Office of the Health Care Advocate

SFY 2023 Annual Report

July 1, 2022 – June 30, 2023

A Special Project of

VERMONT LEGAL AID
WORKING TOGETHER FOR JUSTICE

Leadership and Staff

CHIEF HEALTH CARE ADVOCATE
Michael Fisher (mfisher@vtlegalaid.org)

HELPLINE DIRECTOR
Marjorie Stinchcombe (mstinchcombe@vtlegalaid.org)

STAFF ATTORNEYS
Charles Becker | Eric Schultheis

HEALTH CARE ADVOCATES
| Emily Bens |Andrea Brett | Annalee Beaulieu| Isabel Dunkley | Fexha Ilazi |
Jeff Maier |Kelly Murphy Moreton | Emma Riggs|

COMMUNICATIONS COORDINATOR
Alicia Roderigue

CONSUMER RESEARCH & HEALTH POLICY ANALYST

Emma Zavez

POLICY ANALYST
Sam Peisch

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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.

Every day we talk to Vermonters who are struggling with our complex and changing health care system. 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 3,300 Vermont households this year, helping consumers navigate a complicated and changing field.

Testimonial from a Vermonter

From a Client Satisfaction Questionnaire:

Case was handled very well. Responses to somewhat unique and complex questions were thoroughly researched and returned promptly (email and phone calls). Detailed info and explanations were provided, which were greatly appreciated. Thank you.

In State Fiscal Year (SFY) 2023, the HCA engaged in a broad range of projects to make health care more affordable and accessible for Vermonters. We had a particular focus this year on making Medicare more affordable. The income limits for state programs like Medicare Savings Programs and Medicaid for Aged, Blind and Disabled, that help Vermonters on Medicare, are lower than those that help adults under 65 years old. This means Vermonters on Medicare must be poorer than the rest of the population to qualify for the state programs. Additionally, it is a matter of equity. Women, people of color and people living with a disability represent a disproportionate number of the poor in our state. Because of structural inequities in our society, many women, people of color and people with disabilities, have been underpaid their entire working lives and because of this qualify for less Social Security.

We spoke to hundreds of households with questions about Medicare enrollment, costs and coverage. We have proposed broadening the eligibility requirements for Medicare Savings Programs. Medicare

Savings Programs help low-income Vermonters pay for Medicare premiums and cost-sharing. Our webpages on Medicare Savings Programs had over 1,800 pageviews which reflects Vermonters interest and need for programs that can help with Medicare costs.

Under the Affordable Care Act, Medicaid was expanded for adults under 65, but it did not expand eligibility for the type of Medicaid programs that work with Medicare. Expanding the Medicare Savings Program eligibility will be equivalent to the "Medicaid expansion" for those 65 and older on Medicare and those on Medicare due to disability. It will also be a step in making healthcare more equitable for Vermont seniors and Vermonters with disabilities.

At the end of SFY 2023, the Immigrant Health Insurance Plan (IHIP) had been in effect for one year. IHIP is a program that provides coverage for children up to nineteen and pregnancy. IHIP provides health care coverage like Dr. Dynasaur coverage. The HCA initially proposed this policy change in the legislature and continues to work closely with the State of Vermont to streamline and ease the application process. We also collaborate closely with community partners and intervene when there is a problem or question with the application. Our goal is to make current IHIP coverage more accessible, and in the future to expand the eligibility for IHIP to include adults. We believe all Vermonters need support to get the care they need.

Testimonial from a Vermonter

From a Client Satisfaction Questionnaire

My case worker was extremely caring and constantly in touch with me, keeping me informed throughout.

In SFY 2023, VHC re-started its Medicaid renewal process after a three year pause due to the COVID Public Health Emergency (PHE.) The HCA worked closely with VHC and other community partners to prepare for the renewals. We launched various consumer education projects to prepare Vermonters for the "unwind," with the goal of reducing the number of Vermonters losing health care coverage due to the renewal process. We also put special emphasis on educating Vermonters on the changes, including the special enrollment periods.

Our website continued to get heavy traffic. We had over 8,699 page views on Medicaid Income limits. Our page on Dental Services had over 5,000 views, and our chart on dental clinics was downloaded 938 times. The dental chart was the third most downloaded document on all the *VTLawhelp.org* website. Our online Help Tool addresses some of the most frequently asked questions posed to the HCA. It was used 344 times in SFY 2023. Some of the top issues included questions about Medicaid, Long-Term Care Medicaid, and filing a complaint about your provider.

