and Silver 87 Enhanced plans. Enhanced silver plans offer lower out of pocket costs to income eligible Vermonters. To

Helena's Story:

Helena applied for Medicaid coverage earlier in the year and was denied for being over income. After she was denied, she had a medical emergency. She now had thousands of dollars of bills from the medical emergency, and no health care coverage. After her accident, Helena had to reduce her work hours. When the HCA advocate, reviewed her eligibility, she found that Helena was now income eligible for Medicaid due to her reduced work hours and pay. Helena was able to get Medicaid coverage going forward for the follow up care from her emergency. The HCA advocate also explained that if Helena increased her work hours in the future and her pay went above the Medicaid limit, she would have a special enrollment period for a VHC plan. The advocate also explained that Helena was eligible for financial assistance at the hospital and helped her with the application. Under Act 119, Vermonters with income under 250% FPL, like Helena, are eligible for 100% discount on medically necessary care. This meant that the costs from her medical emergency when she was uninsured would be covered in full by the hospital.

be on a Silver 87 or Silver 94 you must be at or below 200 FPL. These enrollees were not mapped to gold plans, because the Silver 87 and 94 are more generous than gold plans. However, the BC/BS enrollees will see very significant premium increases unless they switch to an MVP Enhanced Silver Plan. The HCA is concerned if they do not switch, many of these households will not be able to afford the increased premiums. We are working on targeted outreach to this group. We are also going to be doing consumer education about the Special Enrollment Period that is available for Vermonters at or below 200 FPL. This SEP allows them to change plans during the year outside Open Enrollment.

The HCA continued its work on developing educational tools for hospitals and consumers in preparation for the implementation of the new Financial Assistance Policy statute (Act 119). Our news item on the new statute had over 2,271 views (some of these views were from out of state), and our webpage had 460 views. The changes include new definitions of residency and income. Under the law, people who have incomes under 250% of the Federal Poverty level will get a 100% discount from charges, and people with income between 250% FPL and 400% FPL will have a minimum of a 40% discount from charges. The HCA has been hard at work over the last year attempting to assist hospitals in complying with the new law. We talked to 13 households about patient financial assistance and another 16 about hospital billing.

Case Stories:**Willa's Story:**

Willa called the HCA because she could not afford her prescription costs. She was signed up on a Medicare Part D plan, but she did not understand how the co-payments and deductible worked. She had also applied for VPharm, the state pharmacy assistance program to help with the costs, but her costs were still too high. The HCA advocate learned that it cost Willa more than \$70 to refill three of her prescriptions. When you have VPharm, your copayments should be \$1 or \$2 per prescription, so the advocate could immediately see that there was a problem with VPharm coverage. VPharm coverage will start the month after the first premium has been received. When the HCA advocate investigated, she found that Willa had sent in her first VPharm premium payment, but the program had not been activated on the first day of the next month. This meant that Willa was not getting assistance with the copayments or the deductible. The HCA advocate helped get Willa's VPharm's coverage activated, which lowered her copayments and covers the Part D deductible. The next time she refilled her three prescriptions, the cost was less than \$5.

Lando's Story:

Lando called because he could not pay for his Medicare costs. Lando was on Medicaid for Children and Adults, which does not have premium. But when he turned sixty-five, he lost eligibility for that program. He was also over income for the type of Medicaid that worked with Medicare. That type of Medicaid has a lower income limit than Medicaid for Children and Adults. Now that Lando was on Medicare, he had to pay for a Part B premium (\$174.70) and a Part D premium, and he found he did not have enough money to meet all of his needs. The HCA advocate reviewed Lando's monthly income, and he found he was eligible for a Medicare Savings Program (MSP). This meant that the program would pay the Part B premium, and being on an MSP would make Lando eligible for a program called Extra Help, which would pay his Part D premium and reduce his copayments. The advocate helped Lando with the application for the program, and he was approved. This meant he was going to be saving over \$200 a month for the costs of his Part B and D premiums alone, and he would also have significant savings on the copayments.

Eva's Story

Eva needed help with her sons' health care coverage. She had applied for Dr. Dynasaur soon after she gave birth, but she had not heard about the application, so she did not know if she had been approved or denied. Dr. Dynasaur provides coverage for kids up to age 19, and it has no monthly premium or copayments. It also includes dental coverage. Eva had added the baby to her employer coverage, but the employer coverage had a lot of out of pocket costs, and the monthly premium was expensive. Dr. D would be more affordable for the family and offer better coverage. The HCA advocate investigated and found that the baby's Dr. D application had not been fully processed. The advocate helped complete it, and Eva's baby was approved. She also explained that Eva could apply for three months of retroactive Dr. D coverage. Eva's son had coverage under their employer plan during that time, but Dr. D could act secondary coverage, and possibly help with some of the out-of-pocket costs during those months. Eva was also able to take the baby off the employer plan going forward which saved the family money in premiums and provided more affordable coverage for the baby.

