Office of the Health Care Advocate

SFY 2024 Annual Report

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A Special Project of

VERMONT LEGAL AID
WORKING TOGETHER FOR JUSTICE

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Introduction

The Vermont Legislature created the Office of Health Care Ombudsman in 1998 to advocate for Vermonters with health care questions and concerns. In 2013, the Legislature amended the statute and changed the program's name to the Office of the Health Care Advocate (HCA). The HCA is not a state agency, rather, it is part of Vermont Legal Aid (VLA), a statewide, nonprofit law firm.

This was a very successful year for the HCA in its advocacy for Vermonters. We will explore each of these in more detail below, but we want to recognize the positive financial impacts up front. Our advocates saved individual Vermonters who reached out to us for assistance **$3.6 million** this year. The estimated value of our advocacy in silver alignment is that it had the potential to improve Vermonters' access to better insurance coverage by about **$40 million**. And finally, when fully implemented in 2026, the real value of our successful advocacy for changing eligibility of our Medicare Savings Program is **$48.1 million**. The $1.8 million dollar investment that Vermont made in the Office of the Health Care Advocate in SFY 2024 resulted in estimated improvements for Vermonters valued at about **$91.7 million.**

Testimonial from a Vermonter

From a Client Satisfaction Questionnaire:

If every company out there had an HCA advocate like mine, the world would be a much better place. She went out of her way to help me receive all the help that I should have been receiving. She took a very long time to explain and be sure I understood all the aspects of my case. If not for her, I would not have the health care I deserved and was entitled to. She obviously put in a great deal of time to research all alternatives to my case and explain the differences. Because of her and Vermont Legal Aid, I am no longer afraid of being injured and going to the hospital. To say thank you to her and all the people she works with is very underwhelming. I am overcome with gratitude.

Vermont's healthcare system is in flux and under duress. The cost of health care continues to rise. Vermonters struggle to pay premiums and get the care that they need. Small and larger employers struggle to offer affordable coverage to their employees. Providers struggle to provide care and balance their budget. At the HCA, we hear from Vermonters who cannot afford to pay their monthly health care premiums or pick up their prescriptions, or struggle to pay out of pocket charges. We work with Vermonters who have suddenly experienced a medical emergency; or lost their jobs and their health insurance; or who have had a baby or have married and need to know how to get healthcare for their new family member. We talk to Vermonters who cannot find a provider or can't get an appointment with a specialist. We also hear from Vermonters who need help understanding notices from their health insurance plan, and assistance understanding what to do when the plan denies coverage for a needed prescription or medical services. We help people understand when and how to enroll in health care coverage, and what to do if they have lost their coverage. Every case is different, and Vermonters often feel

overwhelmed by a complicated, inflexible, and unaffordable system. When they reach the HCA, they appreciate being able to talk to someone who will be focused and responsive to their issues and questions. The HCA is working to make the health care system less overwhelming and more affordable for Vermonters by promoting systemic changes and by providing individual consumer assistance to thousands of Vermont families each year. The HCA worked with over 3300 Vermont households this year, helping consumers navigate a complicated and changing field.

In State Fiscal Year (SFY) 2024, the HCA engaged in a broad range of projects to make health care more affordable and accessible for Vermonters. Over the last two years, the HCA's main legislative priority was to increase the eligibility for a Medicaid funded program that wraps around Medicare for lower income Vermonters called the Medicare Savings Program (MSP). After a year of educating legislators, a storytelling effort in the fall to amplify the voices of Vermonters and an active 2024 session, we were successful in pushing the Legislature and State Government to take an especially important step to expand the MSP. The MSP provides a crucial lifeline for older adults and people living with a disability, allowing them to afford health care and keep more of their hard-earned Social Security income to spend on basic needs like housing, food, and medicine As early as January 1, 2026, Vermont will extend eligibility for its Medicare Savings Program (MSP) to an estimated additional **11,863 Vermonters at an estimated annual savings and benefits of $48.1 Million for these Vermonters.** This benefit should extend to individuals with income up to $29,367 and married couples with income up to $39,874 per year. Our webpage on Medicare Savings Programs was viewed over 2232 times, and we spoke to 95 households about Medicare Savings Programs.

Testimonial from a Vermonter

From a Customer Satisfaction Questionnaire:

I honestly could not have figured any of this out without my advocate. She was so warm, so reassuring, so knowledgeable, and so willing to offer a variety of options and solutions. I highly recommend working with her.

In SFY 2024, the HCA also worked on Silver alignment in preparation for Vermont Health Connect Open Enrollment 2025. Silver alignment is a change to how Silver plans on VHC are valued. For APTC eligible consumers, the net result from this change will mean they will be eligible for more APTC and have increased buying power for gold and platinum plans on VHC. The gold and platinum plans have lower deductibles and cost-sharing. It is estimated that the improvement could be worth as much as **$40 million of increased subsidies and increased buying power** for Vermonters. With the increased APTC many households could even move to premium free gold plans. The HCA met with VHC and other stakeholders to develop a plan to educate consumers about the impact of these changes. The HCA also advocated for mapping some VHC consumers on silver plans, to higher value gold plans. Because of the change this year, the gold plans will be less expensive than the silver ones. By mapping some of the consumers, it will ensure that they can take advantage of increased APTC this year. Ultimately, VHC mapped several thousand Silver enrollees to higher value and less expensive gold plans.

In SFY 2024, 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). 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. During the past year, the HCA advocates completed internal trainings on Act 119, and the HCA provided external trainings to community partners on the new law.

Starting SFY 2024, VHC implemented a continuous eligibility provision for children up to age 19 on Dr. Dynasaur. This means that a household will stay on Dr. Dynasaur for the 12 months after they review, even if there is an income change that puts the household above the Dr. Dynasaur income limit. Continuous eligibility helps ensure that children don't miss preventive care or pediatric visits. It also reduces the administrative burden and the churn of children going on and off coverage. HCA advocates have been providing consumer education on this provision and what it will mean for families and caregivers. Medicaid is by far the most visited webpage on our website. The general Medicaid webpage had over 5700 visits in SFY 2024, and the Dr. Dynasaur page had 1760 visits.

Testimonial from a Vermonter

From a Client Satisfaction Questionnaire:

My advocate has been so incredibly helpful. She has provided detailed answers to all my questions in a timely manner. I am so grateful to have support navigating this Byzantine system.