The HCA plays an important watchdog role. We represent the Vermont public on policies and matters related to health care and health insurance. Our policy advocacy and our individual advocacy inform each other. Our policy advocacy reflects the issues that consumers call us about. We know that affordability and access-to-care issues are real pressures impacting how Vermonters make decisions about their care.

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 eight case examples demonstrate the kind of work we do:

Sam's Story:
Sam had been diagnosed with a serious chronic condition, and he needed to go to multiple appointments and pick up prescriptions. But Sam was uninsured, and he had missed the Vermont Health Connect (VHC) Open enrollment period. Sam had a part-time job, but he did not work enough hours to qualify for employer coverage. Since he was outside VHC open enrollment, Sam would need a special enrollment to get a plan. The HCA advocate discovered that Sam qualified for one of VHC's new special enrollment periods. If you have an income under 200% of the Federal Poverty Level and meet the other eligibility requirements for Advance Premium Tax Credit (APTC), you can enroll outside the Open Enrollment. The HCA advocate helped Sam fill out the application and enroll in a plan. He qualified for significant APTC and cost-sharing reductions. This meant that he would be able to go to his appointments and afford his prescriptions.

Irina's Story:
Irina called the HCA because she was having trouble using her VPharm. VPharm is a state of Vermont program that helps pay for Medicare Part D premiums and reduces the co-payments for medications to $1 or $2. She was also enrolled on a Medicare Advantage Plan. Medicare Advantage Plans are private health plans that offer Medicare benefits. Frequently, Advantage plans include prescription coverage, which means you do not need a separate Part D plan. When Irina tried to tell her pharmacy to bill VPharm, she was directed to call the Advantage plan. When she called the Medicare Advantage Plan, she was directed back to the pharmacy. The HCA advocate investigated and found that Irina was getting her prescriptions with a pharmacy that was not enrolled with Vermont Medicaid. That meant that her prescriptions could not be billed to VPharm, and she was not getting the reduced copayment. The HCA helped Irina find a pharmacy enrolled with Vermont Medicaid that would cover her prescriptions and bill VPharm. Irina switched pharmacies and was able to get her prescriptions at the VPharm co-payment rate.

Lionel's Story:
Lionel called the HCA because he was having trouble signing up for a Vermont Health Connect (VHC) plan. He told the HCA advocate that he had applied with VHC for health care coverage, but VHC could not find a record of the application. After waiting and calling VHC, Lionel still did not have coverage. He needed to make an appointment with a provider, so he was anxious to get his coverage started. The HCA investigated and found out that Lionel had done an application with his case manager. The case manager had submitted the application at a state of Vermont office, but it was never faxed to VHC. No one could find the original application. The HCA advocate helped Lionel do a new application and submit it to VHC. Lionel was found eligible for a Silver 94 plan, and his premium was less than $1 a month. He also needed dental care, so the HCA advocate helped him sign up for a dental plan through VHC. Lionel was able to make an appointment to
see his provider.

Mary Kate's Story:
Mary Kate called the HCA because she could not afford her Medicare Part B premiums. When the HCA advocate spoke with her, she found that Mary Kate had been on Medicare for several years. She struggle to pay her Part B premiums, and she had not signed up for a Medicare Part D prescription drug plan. This meant that she had no drug coverage. Because she had failed to sign up for a Part D plan when she was first eligible for Medicare, Mary Kate was also subject to a late enrollment penalty, which would increase her monthly Part D premium. When the HCA advocate reviewed Mary Kate's income, she found that she was eligible for a Medicare Savings Program (MSP). The MSP would pay for her Part B premium. Also, being on an MSP made Mary Kate eligible for Low Income Subsidy (LIS). This program pays for Part D premiums and reduces co-payments. It also waives the late enrollment penalty for Part D. The HCA advocate helped her with the application, and she was approved for an MSP. This meant that Mary Kate had help with her Part B and Part D costs and no longer had an added monthly penalty.

Adele's Story
Adele moved to Vermont for a new job. Her job, however, did not offer health care coverage for the first six months, and she discovered that she was pregnant soon after starting her job. Adele called the HCA because she needed to see a provider, and she did not know if she was eligible for health care coverage. The HCA advocate discovered that Adele was over-income for Dr. Dynasuar for pregnancy, but she was eligible for Advance Premium Tax Credit (APTC) to help pay for a Vermont Health Connect plan. Normally, if you have an offer of employer insurance, you are not eligible for APTC. But because Adele's job had a six-month waiting period before she could get on her employer sponsored insurance, Adele was eligible to get APTC. She also had a special enrollment to sign up for a VHC plan outside of Open Enrollment because she had just moved to the state of Vermont. VHC also has a special enrollment period for pregnancy. This meant Adele could sign for a VHC plan and get subsidy to help pay for it, so she would have coverage for her pregnancy. When she became eligible for her employer coverage, she would be able to transition off the VHC plan. The HCA advocate helped Adele apply and sign up for a plan, and Adele was able to schedule an appointment with a provider.