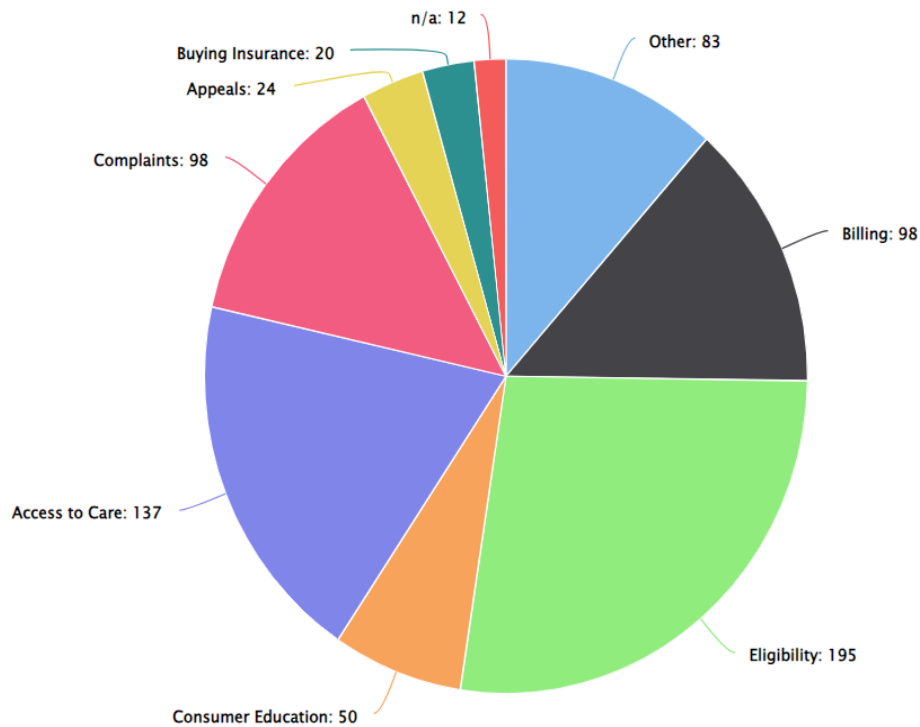
Overview

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 717 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, with those two areas making up more than half of all HCA calls. 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.

Cases by Primary Issue Category with Percent



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 (364 of 771 cases).

