

Vermont Legal Aid
Office of the Health Care Advocate

Quarterly Report
October 1 – December 31, 2023
to the
Agency of Administration
submitted by
Michael Fisher, Chief Health Care Advocate
Office of the Health Care Advocate

January 21, 2024



Summary and Update

The Office of the Health Care Advocate (HCA) advocates for all Vermonters through both individual consumer assistance and systemic advocacy on health care issues. We work to increase access to high quality, affordable health care for all Vermonters through individual advocacy and representing the public before the Green Mountain Care Board (GMCB), state agencies and the state legislature. The HCA Helpline now has eight advocates working to resolve issues and answer questions.

The HCA opened 882 cases this quarter (856, the previous quarter). In this quarter, both Vermont Health Connect and Medicare started their annual open enrollment periods. Medicare enrollees can sign up and or change their Part D or Part C plans. The helpline saw significant numbers of calls about Medicare; over a third of our callers were Medicare enrollees. (318/882) We also talked to 42 households about eligibility for Medicaid for the Aged, Blind, and Disabled (MABD), the type of Medicaid that works with Medicare. MABD has resource limits on how much money you can save in your bank or retirement accounts. Our webpages on resource limits had 458 visits. We also talked to another 25 households about Medicare Savings Programs, which help pay for Medicare premiums and cost-sharing. Our webpages on Medicare Savings Programs had over 600 visits. We gave consumer education on Medicare enrollment and coverage to 28 households.

The HCA continues its work to expand Medicare Savings Programs. Our calls consistently reflect a high need for help with both the premium costs and cost-sharing. Our calls also reflect that Vermonters are struggling with prescription costs. Our webpages on buying prescriptions had 500 visits. We talked to 26 households about access to prescription medication. Expanding access to Medicare Savings programs will improve prescription coverage. Anyone who is eligible for a Medicare Savings Program, is automatically eligible for "Extra Help," a federal program that helps pay for Medicare Part D premiums and reduces copayments.

The HCA launched its Medicare webpage, which features the stories of Vermonters who are struggling with the costs: [Medicare Stories | Vermont Legal Aid \(vtlegalaid.org\)](#) Expanding the limits to Medicare Savings Program will make a significant and immediate financial impact on many Vermont seniors and disabled Vermonters. It will help them afford the health care they need, and it will be a step towards creating a more equitable system for seniors and disabled Vermonters. The Affordable Care Act expanded coverage for those under 65, and expanding Medicare Savings Programs will be a similar step for Vermonters on Medicare.

Nicola's Story

When Nicola went to the pharmacy to pick up her prescription, she was told that she had no coverage. She was confused because she had just received her Medicaid card, and when she called VHC she was told she had active coverage. She called the HCA because she needed to pick up a prescription after a medical procedure. She could not afford to pay for it out-of-pocket, and her provider told her she needed to take the medication soon after the procedure. The HCA advocate called VHC to investigate, and she found out that Nicola's pharmacy was trying to submit a claim, and it kept being denied. It was denied because it was showing that Nicola had other insurance coverage, so the system was thinking that coverage should pay for the prescription. Medicaid is always the payer of last resort, which means if there is another type of coverage, it will pay first before Medicaid pays a claim. Nicola, however, did not have any other coverage. The HCA made an expedited request to get the other insurance removed from the system, and VHC was able to do it the same day. That meant that Nicola's prescription was approved, and she was able to pick it up that same day.

VHC also started its annual open enrollment this quarter, and we saw significant calls about VHC issues. We talked to many consumers about buying insurance or switching to a new VHC plan. Additionally, VHC continued the “unwinding” process from the Public Health Emergency (PHE), so consumers were also doing Medicaid reviews. Eligibility for MAGI Medicaid was again the top issue getting calls on the helpline. We talked to 62 households about MAGI Medicaid eligibility and 36 about buying a VHC plan. We continue to work with VHC to reduce the number of Vermonters who lose their Medicare coverage during the review process. Our website also had heavy traffic on its Medicaid pages. We had over 1,400 page views on the Medicaid page. We had over 400 page views on our pages on Medicaid and VHC, and over 300 on our pages on Dr. Dynasaur.

We are also working 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. We worked on 11 IHIP cases this quarter. Of those cases, 10 were eligibility cases where there was a problem with the application, and 1 was a billing case. The cases also required significant time, 8 out of 11 were complex interventions, which meant that they required two or more hours work by the advocate.