Jannik and Anna's Story:
Jannik called the HCA because he was about to lose his health care coverage. He had coverage through his spouse, Anna, but she was leaving her job. They both needed help getting new coverage. Jannik was eligible for Medicare. He had delayed enrolling on Medicare Part B while he was on his Anna's employer insurance. The HCA advocate explained that Jannik now had a special enrollment period (SEP) for Part B. This SEP starts the month after the employer coverage ends and lasts for eight months. The HCA advocate also helped Jannik understand the process for signing up for Medicare Part D coverage. The HCA advocate explained that he should enroll as soon as possible, so he would not have a gap in coverage. Anna was not Medicare eligible, but she had the option to enroll on COBRA or get a plan on VHC. The HCA advocate discussed how COBRA coverage is often prohibitively expensive. Anna thought that they would be over income for PTC, but the HCA advocate explained that there was no longer an upper income cut off for PTC. This meant households that were formerly ineligible because of their income could possibly now be eligible for PTC. When Jannik and Anna explored the plans on VHC, they

discovered that she was eligible. Anna was able to get an individual VHC plan that was much more affordable than the COBRA coverage.

Theo's Story:

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

Hayden's Story

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

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.

Testimonial from a Vermonter

From a Client Satisfaction Questionnaire:

I truly felt I had someone in my corner to help me navigate a very complicated system. I couldn't believe such a service existed for no cost. It took so much anxiety away from a physically and financially traumatic time.

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. We represent the public in rate review, hospital budget, and accountable care organization proceedings, and other matters before the Green Mountain Care Board (the Board) and other state entities. Act 48 of 2011 and Act 171 of 2012 require the Board to consult with the HCA about their policies and activities and how they impact consumers.

Key Projects

Immigration Health Insurance Plan

The HCA had worked on passing H.430-Act-48, which allows children and pregnant Vermonters to be eligible for the Immigration Health Insurance Plan (IHIP). In SFY 2023, it worked with DVHA and other stakeholders on implementing and improving the program. IHIP offers medical coverage like Dr. Dynasaur, the state Medicaid program for children and pregnant people. This program means these Vermonters can access preventive, routine, and emergency care as needed. During SFY 2023, the HCA regularly met with VHC to discuss issues with the application process, and we are also in close contact with community partners to provide education and assistance with questions about eligibility, enrollment, or coverage.

Medicaid Renewals

During SFY 2023 the HCA worked with VHC and other stakeholders to prepare for the end of the three-year pause in Medicaid renewals. We wanted to educate consumers about the process and help them understand what to expect and what they needed to do to keep their health care coverage. We also spent time educating consumers about their options if they were found to be over-income for Medicaid. The HCA provided comments and feedback on VHC's notices. We held outreach events, produced educational videos, conducted trainings, and updated our website. We regularly meet with VHC to discuss the renewal process with the goal of improving the process for consumers and reducing the number of Vermonters who lose coverage during this process.

Expanding Medicare Savings Program eligibility

The HCA works with many Medicare enrollees who cannot afford the premiums and cost-sharing. 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. These programs pay for Part B premiums, and in the case of QMB, it will also pay for Part A premiums and cost-sharing. The HCA is proposing to expand the eligibility for these programs. Expanding the eligibility would 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. The HCA plans to continue working on this project in SFY 2024.

Medicare Affordability Project

In SFY 2023, the HCA launched a Medicare Affordability Project. The HCA conducted a survey to learn about the transition to Medicare and the costs and issues Vermonters were facing. We spoke with many Vermonters on Medicare to learn their thoughts about the coverage. From the survey and interviews, we learned how many Vermonters struggle with the premium and cost-sharing costs of Medicare, and often need to forgo needed healthcare because they worry about costs. The HCA expects to launch a website featuring their stories in SFY 2024.

Testimonial from a Vermonter

From a Client Satisfaction Questionnaire

My advocate went the extra mile to get the right information and also to make sure it was accurate.

Financial Assistance Policy (Act 119)

In preparation for the implementation of the new Financial Assistance Policy statute (Act 119), the HCA launched its work on developing educational tools for hospitals and consumers. The HCA plans on working with hospitals to help ensure that the patient financial assistance policies are updated and reflect the changes in the statute. We are also planning consumer outreach. This work will continue into SFY 2024 and SFY 2025 as the new requirements are implemented. The HCA plans to do major consumer education to make Vermonters know about the changes to policies.