During SFY 2024, the HCA also worked closely with community partners to assist Vermonters applying for coverage with the Immigration Health Insurance Plan (IHIP). We are intervening in cases where consumers are having issues navigating the application process, and we continue to work to make systemic changes to improve the entire application process. Over SFY 2024, we have worked on 35 IHIP cases and 5 Emergency Medicaid cases. The cases also required significant time. Of the 40 cases 21 were complex interventions, which meant that they required more than two hours of work by the advocate.

The HCA produces quarterly reports describing our policy and advocacy work in more detail than this report. We are proud of our activities and hope you will take the time to look at these reports as they are not fully summarized in this report. Please follow this link to get to the four *quarterly reports* for this fiscal year: *Health Care Advocate Quarterly Report Archive | Vermont Legal Aid (vtlegalaid.org)*

Case Examples

These six case examples demonstrate the kind of work we do:

Lorenzo's Story:

Lorenzo called the HCA because his Medicaid had closed, and he was not sure what to do next. The HCA advocate discovered that Lorenzo was slightly above the Medicaid limit. He also had an offer of employer sponsored insurance. But Lorenzo could not afford to pay the insurance premiums and afford to pay his rent and other bills. Because he had an affordable offer of employer insurance, he was not eligible to get a VHC plan with subsidies. If you have an offer of affordable health insurance, you are ineligible to get subsidies. Whether a plan is considered affordable or not depends on the costs of the premiums and your household income. Even though the plan was "affordable" under the law, Lorenzo could not afford it. Lorenzo was considering going without insurance coverage. But the HCA advocate looked at his income again. She found that he could lower his countable income for Medicaid by making a small monthly contribution to his (401) (K) plan at work. The contribution was less than the monthly premium for his employer insurance. Medicaid eligibility is based on your taxable income, and Lorenzo could reduce the income that Medicaid counted each month, and also, he increased his retirement savings. By making these contributions, Lorenzo was able to apply to Medicaid and was found eligible again.

Taylor's Story:

Taylor called the HCA because her Social Security check was suddenly smaller. She had discovered that her Medicare Part B premium payment ($174.70) was being deducted from her check. She had been on a Medicare Savings Program that had been paying for the Part B premium every month but had no idea why the program had ended. Medicare Savings Programs help with Medicare costs by paying for premiums and in some cases, cost-sharing. The HCA advocate started to investigate why Taylor's MSP had been closed. Taylor had been on the MSP that paid for both the Medicare Part B premium and cost-sharing, and her income had not changed. After doing some research, she found that Taylor's MSP had been closed in error. Taylor had completed an eligibility review earlier in the year, but the review paperwork had arrived slightly after the deadline. This meant that her coverage had closed, but VHC had attempted to reinstate the MSP a couple days later when it received the review paperwork. However, Taylor's MSP had not been fully reinstated because of a glitch in the system. The HCA advocate was able to get the MSP reinstated. She also explained to Taylor that she would be refunded the Part B premiums that were taken out of her Social Security when she should have been on the MSP.

Ruby's Story

Ruby called the HCA because she had not gotten her insurance cards in the mail. She had recently left her job where she had employer insurance and had signed up for a VHC plan. But when the HCA advocate researched the missing cards, she found that Ruby had not actually enrolled on an individual

plan with VHC. She had accidently purchased a "scam" plan, which made itself look like health insurance but was not. To enroll on an individual plan in Vermont, you can enroll through VHC or through the two carriers, BC/BS or MVP. Ruby had enrolled on plan that was making itself look like an individual plan and had already paid one premium. It would not have covered Ruby's medical costs. Thankfully, this was discovered before Ruby needed medical care. The HCA advocate explained that leaving her employer insurance created a special enrollment period on VHC. The HCA advocate helped her apply on VHC. She was found eligible for subsidies to help with the premiums and was able to get on an actual individual plan. The HCA also helped Ruby report the scam insurance with hopes of protecting other Vermonters.

Elena's Story

Elena called the HCA because she needed coverage. Elena was pregnant and was applying for the Immigrant Health Insurance Plan (IHIP). IHIP provides health care coverage for kids and pregnant individuals who are not eligible for Medicaid because of their immigration status. IHIP provides medical, prescription, and dental coverage like Dr. Dynasaur. Like Dr. Dynasaur, IHIP provides coverage during pregnancy and for a 12-month post-partum period after the birth of the baby. Elena already had one baby who was born in Vermont and had Dr. Dynasaur. She was pregnant, however, and did not have a documented legal status, which meant that she could not get Dr. Dynasaur for pregnancy or a VHC plan. The HCA advocate found that Elena's application had been denied, because VHC needed more information about her household and income. The HCA advocate investigated what had been submitted with Elena's application and found that Elena and her caseworker had attempted to provide verification of her income and residency. However, when they submitted the additional information, the copies were not readable. The HCA advocate helped Elena re-submit the documents. VHC was able to read the documents, and Elena was approved for IHIP.

Calla's Story:

Calla reached out to the HCA because she had just turned 65 and was unsure of how she was going to pay for Medicare. Calla had been on Medicaid for Children and Adults (MCA), but eligibility for that program ends when you turn 65. She had been sent a notice from Vermont Health Connect (VHC) telling her that her MCA was closing. The HCA advocate explained that a different type of Medicaid worked with Medicare. This type of Medicaid is called Medicaid for Aged Blind and Disabled (MABD). It has both income and resource rules. This is different from MCA, which only has income rules. The resource rules mean there is a limit to how much money you can have saved and still be eligible. For single adults the limit is $2000. The HCA advocate found that Calla was income eligible for MABD because her monthly income was under $1000, but because she had a retirement account of about $10,000, she was not going to be resource eligible. It is possible to spend down your resources to become eligible, but this account was all of Calla's savings. The HCA advocate explained that Vermont has another program called QMB. QMB provides much of the same coverage as Medicaid. Medicare Savings Programs do not have resource tests, and QMB covers both Medicare premiums and cost-sharing. With this program Calla could get assistance with paying for Medicare and covering the cost-sharing. She could also preserve her

small retirement account. The HCA advocate helped apply for the Medicare Savings Program, and she was found eligible

Holden's Story

Holden called the HCA because his Medicaid was closing at the end of the month. He had a job that offered insurance but was worried because of the costs. The insurance had high premiums and out-of-pocket costs. Because of the costs, he considered not enrolling on the employer plan. The HCA advocate first explained that when his Medicaid closed, he would have a special enrollment period to get on his employer plan. But she also explored what the insurance plan would cost. If you have an offer of affordable and adequate employer coverage, you can't get Advance Premium Tax Credit (APTC) to help pay for a plan on Vermont Health Connect. When calculating if the employer coverage is affordable, VHC looks at how much it costs and your household income. Affordability in 2024 is based on whether a plan costs more than 8.39% of the household income. When the advocate got Holden's insurance costs and income information, it was clear that the plan was not affordable. It was going to cost nearly 10 percent of his household income. This meant that Holden was eligible for APTC to help pay his premiums for a VHC plan. When his Medicaid closed, he planned on enrolling on a VHC plan with APTC to help with the plan premiums.