This quarter, the HCA also participated with other stakeholders on the plan design for the 2025 VHC plans. This is an annual process, and the HCA works with other stakeholders to limit the impact of cost-sharing and premium increases on consumers as much as possible with the goal of ensuring that consumers have a range of affordable options that meet their health care needs.

In preparation for the implementation of the new Financial Assistance Policy statute (Act 119), the HCA continued its work on developing educational tools for hospitals and consumers. We talked to 13 households about hospital bills and patient financial assistance. 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 all year. The HCA plans to do major consumer education to make Vermonters know about the changes to policies.

Case Stories:**Nina's Story:**

Nina called the HCA because she was having trouble signing up for a new Vermont Health Connect (VHC) plan for 2024. She had been on a VHC plan all year and was receiving Advance Premium Tax Credit (APTC) to help pay for it. During the Open Enrollment period, she wanted to switch to another VHC plan. But when she tried to switch, she was told she was not eligible for any subsidies. Nina could not afford a plan without subsidies. When the HCA advocate investigated, she found that Nina had been found eligible for Medicaid. Under the eligibility rules, you cannot be eligible for Medicaid and receive APTC at the same time. But when the HCA advocate studied what VHC in its system for Nina's income, she found that VHC had entered that Nina had no income. Because of this error, it looked like Nina was eligible for Medicaid. It was not clear how this error occurred because Nina had not reported any income changes to VHC. Once her income was corrected, VHC showed her eligible for significant APTC. With the APTC, Nina was able to enroll in a plan that suited her health care needs for 2024.

Jackson's Story:

Jackson called the HCA because he had lost his Medicaid coverage. He had been on Dr. Dynasaur coverage, but he had aged off the program. Dr. Dynasaur provides health care coverage for kids up to 19 and pregnancy. He was without any coverage for over a month, despite trying to apply with VHC multiple times. Before exploring the problems that Jackson was having with his VHC application, the HCA advocate found out Jackson's income. He was employed with a job that offered health insurance. His employment income put him above the income limit for Medicaid for Children and Adults (MCA). This is the type of Medicaid that works for adults, and it has lower income limits than Dr. Dynasaur. The HCA advocate next explored whether Jackson could get a VHC plan with subsidies. If you have an offer of what is considered affordable and adequate "minimum essential coverage" (MEC), you are not eligible for subsidies to help pay for a VHC plan. It would still be possible to enroll in a VHC plan even with the offer of employer insurance, but for most people a full cost plan is not affordable. It is also possible to be on both Medicaid and your employer insurance at the same time, but Jackson was above the Medicaid limit. Based on its cost and coverage, Jackson's employer insurance met the definition of affordable and adequate. That meant that he could either enroll in his employer insurance or on a full cost plan with VHC. With this information, Jackson decided against enrolling on a full cost VHC plan, and instead enrolled on his employer plan.

Nora's Story:

Nora called the HCA because she had lost her insurance, and she did not know whether to sign up for COBRA. COBRA is a federal law that allows some employees to continue employer coverage after leaving their job. Nora had tried to applying for VHC after losing her employer coverage, but she was still waiting for a response to her application. First the HCA advocate discussed COBRA. Although COBRA would allow her to continue her employer coverage, it is generally expensive unless your former employer helps subsidize it. The HCA advocate advised Nora that she had a special enrollment period with VHC, and that she would be eligible for APTC to help pay for her plan. That made the VHC plan a better option than COBRA. The HCA advocate then investigated to see what was happening with the VHC application. The advocate learned that Nora had tried to apply online, but there had been a technical glitch with that application. She had also filled out a paper application that had not been processed. Because Nora needed to go the doctor, the HCA advocate requested that VHC expedite the application process. VHC was able to approve Nora for APTC, and she enrolled on an affordable plan.