Legislative Advocacy

This fiscal year was the first year of the Legislative Biennium. The Chief Advocate spent considerable time this quarter engaging with new and incumbent legislators to make sure they are aware of the HCA as a resource for their constituents, as well as promoting an agenda that continues to focus on key improvements to our health care system. Our primary focus on Medicare Savings Plan eligibility as well as Immigrant Health Insurance coverage resulted in the introduction of bills in the house and senate on both topics. We remain hopeful that next year the Legislature will devote some of its precious time on these policy areas.

The HCA participated in several legislative discussions on the following bills.

H.494 An act relating to making appropriations for the support of government. The HCA actively advocated for an increase in the Medicaid dental cap as well as funding for the Bridges to Health program in addition to stated support for numerous other parts of the bill. The bill passed the House and Senate, was vetoed by the Governor and the legislature overrode the Veto.

S.54 An act relating to individual and small group insurance markets. The HCA supported this bill which extends the current practice of rating the individual and small groups separately for 2024 and 2025. The bill has passed both the House and the Senate and was delivered to the Governor on April 12th.

S.36 An act relating to permitting an arrest without a warrant for assaults and threats against health care workers and disorderly conduct at health care facilities. The HCA supported a balanced approach to this bill that recognized the stated needs of the workers in Emergency Departments and first responders and recognized the risks of bringing more law enforcement into the health care setting. We supported a narrowing of the disorderly conduct in this bill as well a significant narrowing of the health care facilities where warrantless arrests could be called for. The bill has passed the Senate and House and was signed by the Governor.

S.9 An act relating to the authority of the State Auditor to examine the books and records of State contractors. The HCA supported this bill in the Senate recognizing the importance of an independent auditor's ability to safeguard taxpayer dollars even when those monies flow through independent contractors. The bill passed the Senate and remained in House Government Operations at the end of the session.

S.37 An act relating to access to legally protected health care activity and regulation of health care providers. The HCA supported this bill. The bill passed the senate and the House and was signed by the Governor.

S.65 An act relating to commercial insurance coverage of epinephrine auto-injectors. The HCA supported this bill once it was fashioned to comply with high deductible health plans. The bill passed the Senate and remained in House Health Care at the end of the session.

S.79 An act relating to limitations on hospital liens. The HCA Supported this bill and joined with a small group of advocates to find a compromise. The HCA had fought for protections for patients who are eligible for a hospital's free care policy from Hospital Liens, but compromised as the bill is a step in the right direction. The bill passed the Senate Judiciary Committee after crossover and is currently in Senate Rules. The language of S.79 was attached to H.206 in the Senate and passed through all stages with that bill.

Description of Caseload

In SFY 2023, we handled 3,393 calls to our statewide hotline, compared to 3,164 calls in SFY 2022.