Testimonial from a Vermonter

From a Client Satisfaction Questionnaire:

You are the GOAT. Thank you so much. You helped make a very complicated system and process feel accessible. I deeply appreciate your advocacy and clarity along the way.

Consumer Assistance

The HCA helps individuals navigate the complexities of health insurance and assists them with health care problems. We advise and assist Vermont residents, regardless of income, resources, or insurance status. Our services are free. As part of VLA, we utilize the broad range and depth of legal knowledge of attorneys in the other VLA projects.

Individuals contact us through our Burlington-based statewide helpline (**1-800-917-7787**) and the *Vermont Legal Aid* and *Vermont Law Help* websites, as well as by walking into one of the five VLA offices located around the state. For each case, HCA advocates analyze the situation and provide information, advice, and referrals, or directly intervene to represent the individual. We want to help individuals increase their access to care. We give highest priority to individuals who are having difficulty getting immediate health care needs met, are uninsured, are about to lose their insurance, or have trouble understanding the eligibility and enrollment rules. We give them information and advice about the insurance options in Vermont and assist if people have problems with enrollment. We also educate consumers about their rights and responsibilities and provide information about and assistance with

appeals. Our cases can involve any type of insurance, including all commercial plans as well as public programs such as Medicaid, Dr. Dynasaur, and Medicare.

Public Advocacy

Part of the HCA's statutory mandate is to act as a voice for Vermont consumers in health care policy matters and as their advocate before government agencies. Our individual cases inform our public policy and advocacy efforts. Working on behalf of all Vermonters, we advocate for laws and administrative rules that provide better access to and improved quality of health care. The HCA works hard to represent Vermonter's interests wherever decisions are being made that impact Vermonter's access to care. We have strong working relationships with the various parts of state government including Green Mountain Care Board, the Agency of Human Services with a particular focus on the Department of Health Access, the Department of Financial Regulation and the Vermont Legislature. We also work directly with the major payers as well as hospitals to advocate for individual Vermonters as well as improvements to policies.

Key Projects

Medicaid Renewals

During SFY 2024, the HCA continued its collaboration with VHC and other stakeholders to prepare consumers for Medicaid renewals. Our goal was to educate consumers about the renewal process, help them understand what to expect, and guide them on what actions were needed to maintain their healthcare coverage. We held regular meetings with VHC and worked closely with them to prevent Vermonters from losing coverage.

Additionally, we dedicated time to educating consumers about their options if they were found to be over-income for Medicaid. We received 41 calls related to the Medicaid renewal process and assisted 23 households who received confusing or erroneous Medicaid notices. We also helped 59 households with questions about DVHA programs. For households above the Medicaid income limit, we spoke with 41 households regarding their eligibility for Premium Tax Credits and their options for enrolling in a VHC plan.

Expanding Medicare Savings Program eligibility

The HCA has worked on this project for several years, and in SFY 2024 the legislature passed a new law expanding the eligibility limits for the program. As early as January 1, 2026, Vermont will extend eligibility for its Medicare Savings Program (MSP) to an estimated additional **11,863 Vermonters at an estimated annual savings & benefits of $48.1 Million for these Vermonters.** The HCA works with many Medicare enrollees who cannot afford the premiums and cost-sharing. We spoke to over 900 Medicare enrollees in SFY 2024. The State of Vermont has three Medicare Savings Programs to help with

premiums and cost-sharing: QMB, SLMB (Specified Low Income Medicare Beneficiary) and QI-1. Currently, however, eligibility ends for the programs at 135% FPL. Under the expanded program eligibility will be expanded to 195% FPL, meaning many more Vermonters will qualify. These programs pay for Part B premiums, and in the case of QMB, it will also pay for Part A premiums and cost-sharing. Many Vermonters simply cannot afford the premiums. In 2024, Part B alone was $174.70 a month. In 2025, it will be $185. The expansion will save real money for these households. Money they need for food, rent, transportation, and other necessities. The expansion will help with the transition to Medicare. Many households find that their health care costs increase when they transition from a VHC plan or Medicaid from Children and Adults, the type of Medicaid for enrollees under the age of 65, to Medicare. Expanding access to the program will also help with Part D costs. Anyone who is on a Medicare Savings Program is deemed eligible for Extra Help, the federal Part D assistance program. Extra Help assists with Part D premiums and reduces co-payments. By expanding Medicare Savings Programs, more people would get help with both their Part B and Part D costs.

New Financial Assistance Policy Statute (Act 119)

In SFY 2024, the HCA continued its efforts to develop educational tools for hospitals and consumers in preparation for the implementation of the new Financial Assistance Policy statute (Act 119). The HCA worked extensively with hospitals to help them prepare for the changes. This included preparing templates and suggesting numerous edits and revisions of hospital policies. The changes in the law include revised definitions of residency and income. Under the law, individuals with incomes at or below 250% of the Federal Poverty Level (FPL) will receive a 100% discount on charges, while those with incomes between 250% FPL and 400% FPL will receive at least a 40% discount. The HCA talked to 36 households about hospital financial assistance in SFY 2024. We also spoke to another 28 households about hospital billing, and in those cases, we often advise the client to apply for hospital financial assistance. The HCA also produced a fact sheet on Hospital Financial Assistance, which was downloaded 22 times from our website. The HCA continues plans to do continue outreach and training in SFY 2025.