Number of Cases by Insurance: July 1 to September 30, 2024

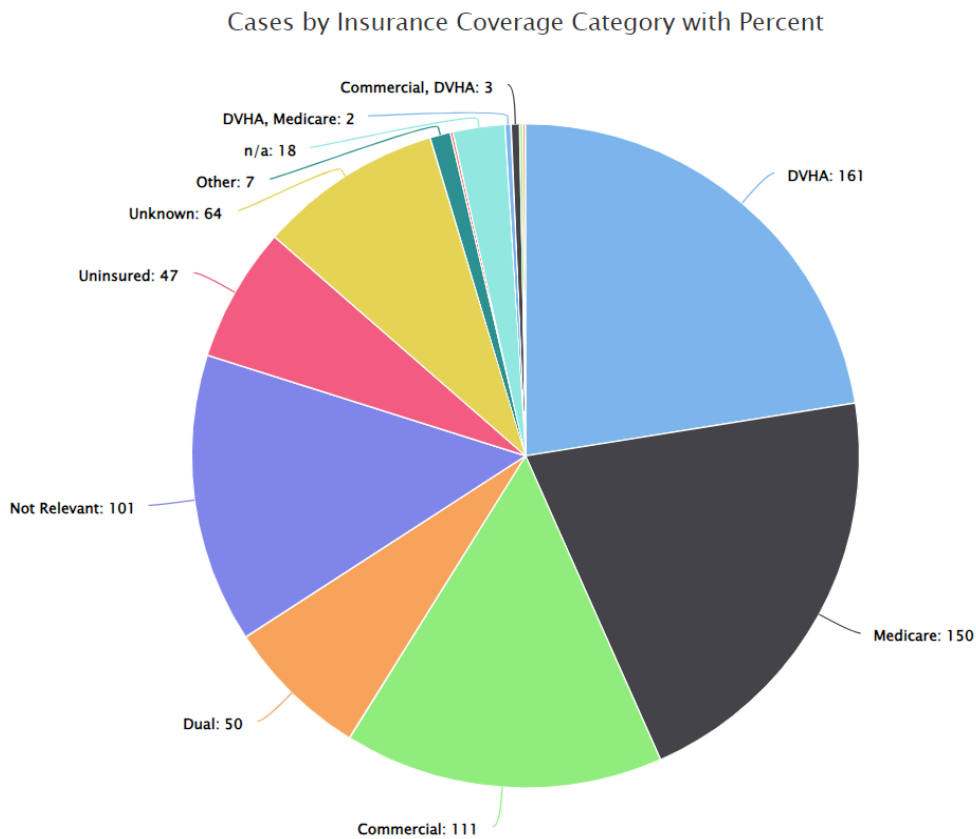


Table: Top Ten Primary Issues: July to September 30, 2024

All Cases: 717

All Cases: Top Ten Primary Issues

1. Eligibility for MAGI Medicaid 66
2. Provider Complaints 57
3. Eligibility for non-MAGI Medicaid 31
4. Access to Care Prescription Drugs 30
5. Access to Dental Care 24
6. Eligibility for Medicare Savings Programs 21
7. Complaints Hospitals 22
8. Billing Hospitals 16
9. Consumer Education Medicare 12
10. Provider Billing 11

DVHA Cases: total of 167 of 717 total cases

Top Five Primary Issues

1. Eligibility for MAGI Medicaid 36
2. Provider Complaints 11
3. Access to Non-MAGI Medicaid 10
4. Access to Dental 9
5. Provider Billing 5

Uninsured Cases: total 48 out of 717 cases

Top Three Primary Issues

1. Eligibility for MAGI 17
2. Eligibility for Premium Tax Credit 4
3. Eligibility for Special Enrollment Period 4

Commercial Cases: total of 115 out of 717 cases

Top Three Primary Issues

1. Eligibility for MAGI Medicaid 9
2. Buying Insurance QHP-VHC 8
3. Complaints Provider 6

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 April 1 to June 30, 2024

Brief Analysis and or Advice	315
Direct Intervention	66
Complex Intervention	41
Brief Analysis and Referral	225
Inquiry Answered During Initial Call	0
Duplicate Case	4
Other	5
Client Withdrew	1

Highlights of HCA

During this quarter, we provided 458 households with consumer education. We helped 48 households estimate their eligibility for insurance or get onto coverage. We assisted 7 households with their health insurance applications and prevented 4 households from losing their health insurance. We helped with 9 applications for the Immigration Health Insurance Plan and Emergency Medicaid. We saved consumers \$420,958 this quarter.

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 6 premium price change requests during the quarter from July 1, 2024, through September 30, 2024. Two premium price change requests were pending at the close of the quarter.

Blue Cross and Blue Shield of Vermont (BCBSVT) submitted four of the premium price change requests decided by the Board this quarter: the BCBSVT 2025 Small Group filing, with a requested average increase of 21% that would affect roughly 22,018 Vermonters; the BCBSVT 2025 Individual filing, with a requested average increase of 24% that would affect roughly 23,164 Vermonters; the BCBSVT Association Health Plan filing, with a requested increase of 13.3% that would affect 1,610 Vermonters; and the BCBSVT 2025 Large Group Unit Cost Trend filing, with a requested increase that would affect 4,264 Vermonters. The HCA appeared on behalf of Vermonters in each of these filings. For the Small Group and Individual filings, the HCA reviewed documents and submitted pre-hearing questions,

facilitated public comments, engaged in oral advocacy and cross examination of BCBSVT and Board witnesses at the rate hearing, and filed post-hearing memorandums. Roughly 250 Vermonters submitted comments to the Board connected to the BCBSVT & MVP 2025 Individual and Small Group rate filings. For the Association Health Plan and Large Group Unit Cost Trend filings, the HCA reviewed documents and submitted memorandums in lieu of hearing. The Board approved, but modified, each of the four premium price change requests.

MVP submitted the other two premium price change requests decided by the Board this quarter: the MVP Small Group filing, with a requested increase of 11.5% that would affect roughly 15,027 Vermonters; and the MVP Individual filing, with requested increase of 14.9% that would affect roughly 10,616 Vermonters. The HCA has appeared on behalf of Vermonters in these two matters engaged in the following activities: reviewed documents and submitted pre-hearing questions, facilitated public comments, engaged in oral advocacy and cross examination of MVP and Board witnesses at the rate hearing, and filed post-hearing memorandums. Roughly 250 Vermonters submitted comments to the Board connected to the BCBSVT & MVP 2025 Individual and Small Group rate filings.

There were two premium price change requests pending at the close of this quarter: the Cigna Health and Life Insurance 2025 Large Group filing and the MVP 2025 Large Group 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 actively participated in the hospital budget review process, providing oral and written public recommendations to the GMCB. The HCA recommended that the Board reduce hospital budget increase requests to the amount established in the Board's guidance and reduce the requests for hospitals that exceeded their budget orders from FY23. The HCA continues to advocate that the Board exercise its provider rate setting to address Vermont's affordability crisis. The HCA continues to actively provide feedback to inform state-wide discussions focused on hospital sustainability and transformation as a part of Act 167.