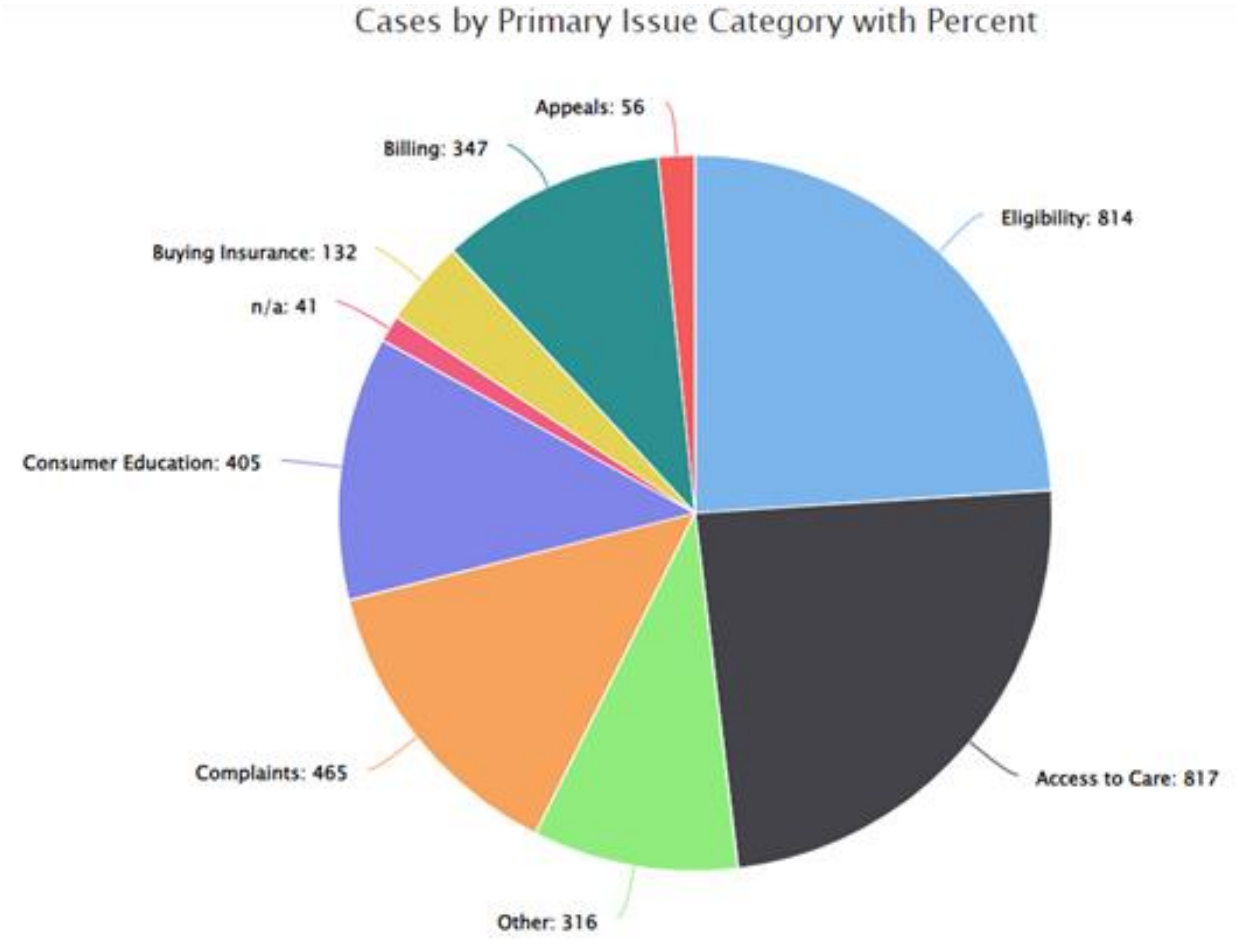
We assign each case to one or more of these six categories: *Access to Care, Billing and Coverage, Buying Insurance, Consumer Education, Eligibility,* and *Other*. While some cases span multiple categories, the case numbers in this section are based on the primary issue identified for each call, in order 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 (24% compared to 31%)
- Eligibility (24% compared to 18%)
- Billing and Coverage (10% compared to 11%)
- Consumer Education (12% compared to 11%), and
- Other (9% compared to 10%)

- Buying Insurance (4% compared to 4%).

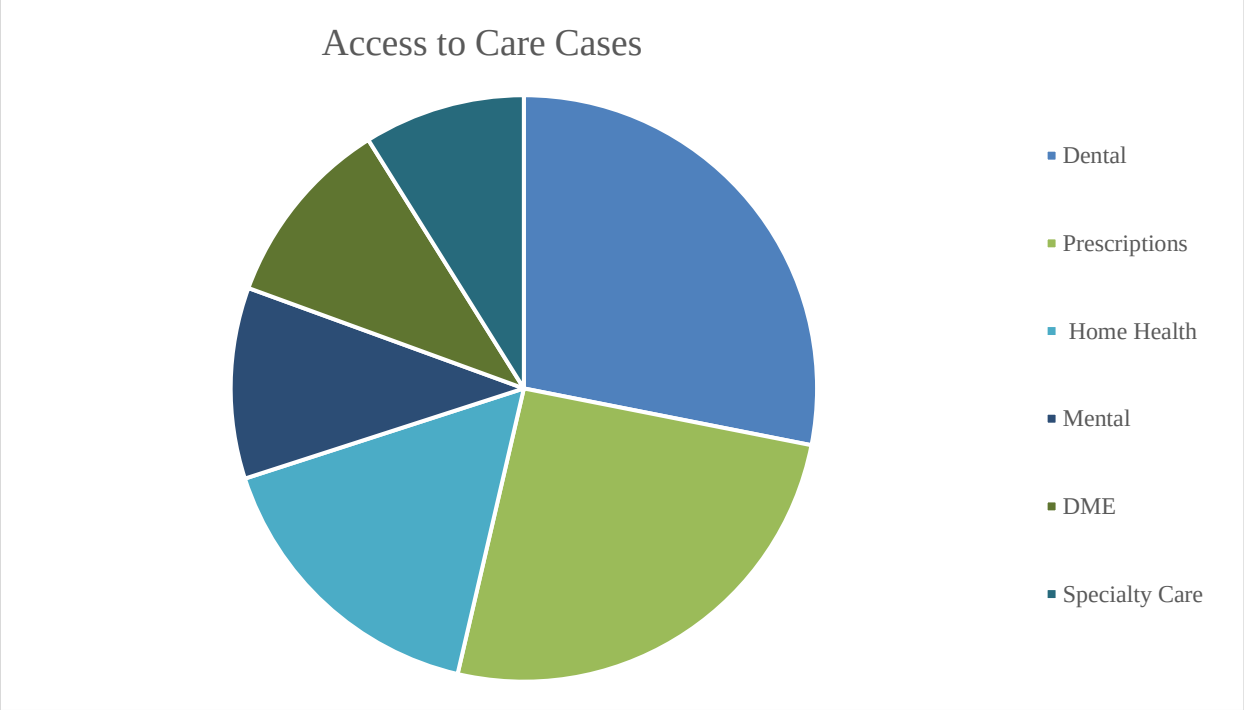
The pie chart below illustrates the comparative volume of calls for each category. Details are provided in the descriptions below.