Testimonial from a Vermonter

From a Client Satisfaction Questionnaire

My advocate is a lifesaver. She went above and beyond to get my mother set up on Medicare Part D, an amazing individual.

Legislative Advocacy

This fiscal year, being the second year of the Legislative Biennium, represented a culmination of work for the HCA on a few key long-term projects. The Chief Advocate and members of our policy team spent considerable time this year meeting with key legislators in the months running up to the session preparing them for the basics of Medicare and Medicare Savings Program policy. We met with members of the Scott Administration before the session to brief them on our advocacy and worked to build a coalition in support of the MSP policy change.

As has been discussed above, the HCA had a successful year in our promotion of improvements to Medicare affordability. The HCA worked hard to make sure real life *Vermonter's stories* were heard in the legislative process, we worked hard to build a coalition of support for needed changes and to assure that the public was aware of the issue through our *press engagement* work. The culmination of all these efforts resulted in a significant success for older and disabled Vermonters that will go into effect on in January of 2026.

The HCA engaged in various other projects during the Legislative session on issues including the regulation of Pharmacy Benefit Managers, prohibition of copay accumulator adjustments, claims edits and prior authorization legislation as well as many other legislative discussions impacting Vermonter's access to care. The HCA also successfully advocated for a cost-of-living increase for the office bringing our annual appropriation to a little over $2 million.

Description of Caseload

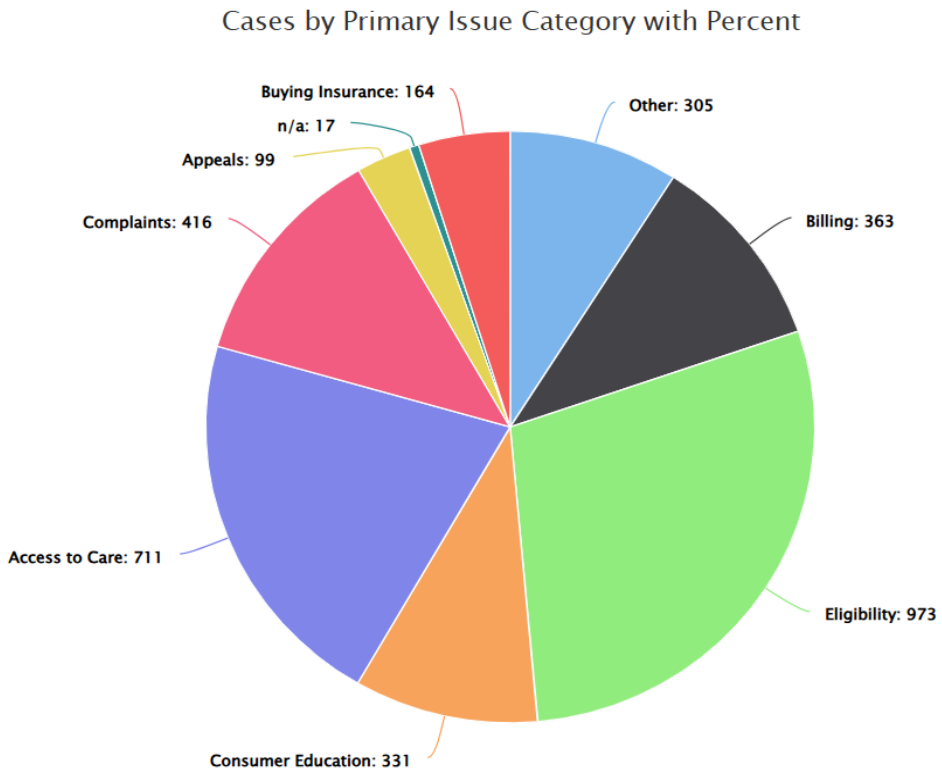
In SFY 2024, we handled 3,379 calls to our statewide hotline, compared to 3,393 calls in SFY 2023.

We assign each case to one or more of these six categories: *Access to Care, Billing and Coverage, Buying Insurance, Consumer Education, Eligibility,* and *Other*. While some cases span multiple categories, the case numbers in this section are based on the primary issue identified for each call, to avoid counting the same case more than once.

While there were changes in the percentage of cases in several categories, *Access to Care* Cases and *Eligibility* remained the top two issues:

- Access to Care (21% in SFY24 compared to 24% in SFY23)
- Eligibility (29% in SFY24 compared to 24% in SFY23)
- Billing and Coverage (11% compared to 10%)
- Consumer Education (10% compared to 12%), and
- Other (9% compared to 9%)
- Buying Insurance (5% compared to 4%).

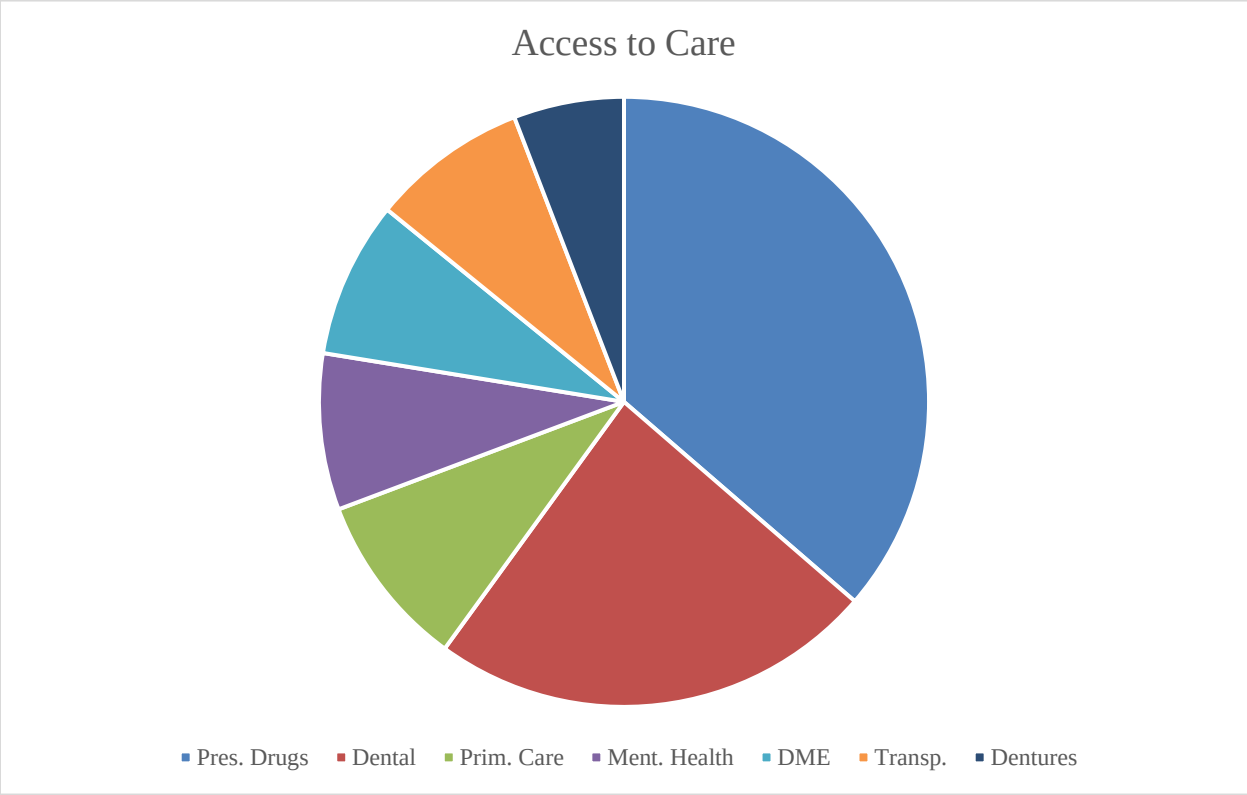
The pie chart below illustrates the comparative volume of calls for each category. Details are provided in the descriptions below.