Overview

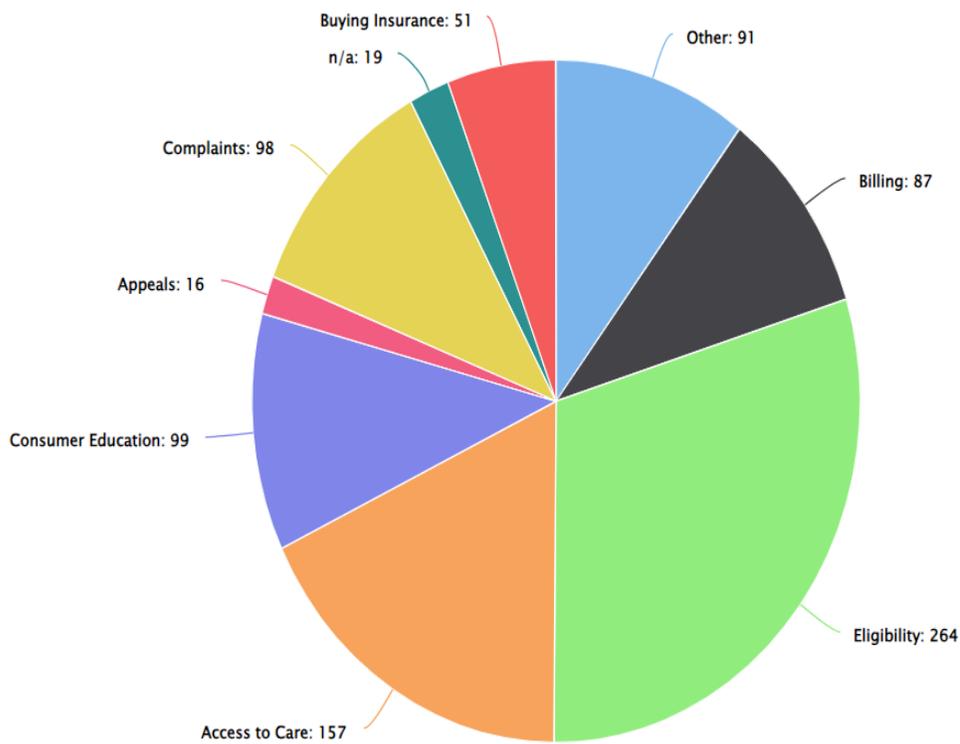
The HCA assists consumers through our statewide helpline (**1-800-917-7787**) and through the Online Help Request feature on our website, Vermont Law Help (<https://vtlawhelp.org/health>). We have a team of advocates located in Vermont Legal Aid’s Burlington office that provides this help to any Vermont resident free of charge, regardless of income.

Primary Issue

The HCA received 882 calls this quarter. We assign cases a primary issue, depending on the nature of the legal issue. Normally, we have more Eligibility and Access to Care cases than the other issues, and that was true this quarter, with those two areas making up nearly half of all HCA calls. Callers’ primary issue category was as follows:

Number of Cases by Primary Issue: October 1-December 31, 2023

Cases by Primary Issue Category with Percent



** The “Other” primary issue category includes communication problems with health benefit plans, access to medical records, changing providers or plans, confidentiality issues, and complaints about insurance premium rates, as well as other issues.

Insurance Type:

The HCA also tracks its callers by insurance category. We don't collect insurance information for every case, because sometimes it is not always relevant to the caller's issue. This quarter DVHA and Medicare cases made up 520 out of the 882 cases.

Chart: Q4

Number of Cases by Insurance: October 1 to December 31, 2023.