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 817, compared to last year's total of 984.

We track more than 40 subcategories in *Access to Care.*[1] The top six Access to Care issues were: Dental (120 calls); Prescription Drugs (109 calls); Access to Nursing Homes and Home Health (70); Mental Health Treatment (45); Access to DME supplies (45) and Access to Care Specialty Care, (38). 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 also had significant calls about transportation (29) and Access to Primary Care (29). Vermonters continue to struggle to find a provider or get a timely appointment, and those issues are reflected in our calls about Access to Specialty Care, Access to Primary Care, and Access to Dental Care.

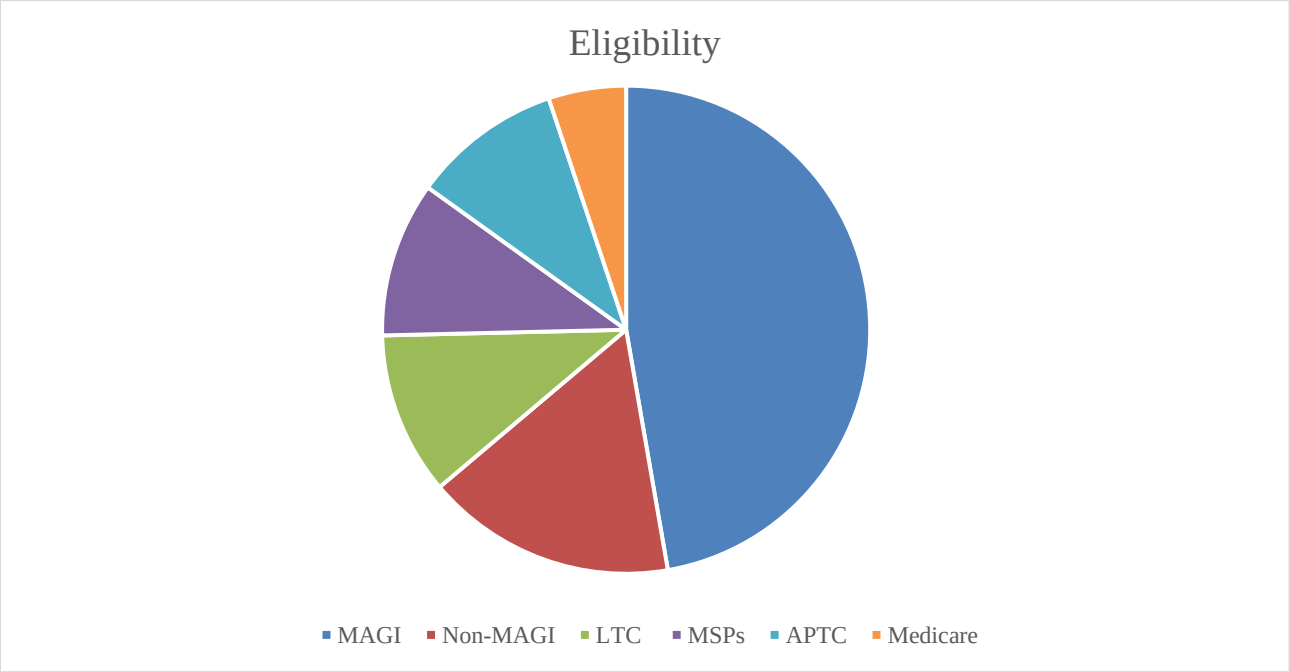


Eligibility

Eligibility received the second most calls out of all the sub-categories. *Eligibility* was the primary issue for 814 callers, compared to 582 callers the previous year. This reflects an increase in eligibility calls, which was nearly equal to the *Access to Care* calls.