Access to Care

Access to Care involves cases where individuals are seeking care. The number of calls reporting difficulties getting access to health care as the primary issue was 711, compared to last year's total of 814.

We track more than 40 subcategories in *Access to Care* . The top six Access to Care issues were: Prescription Drugs (149 calls); Access to Dental (97 calls); Primary Care (38 calls); Mental Health Treatment (35); Access to DME supplies (34 calls); Transportation (34 calls); Dentures (24 calls). These are nearly the same top issues as SFY 2022. We continued to see a high volume of dental calls, and heavy traffic on the dental pages of our website. We had over 6000 visits to our dental page.

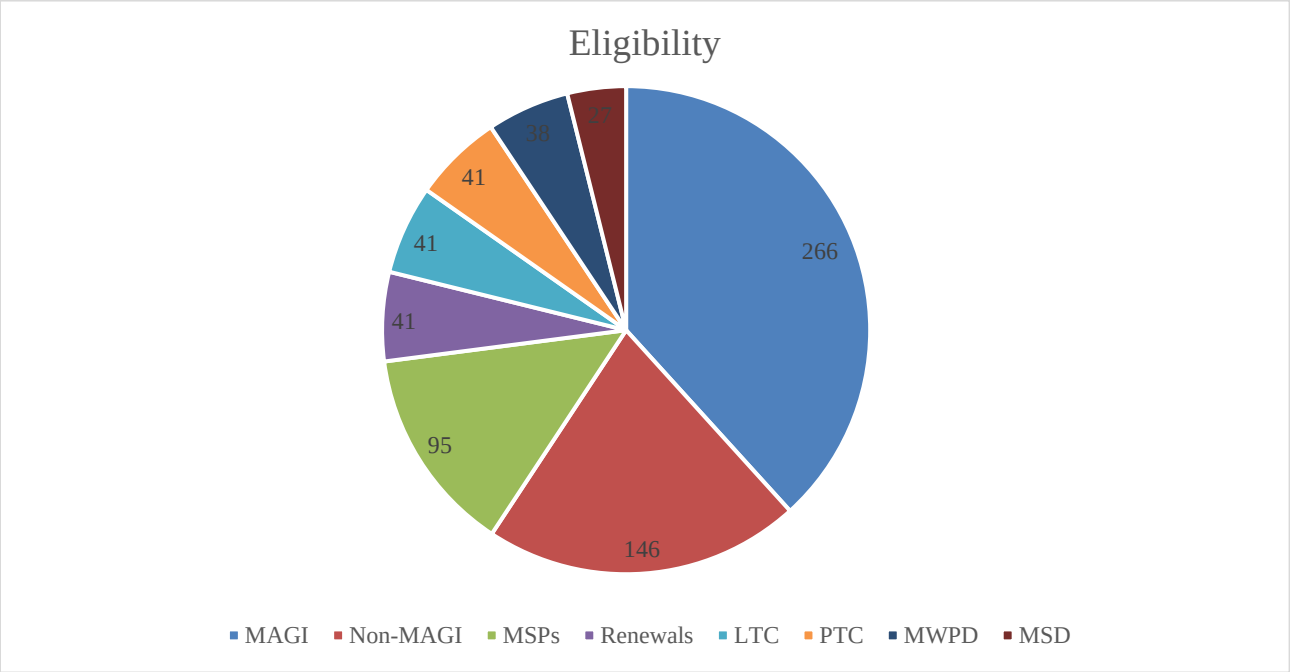


Eligibility

Eligibility received the most calls out of all the sub-categories. A total of 973 callers in SFY 2024 reported eligibility issues, compared to 814 callers in the previous year.

The top eligibility issues in SFY 2024 remain like those of the previous three years. Eligibility for MAGI (Modified Adjusted Gross Income) Medicaid, non-MAGI Medicaid, and Medicare Savings Programs (MSP) continued to be among the top three. Long-Term Medicaid, Premium Tax Credits, and Medicaid Renewals all received the same number of calls. Medicaid for Working People and Medicaid Spenddowns followed closely in terms of call volume.

It is not surprising that many Medicaid eligibility categories ranked high in call volume. With the end of the COVID Public Health Emergency (PHE), many enrollees were reassessing their eligibility. As a result, numerous individuals either renewed their Medicaid coverage or transitioned to a Qualified Health Plan (QHP) with Premium Tax Credits.



- MAGI Medicaid 266
- Medicaid-non-MAGI 146
- Medicare Savings Programs 95
- Medicaid Renewals 41
- Long Term Care Medicaid 41
- Premium Tax Credit 41
- Medicaid for Working People with Disabilities 38
- Medicaid Spenddown 27

Billing and Coverage

Calls in this category are from Vermonters who received the care they needed, but subsequently experienced problems getting their insurance to pay for that care or had other problems with the billing process. To give higher priority to *Access to Care* and *Eligibility* calls, we often provide advice on ways to resolve billing problems and refer Vermonters to our website, rather than providing direct intervention. We have enhanced the information on our website about resolving billing problems. In SFY 2024, we answered 363 calls in this category, compared to 347 last year.