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 monitor the CON application for Southwestern Vermont Medical Center, Development of Adolescent Inpatient Medical Health Unit (GMCB-014-23con). We 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 is currently reviewing, preparing questions and feedback for the GMCB as a part of their review of OneCare Vermont's FY25 budget (it's final in the All-Payer Model) as well as the FY25 budgets for Medicare-only ACOs operating in Vermont (Lore Health, Aledade, and Vytalize Health).

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.

Global Budget Technical Advisory Group

The HCA is a member of the Global Budget Technical Advisory Group convened by the GMCB and the Agency of Human Services. This group met three times this quarter exploring the technical aspects of global budgets and numerous decisions that Vermont must make if it is to pursue this option with CMS. We learned officially this quarter that CMS is particularly interested in building on Vermont's existing payment reform model.

The Medicaid and Exchange Advisory Committee

The Advisory Committee met two times this quarter. The content of this quarter's meetings included an ongoing focus on the Assister program, DVHA budget priorities, the Medicaid redetermination process, Medicaid Fiscal Outlook, Advisory Committee Budget recommendations, the coming open enrollment period, and Silver Boosting.

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

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 170 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. Health - section home page – 1,937 pageviews
2. Dental Services – 1,761
3. Income Limits - Medicaid – 1,145
4. Patient Financial Assistance & Affordable Medical Care – 460
5. Long-Term Care – 385
6. Medical Decisions: Advance Directives – 365
7. Medicaid, Dr. Dinosaur & Vermont Health Connect – 335
8. Vision – 333
9. Medicare Savings Programs – 316
10. Medicaid – 314
11. HCA Help Request Form – 294 pageviews and 99 online help requests
12. Resource Limits - Medicaid – 263

13. Choices for Care Giving Away Property or Resources – 245
14. Choices for Care Income Limits – 227
15. Advance Directive forms – 218
16. Choice for Care Resource Limits – 212
17. Transportation for Health Care – 192*
18. Medical debt – 190
19. Vermont Health Connect – 186*
20. Dr. Dynasaur – 179

* signifies that this page moved into the top 20 this quarter

This quarter we had these additional news items:

- *New Patient Financial Assistance Law Goes Into Effect* – 2,271 pageviews (this includes a lot of out-of-state traffic)
- *Medicaid Renewal Starts Again* – 14
- *People Impacted by Flood Can Sign Up for Health Coverage. Those Who Lost Medicaid Can, Too* – 12
- *Some Problems with Medicaid Prescriptions* – 7

Outreach and Education

The Office of the Health Care Advocates (HCA) engaged in both in-person and virtual outreach activities this quarter to raise awareness about our offices' services and provide accessible information about health insurance options in Vermont. Our messaging prioritized providing accurate and accessible information on the health insurance access for non-citizens, Vermont Health Connect Special Enrollment Periods (SEP) and financial help, and Hospital Financial Assistance Policies. We hosted two legal clinics, three community listening sessions facilitated six trainings, and implemented two social media campaigns to connect Vermonters with our services and proactively provide consumer education on health insurance and health law topics.

We strive to break down the barriers that Vermonters face in understanding and using insurance. This goal is especially important now as many members of our community are evaluating their health insurance options due to changes in employer sponsored insurance, the loss of Medicaid, or the transition to Medicare. We use a hybrid outreach model to advance this goal. We feel that both in-person and virtual resources make our services more accessible to those who face challenges utilizing our telephonic and online intake systems. We strive to meet the needs of seniors, people with disabilities, and those with language needs by hosting in-person clinics in community spaces virtual trainings in partnership with local non-profits and community centers.

We partnered with 19 organizations and participated in seven outreach presentations this quarter. Some of our partnerships included work with the Vermont Asylum Assistance Project, AALV, the Robert Larner College of Medicine, and the Vermont Association of Area Agencies on Aging. We led training on

eligibility for health insurance at the UVM Graduate School conference, the Montpelier Harvest Fest, and the Root Social Justice Center.

The HCA connected with community members, legislators, and partner organizations through Facebook, Instagram, YouTube, and Reddit. We used these platforms to share important updates pertaining to scam health insurance awareness, Hospital Financial Assistance Policies, and the health insurance rate review, public comment process.

The HCA and other VLA staff coordinated legal help events with the Family Room and the Burlington Electric Department at Ethan Allen Homestead. The HCA community dinners and legal needs listening sessions in Winooski, St. Johnsbury, and Brattleboro. We hosted 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 was available to support people seeking our assistance.

Office of the Health Care Advocate

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<https://vtlawhelp.org/health>