In SFY 2023, the top eligibility issues remain quite similar to the previous two years. *Eligibility* for MAGI (Modified Adjusted Gross Income) Medicaid, Medicaid (non-MAGI), Long-Term Care Medicaid, and Medicare Savings Programs (MSP) remained in the top four. Medicare was a new addition to the also remained in the top six issues. *Eligibility* for special enrollment periods was a new addition to the list. With the end of the COVID PHE, Medicaid started doing eligibility reviews again. This meant that some

Vermonters were coming off Medicaid and needed to use a special enrollment period to enroll on VHC plans. VHC has also introduced new special enrollment periods. We expect to have significant calls about special enrollment periods in SFY 2024 also.



- MAGI Medicaid (285, compared to 183)
- Medicaid-Non-MAGI (100, compared to 87)
- Long Term Care Medicaid (65, compared to 63)
- Buy-In Programs/MSPs (62, compared to 60)
- Premium Tax Credit, (60 compared to 37)
- Medicare (31 comparted to 41))

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 2023, we answered 347 calls in this category, compared to 344 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 48

- Claim Denials (44, compared to 24 last year)
- Balance Billing (32, compared to 40 last year)
- Hospital Billing (26, compared to 55 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 2023, state health care programs included DVHA programs such as Medicaid, VPharm, 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.

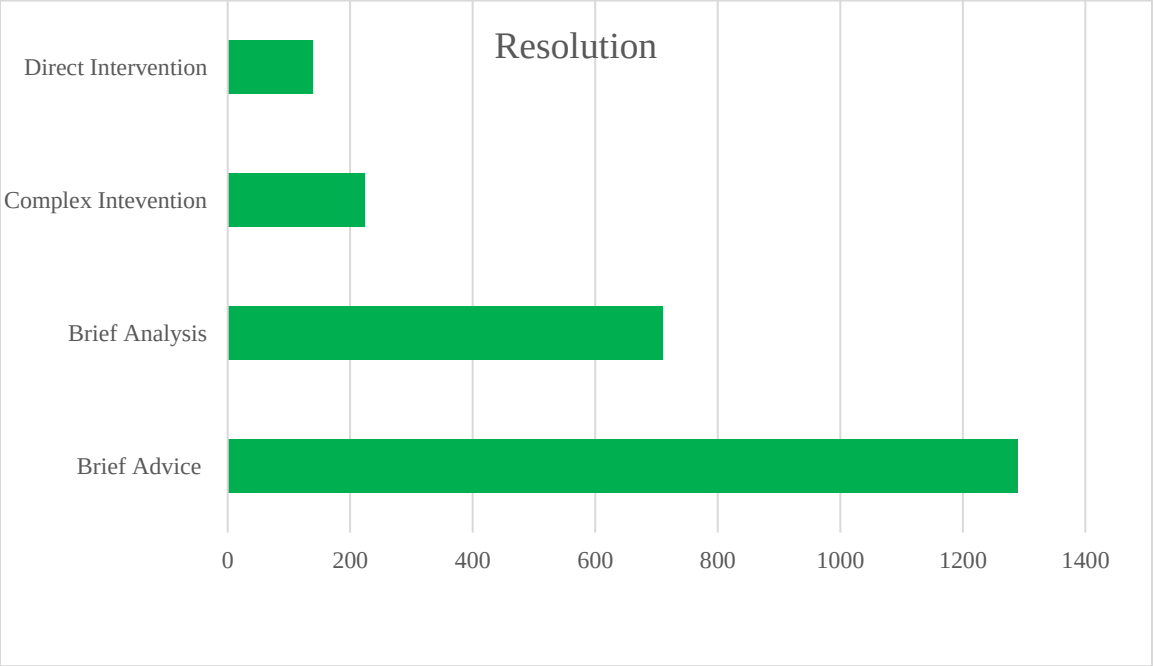
The breakdown this year, compared to the previous two years, is shown in the table below.