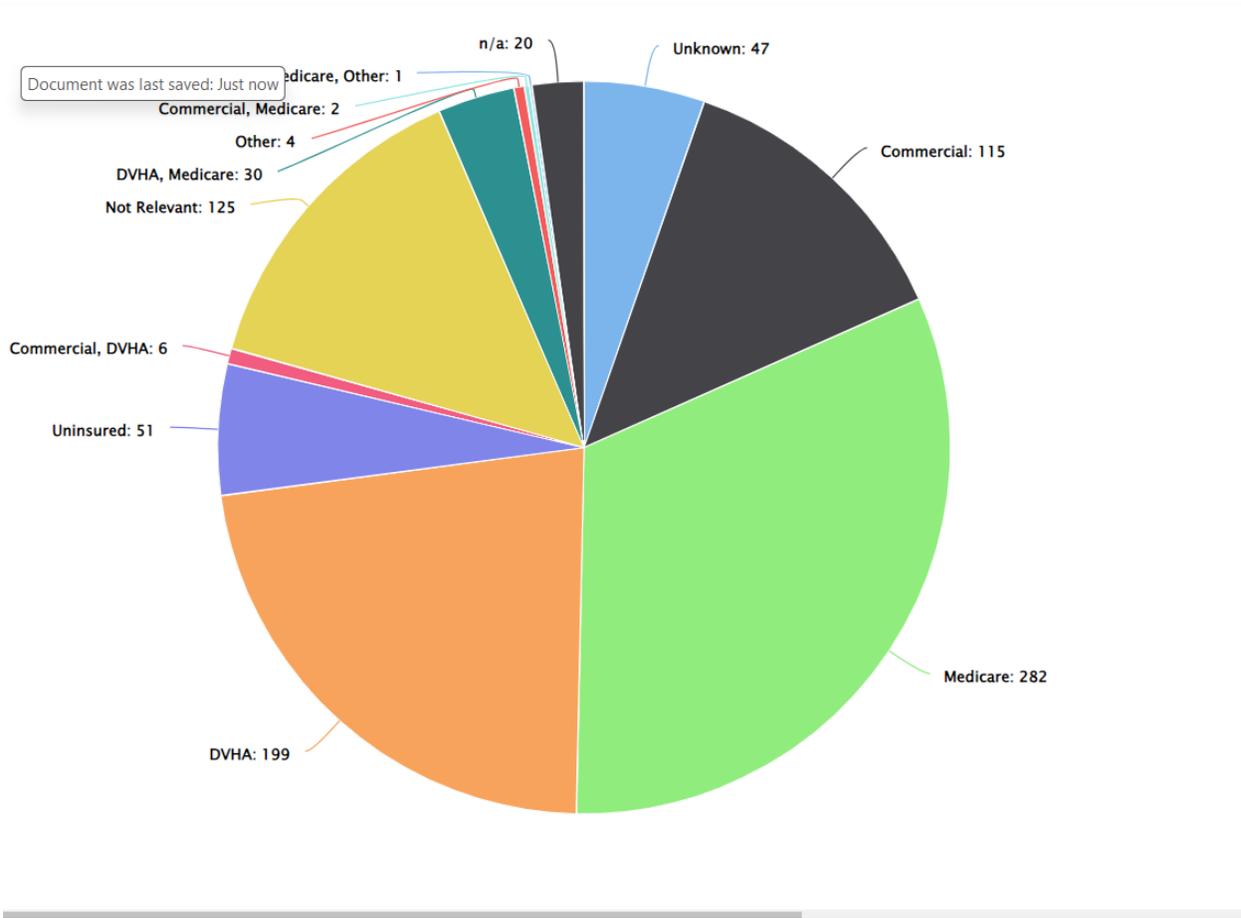


Table: Top Ten Primary Issues: October 1-December 31, 2023.**All Cases: 882****Top Ten Primary Issues**

1. Eligibility for Medicaid-MAGI 62
2. Complaints-Provider 58
3. Eligibility Medicaid-Non-MAGI 42
4. Buying Insurance-QHP-VHC- 36
5. Access to Care-Dental & Dentures 30
6. Consumer Education-Medicare 28
7. Access to Care-Prescription Drugs 26
8. Eligibility for Medicare Savings Programs 25
9. Consumer Education-DVHA Programs 23
10. Complaints-Hospital 17

DVHA Cases: total of 236 of 882 total cases**Top Five Primary Issues**

1. Eligibility for Medicaid-MAGI 40
2. Access to Prescription Drugs 11
3. Medicaid Review/Renewals 9
4. Access to Dental 9
5. Provider Complaints 9

Uninsured Cases: total 52 out of 882 cases**Top Three Primary Issues**

1. Eligibility for MAGI Medicaid 10
2. Buying Insurance QHP-VHC 10
3. Consumer Information on applying for DVHA programs; and information on Employer Sponsored Insurance, 3 each.

Commercial Cases: total of 123 out of 882 cases**Top Five Primary Issues**

1. Buying Insurance 20
2. Eligibility for Premium Tax Credit 7
3. Eligibility for MAGI Medicaid 6

4. **Complaints Provider 5**
5. **Complaints VHC; and Billing issues Mammography, 3 each**

Overall Cases Resolution

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

Case Outcomes October 1 to December 31, 2023

Brief Analysis and or Advice	459
Direct Intervention	62
Complex Intervention	57
Brief Analysis and or Referral	232
Inquiry Answered During Initial Call	3
Duplicate Case	18
Other	4
Client Withdrew	2

Highlights of HCA

During this quarter, we provided **611 households with consumer education**. We got **22 households** on insurance, and estimated eligibility for insurances for another **18 households and assisted 6 households with applications for insurance**. We helped with **10 applications for the Immigration Health Insurance Plan**. We saved consumers **\$118,844 this quarter**.