We track over thirty subcategories of *Billing and Coverage* calls.

The number of calls about the top five issues compared to the number of calls last year were:

- Hospital Financial Assistance (36, compared to 48 last year)
- Provider Billing (31, compared to 24 last year)
- Balance Billing (29, compared to 32 last year)

- Hospital Billing (28, compared to 26 last year)
- Coordination of Benefits (19, compared to 32 last year)

Types of Coverage

The HCA receives calls from Vermonters with all types of health insurance and from the uninsured. The chart below breaks down our calls by the caller's type of coverage. For SFY 2024, state health care programs included DVHA programs such as Medicaid, VPharm, and Medicare Savings Programs. Commercial insurance comprised both individuals with small or large group coverage and those with individual coverage, including those who purchased Qualified Health Plans through Vermont Health Connect. In some cases, the caller's insurance status is not relevant to the problem, and the HCA does not ask for the information.

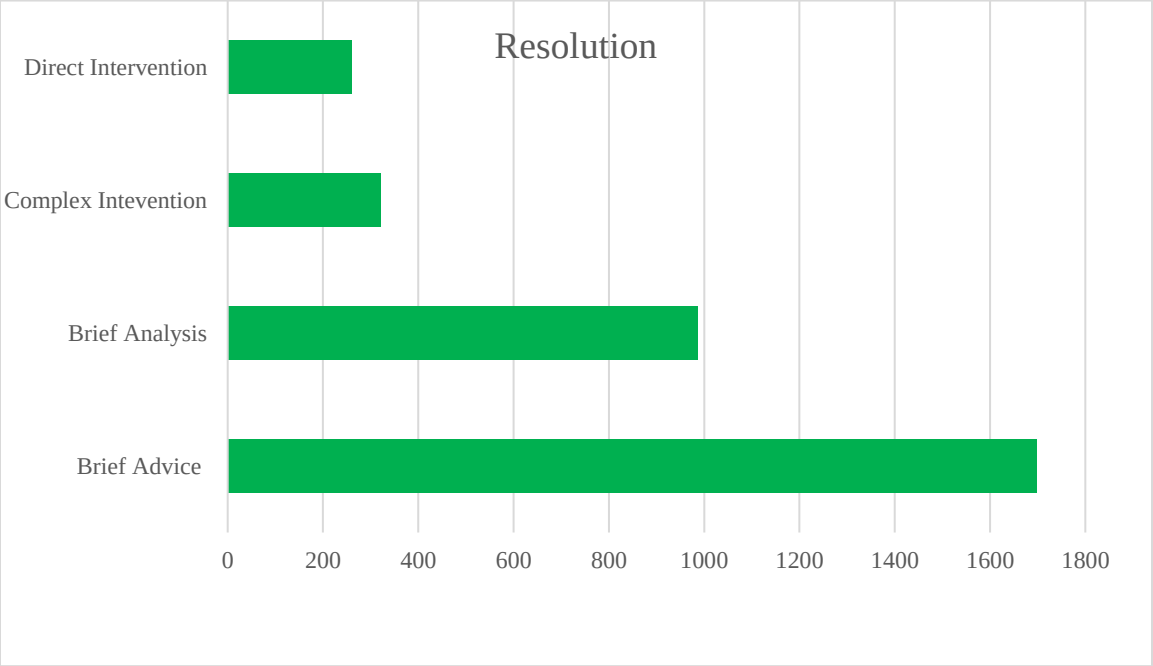
The breakdown this year, compared to the previous two years, is shown in the table below.

Insurance	SFY 2024	SFY 2023	SFY 2022
State Programs	1000	937	994
Commercial Insurance	435	883	446
Uninsured	190	143	191
Medicare	919	459	454
Dual Eligible[1]	90	79	227
Not Applicable/Unknown	665	968	938

Resolution of Calls

In SFY 2024, the HCA closed 3,379 cases compared with 3,393 cases last year. When we close a case, we document how we resolved the case, where we referred the individual, and what materials we sent. In SFY 2024, the HCA saved consumers $3,606,395. In SFY 2024, the top four resolution codes were:

[1] Dual Eligible means a beneficiary who is eligible for both Medicaid and Medicare.



Public Advocacy

SFY 2024 was another busy and productive year for the HCA's public advocacy team. The HCA actively participated in many proceedings before the Green Mountain Care Board including QHP and large group insurance rate review proceedings, hospital and ACO budget reviews, certificate of need proceedings, and numerous other meetings and activities.

The HCA also actively participated in other systemic advocacy activities including bringing a consumer voice to legislative policy considerations and being a consumer-focused resource for legislators. The HCA tracks any changes to Federal and State rules including the eligibility and enrollment rules (HBEE), Medicaid covered services rules (HCAR), and rules governing Association Health Plans. The HCA also edited multiple health care notices to make them more readable and understandable. We participated in health care tax advocacy for individuals and on a systemic level. The HCA participated in numerous other public commissions and boards.

The HCA engaged in several outreach and public education activities, partnering with various community organizations to get the word out about issues that consumers need to be mindful of when accessing insurance and health care, as well as information about the services that the HCA has to offer to Vermonters who need an advocate's assistance. These outreach activities included significant focus on health care-related tax issues as well as eligibility, and communications focused on helping Vermonters understand and manage the exchange marketplace.