Insurance	SFY 2023	SFY 2022	SFY 2021
State Programs	937	994	757
Commercial Insurance	883	446	456
Uninsured	143	191	214
Medicare	459	454	430
Dual Eligible[2]	79	227	236
Not Applicable/Unknown	968	938	868

Resolution of Calls

In SFY 2023, the HCA closed 3,393 cases compared with 3,174 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 2023, the HCA saved consumers $437,585.82. In SFY 23, the top four resolution codes were:

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



Public Advocacy

SFY 2023 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 upon in detail in the four quarterly reports that make up SFY 2023. 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 2023:

- American Civil Liberties Union of Vermont
- All Copays Count Coalition
- Bi-State Primary Care
- Blue Cross Blue Shield of Vermont
- Committee on Vermont Elders
- Department of Financial Regulation
- Families USA
- The Family Room
- The Howard Center
- IRS Taxpayer Advocate Service
- Let's Grow Kids
- Migrant Justice
- MVP Health Care
- National Academy for State Health Policy
- NHeLP, National Health Law Program
- New American Clinic/Family Room
- OneCare Vermont
- Open Door Clinic
- Parent University
- Planned Parenthood of Northern New England
- Rights and Democracy (RAD)
- Rural Vermont
- South Royalton Legal Clinic
- SHIP, State Health Insurance Assistance Program
- University of Vermont Medical Center
- University of Vermont Migrant Health, Bridges to Health
- Vermont Association of Hospitals and Health Systems
- Vermont Cheese Council
- Vermont Department of Health
- Vermont Department of Taxes
- Vermont Health Connect
- Vermont Health Care for All
- Vermont Interfaith Action (VIA)Vermont Language Justice Project

- Vermont Medical Society
- Vermont – NEA
- Vermont Professionals of Color Network
- Vermont Public Interest Research Group (VPIRG)
- Vermont Workers' Center
- You First

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 20 health pages in FY2023 were:

1. Medicaid - Income Limits (8,699 pageviews)
2. Health - section home page (7,428)
3. Dental Services (5,295)
4. Medicaid, Dr. Dynasaur & Vermont Health Connect (2,860)
5. Long-Term Care (1,967)
6. Medicaid (1,943)
7. Medicare Savings Programs (1,837)
8. Medicaid - Resource Limits (1,727)
9. Medicaid - Services Covered (1,724)
10. HCA Help Request Form (1,683 pageviews) and online help requests (514)
11. Medical Decisions: Advance Directives (1,314)
12. Dr. Dynasaur (1,221)
13. Advance Directive forms (1,189)
14. Vermont Health Connect (1,181)
15. Choices for Care - Income Limits (1,143)
16. Choices for Care - Giving Away Property or Resources (977)
17. Choices for Care (957)
18. Medicaid and Medicare Dual Eligible (898)
19. Federally Qualified Health Centers (890)
20. Transportation for Health Care (887)
20. Prescription Help - State Pharmacy Programs (887)

PDF Downloads

Of the list of unique documents that were downloaded from the entire VTLawHelp website, about 25% were on health topics. Most of these PDFs were downloaded more this year compared to last year.

The top health-related downloads were:

- Advance Directive Short Form (downloaded 1,058 times)
- Vermont Dental Clinics Chart (938)
- Advance Directive Long Form (489)
- Long-Term Care – Know Your Rights (96)
- Vermont Medicaid Coverage Exception Request Standards (75)

- How to Get Durable Medical Equipment Through VT Medicaid (44)
- Hospital Financial Assistance Fact Sheet (40)
- Fair Hearing Steps (32)
- Medicaid Renewals (27)

The Advance Directive Short Form ranked 2nd among all PDF downloads on the *VTLawHelp.org* website. The Vermont Dental Clinics Chart ranked 3rd and the Advance Directive Long Form ranked 6th. 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 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 344 times this year. Of the 61 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.
- 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 an urgent medical need.
- 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?
- Medicaid - I have questions about my Medicaid coverage.

Vermont Legal Aid, Inc.

HCA ANNUAL REPORT SFY 2023

CONTRACT INCOME	**$**	**1,847,406**
Personnel		
Project Co-Directors	$	191,697
Attorneys and Health Care Policy Analyst		244,949
Lay Advocates and Para-Professional Staff		437,441
Management and Support Staff		217,515
Other (Fringe Benefits)		402,823
Total Personnel		**1,494,425**
Other Direct Costs		
Office Operations		128,523
Project Space		72,133
Other		33,101
Total Other Direct Costs		**233,757**
Purchased Services		
Actuarial Services		17,270
Other Professional Services		63,500
Total Purchased Services		**80,770**
CONTRACT EXPENDITURES	**$**	**1,808,952**

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

264 North Winooski Ave., Burlington VT 05401

Toll Free Hotline: 800-917-7787

Fax: 802-863-7152

www.vtlawhelp.org/health