All the details of the HCA's public, administrative, outreach and other activities were reported in detail in the four quarterly reports that make up SFY 2024. These quarterly reports can easily be found at the following link: *https://www.vtlegalaid.org/taxonomy/term/9*

Coordination

The HCA works closely with the Long-Term Care Ombudsman Project and other VLA projects, and Legal Services Vermont. In addition, we coordinate our efforts with many consumer and advocacy groups and other organizations that are working to expand access to health care. The following are some of the organizations the HCA worked with in SFY 2024:

- AALV
- Alzheimer's Association, Vermont Chapter
- American Civil Liberties Union of Vermont
- AARP Vermont
- All Copays Count Coalition
- Bi-State Primary Care
- Blue Cross Blue Shield of Vermont
- Burlington Electric Department
- Committee on Vermont Elders
- Community Asylum Seekers Project
- Department of Financial Regulation
- ECDC
- 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
- OneCare Vermont
- Open Door Clinic
- Outright Vermont
- Parent University
- Planned Parenthood of Northern New England
- Rights and Democracy (RAD)
- Rural Vermont
- The Root Social Justice Center
- South Royalton Legal Clinic
- SHIP, State Health Insurance Assistance Program
- University of Vermont Graduate Schools
- University of Vermont Medical Center

- University of Vermont Migrant Health, Bridges to Health
- Vermont Association of Area Agencies on Aging (V4A)
- Vermont Association of Hospitals and Health Systems
- Vermont Asylum Assistance Project
- Vermont Businesses for Social Responsibility (VBSR)
- 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

Health 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 in order to provide the latest and most accurate information to Vermont consumers.

The top 25 health pages in SFY 2024 were:

1. Medicaid - Income Limits (5,781 pageviews)
2. Health - section home page (7,686)
3. Dental Services (6,287)
4. Buying Prescription Drugs (2,426)
5. Medicare Savings Programs (2,232)
6. Long-Term Care (1,768)
7. Medicaid, Dr. Dynasaur & Vermont Health Connect (1,760)
8. Medicaid (1,661)
9. Medicaid - Resource Limits (1,618)
10. Medical Decisions: Advance Directives (1,485)

11. HCA Help Request Form (1,388 pageviews) and online help requests (484)
12. Dr. Dynasaur (1,338)
13. Choices for Care - Income Limits (1,120)
14. Choices for Care - Giving Away Property or Resources (1,097)
15. Prescription Help - State Pharmacy Programs (1,084)
16. Medicaid - Services Covered (1,002)
17. Advance Directive forms (973)
18. Vermont Health Connect (965)
19. Low-Cost Glasses and Eye Exams (961)
20. Patient Financial Assistance & Affordable Medica Care (939)
21. Medical Debt (903)
22. Medicaid and Medicare Dual Eligible (892)
23. Health Care Reform (806)
24. Transportation for Health Care (767)
25. Choices for Care (704)

PDF Downloads

The top health-related downloads were:

- Advance Directive Short Form (downloaded 589 times)
- Vermont Dental Clinics Chart (490)
- Advance Directive Long Form (342)
- Low-Cost Glasses and Eye Exams (65)
- Long-Term Care – Know Your Rights (32)
- Vermont Medicaid Coverage Exception Request Standards (30)
- Hospital Financial Assistance Fact Sheet (22)
- How to Get Durable Medical Equipment Through VT Medicaid (13)
- Fair Hearing Steps (13)

The Advance Directive Short Form ranked 4th among all PDF downloads on the *VTLawHelp.org* website. The Vermont Dental Clinics Chart ranked 5th, and the Advance Directive Long Form ranked 7th. These were the top health-related downloads last year as well.

Online Help Tool

We have a Health section in the online help tool on our website. It is found at *https://vtlawhelp.org/triage/vt_triage* and it can be accessed from most pages of our website.

The website visitor answers a few prompts to get to the health care information they need. The tool addresses some of the most popular questions that are posed to the HCA. In addition to our deep

collection of health-related web pages, the online help tool adds a different way to access helpful information — at all hours of the day and night. The website user can also call the HCA or fill in our online form to get personal help from an advocate.

Website visitors used this tool to access health care information 331 times this year. Of the 55 health care topics that were accessed using this tool, the top topics were:

- Complaints - I want to file a complaint against a doctor or hospital.
- Complaints - I have an urgent medical need.
- Medicaid - I have a problem with Medicaid.
- Long-Term Care - I want to go over my long-term care options (nursing homes, in-home care, and more).
- Complaints - I have been denied coverage for a medical procedure, service, drug or equipment.
- Long-Term Care - How do I know if I can get Choices for Care Long-Term Care Medicaid?
- Medicare – I have a problem with Medicare.

Vermont Legal Aid, Inc.

HCA ANNUAL REPORT SFY 2024

CONTRACT INCOME	**$**	**1,847,406**
Personnel		
Project Co-Directors	$	201,709
Attorneys and Health Care Policy Analyst		261,391
Lay Advocates and Para-Professional Staff		513,146
Management and Support Staff		231,620
Other (Fringe Benefits)		441,749
Total Personnel		**1,649,616**
Other Direct Costs		
Office Operations		132,049
Project Space		76,335
Other		29,057
Total Other Direct Costs		**237,441**
Purchased Services		
Actuarial Services		10,075
Other Professional Services		2,800
Total Purchased Services		**12,875**
CONTRACT EXPENDITURES	**$**	**1,899,931**

Attachment A

Health Care Advocate Statutory Duties

Current Duties

Title 18: Health

Chapter 229: Office of the Health Care Advocate

§ 9602. Office of the Health Care Advocate; composition

- Chief must have expertise in the fields of health care and advocacy
- May employ legal counsel, admin staff, and other employees and contractors as needed

§ 9603. Duties and authority

The HCA shall:

- Assist health insurance consumers with health insurance plan selection
- Accept referrals from Vermont Health Connect and navigators
- Help consumers understand their rights and responsibilities under health insurance plans
- Provide information to the public, agencies, legislators, etc. regarding problems and concerns of health insurance consumers and recommendations for resolving problems and concerns
- Identify, investigate, and resolve complaints on behalf of health insurance consumers, and assist consumers with filing and pursuit of complaints and appeals
- Analyze and monitor the development and implementation of federal, State, and local laws, rules, and policies relating to patients and health insurance consumers
- Facilitate public comment on laws, rules, and policies, including those of health insurers
- Suggest policies, procedures, or rules to the Board to protect consumers' interests
- Promote the development of citizen and consumer organizations
- Annual report on activities, performance, and fiscal accounts

The HCA may:

- Review the health insurance records of a consumer who has provided written consent
- Pursue administrative, judicial, and other remedies on behalf of any individual health insurance consumer or group of consumers
- Represent the interests of Vermonters in cases requiring a hearing before the Board

§ 9604. Duties of State agencies

- State agencies shall comply with reasonable requests from the HCA for information and assistance

§ 9605. Confidentiality

- HCA cannot disclose the identity of a complainant or individual without consent

§ 9606. Conflicts of interest

- HCA, employees, and contractors cannot have any conflict of interest including direct involvement in licensing, certification, or accreditation of a health care facility; ownership interest or investment in, employment or compensation by, or management of, a health care facility, insurer, or provider

§ 9607. Funding; intent

- The HCA shall specify in its annual report its expenditures including the amount for actuarial services
- The HCA shall maximize the amount of federal and grant funds available to support the HCA

Title 08: Banking and Insurance

Chapter 107: Health Insurance

§ 4062. Filing and approval of policy forms and premiums

- The HCA may within 30 calendar days after the Board receives an insurer's rate request submit to the Board suggested questions regarding the filing for the Board to provide to its actuary
- The HCA may submit to the Board written comments on an insurer's rate request. The Board shall post the comments on its website and shall consider the comments prior to issuing its decision.
- The HCA may provide testimony at a public hearing about the insurer's rate request
- The HCA may appeal a decision of the Board approving, modifying, or disapproving the insurer's proposed rate to the Vermont Supreme Court

§ 4080e. Medicare Supplemental Health Insurance Policies; Community Rating; Disability

- Directs the Department of Financial Regulation to work with the HCA and other stakeholders to educate the public about the benefits and limitations of Medicare supplemental policies and Medicare Advantage plans

Title 18: Health

Chapter 043: Licensing of Hospitals

§ 1911a. Notice of hospital observation status

- Hospital notices of observation status must include statement that the individual may contact the Office of the Health Care Advocate and contact information for the HCA

Title 18: Health

Chapter 220: Green Mountain Care Board

§ 9374. Board membership; authority

- The Board shall seek advice from the HCA in carrying out its duties
- The HCA shall advise the Board regarding policies, procedures, and rules
- The HCA shall represent the interests of Vermont patients and Vermont consumers of health insurance and may suggest policies, procedures, or rules to the Board in order to protect patients' and consumers' interests

§ 9375. Duties

- Directs the Board to consult with the HCA in the development of a standard for creating plain language summaries of reports prepared by and for the Board

§ 9377. Payment reform; pilots

- The Board shall convene a broad-based group of stakeholders, including the HCA, to advise the Board in developing and implementing pilot projects and to advise the Board in setting policy goals

§ 9382. Oversight of Accountable Care Organizations

- To be certified by the Board, ACOs must offer assistance to health care consumers, including providing contact information for the HCA and sharing de-identified complaint and grievance information with the HCA at least twice annually
- In the Board's review of budgets of ACO(s) with more than 10,000 attributed lives in VT, the HCA may receive copies of all materials, ask questions of Board employees, submit written questions to the Board that the Board will ask of the ACO in advance of any hearing, submit written comments for the Board's consideration, and ask questions and provide testimony in any hearing held in conjunction with the Board's ACO budget review
- The HCA shall not disclose further any confidential or proprietary information provided to the HCA in the ACO budget review process

Title 18: Health

Chapter 221 Health Care Administration

§ 9414a. Annual Reporting by Health Insurers

- DFR and the HCA shall post on their websites links to the standardized form completed by each health insurer for reporting information about the insurer's business to the Commissioner of Financial Regulation

§ 9420. Conversion of Nonprofit Hospitals

- Requires that the Attorney General provide a copy of the notice of hearing to the HCA prior to a hearing on a nonprofit hospital's application to convert charitable assets

Title 18: Health

Chapter 221: Health Care Administration

Subchapter 005: Health Facility Planning

§ 9433. Administration

- The Board shall consult with the HCA in matters of policy affecting the administration of certificate of need proceedings.

§ 9440. Procedures

- The HCA may participate in any administrative or judicial review of a certificate of need application and shall be considered an interested party upon filing a notice of intervention with the Board

§ 9445. Enforcement

- If any person offers or develops any new health care project without first having been issued a certificate of need or certificate of exemption the HCA may maintain a civil action to enjoin, restrain, or prevent such violation

Title 18: Health

Chapter 221: Health Care Administration
Subchapter 007: Hospital Budget Review

§ 9456. Budget Review

- The HCA shall have the right to receive copies of all materials related to the hospital budget review and may:
    - Ask questions of Board employees
    - Submit questions to the Board that the Board will ask of hospitals in advance of any hospital budget review hearing
    - Submit written comments for the Board's consideration
    - Ask questions and provide testimony in any hospital budget review hearing
- The HCA shall not further disclose any confidential or proprietary information provided to the HCA

Title 18: Health

Chapter 227: All-Payer Model and Accountable Care Organizations

§ 9551. All-Payer Model

- In order to implement an all-payer model, the Board and Agency of Administration shall ensure, in consultation with the HCA, that robust patient grievance and appeal protections are available

Title 32: Taxation and Finance

Chapter 244: Requirement to Maintain Minimum Essential Coverage

§ 10454. Outreach to Uninsured Vermonters

- Requires the Department of Vermont Health Access to consult with HCA to use Department of Tax information to outreach to Vermont residents without minimal essential coverage

Title 33: Human Services

Chapter 004: Department of Vermont Health Access

§ 402. Medicaid and Exchange Advisory Committee

- One-quarter of the members of the MEAB shall be advocates for consumer organizations

Title 33: Human Services

Chapter 018: Public-private Universal Health Care System

Subchapter 001: Vermont Health Benefit Exchange

§ 1805. Duties and responsibilities

- VHC must refer consumers to the HCA for assistance with grievances, appeals, and other issues

§ 1807. Navigators

- Navigators must refer any enrollee with a grievance, complaint, or question regarding his or her health benefit plan, coverage, or a determination under that plan or coverage to the HCA and any other appropriate agency

§ 1814. Maximum Out-of-Pocket Limit for Prescription Drugs in Bronze Plans

- Directs health insurers to collaborate with the HCA and the Department of Vermont Health Access on the form and content of a notice that insurers must send to certain beneficiaries prior to automatic reenrollment in a bronze plan with a prescription drug limit at or below the amount established in 8 VSA § 4089i.

Other Duties

The HCA is also often asked to participate in task forces, councils, and work groups when the Legislature mandates state agencies to create them. While these are not statutory duties for the HCA, they are essentially required.

Office of the Health Care Advocate

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