Consumer Protection Activities

Rate Review

The HCA reviews and analyzes all commercial insurance carrier requests to the Green Mountain Care Board (GCMB) to change premium prices. During the quarter from October 1, 2023 through December 31, 2023, the GCMB issued a decision on MVP's 2024 Large Group rate request. The HCA previously appeared on behalf of the 1,667 Vermonters affected by the filing, reviewed documents, and submitted a memorandum in lieu of hearing. The GCMB ordered modifications to the rate request reducing the first quarter 2024 rate increase by 4.4%. There were no premium price change requests pending at the close of the quarter.

Hospital Budgets

The HCA is preparing its recommendations to the GMCB for the FY25 hospital budget guidance process this upcoming spring.

Certificate of Need Review Process

The HCA has statutory authority to assert interested party status in certificate of need (CON) proceedings before the GMCB. The HCA continues to advise the GMCB as they review a CON application by University of Vermont Medical Center (UVMHC) to build a new Outpatient Surgery Center (MCB-004-23con). We continue to actively monitor certificate of need applications as they are submitted and assert party status when the interests of Vermonters are clearly impacted.

Oversight of Accountable Care Organizations

The HCA participated in public hearings for the FY24 budgets of OneCare Vermont, Vytalize Health, and Lore Health. Common themes of our comments to the GMCB were concerns about lack of transparency and evidence of effectiveness of population health programs. The HCA looks forward to continuing to work with the GMCB ACO Budget team and Board members to provide recommendations to improve their oversight of OCV's budget and programs.

Additional Green Mountain Care Board and other agency workgroups

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

Global Budget Technical Advisory Group

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

The Medicaid and Exchange Advisory Committee

The Advisory Committee met two times this quarter, taking the month of August off. The content of this quarter's meetings included an ongoing focus on the Medicaid redetermination process, the Assister Program, Comprehensive Pain Program Pilot, and a presentation by the HCA on the Medicare Savings Program. The Advisory Committee also entertained a motion brought by the HCA to advise the department to work with the legislature to expand access to the MSP program. The committee voted unanimously in support of that motion.

Legislative Advocacy

During this quarter, the Chief Advocate continued the effort of traveling to the communities where key legislators live to meet with them, hear about their priorities for the session and to promote the HCA's

agenda of focusing on Medicare affordability. We continued our work building a coalition in support of increasing eligibility for the MSP program and engaged key members of the media to cover the issue.

Collaboration with Other Organizations

The HCA regularly collaborates with other organizations to advance consumer-oriented policy objectives and to conduct outreach and education. We have recently worked with the following organizations:

- American Civil Liberties Union of Vermont
- All Copays Count Coalition
- Bi-State Primary Care
- Blue Cross Blue Shield of Vermont
- Committee on Vermont Elders
- Department of Financial Regulation
- Families USA
- The Family Room
- The Howard Center
- IRS Taxpayer Advocate Service
- Let's Grow Kids
- Migrant Justice
- MVP Health Care
- National Academy for State Health Policy
- NHeLP, National Health Law Program
- New American Clinic/Family Room
- OneCare Vermont
- Open Door Clinic
- 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 Association of Area Agencies on Aging
- Vermont Department of Health
- Vermont Department of Taxes
- Vermont Health Connect
- Vermont Health Care for All
- Vermont Interfaith Action (VIA)Vermont Language Justice Project
- Vermont Medical Society
- Vermont – NEA
- Vermont Professionals of Color Network
- Vermont Public Interest Research Group (VPIRG)
- Vermont Workers' Center
- You First

Increasing Reach and Education Through the Website

VTLawHelp.org is a statewide website maintained by Vermont Legal Aid and Legal Services Vermont. The site includes a substantial Health section (<https://vtlawhelp.org/health>) with more than 170 pages of consumer-focused health information maintained by the HCA.

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

Popular Web Pages

* means the page moved into the top 20 this quarter

The top-20 health pages on our website this quarter:

1. Health - section home page – 1,742 pageviews
2. Dental Services – 1,577
3. Income Limits - Medicaid – 1,418
4. Medicare Savings Programs – 613
5. Buying Prescription Drugs – 500 *
6. Resource Limits - Medicaid – 458
7. Medicaid – 457
8. Medicaid, Dr. Dynasaur & Vermont Health Connect – 429
9. Long-Term Care – 418
10. Medical Decisions: Advance Directives – 348
11. Dr. Dynasaur – 342
12. Prescription Assistance State Programs – 324*
13. HCA Help Request Form – 320 pageviews and 111 online help requests
14. Vermont Health Connect – 301
15. Choices for Care Giving Away Property or Resources – 259
16. Services Covered – Medicaid – 256
17. Medicaid and Medicare (Dual Eligible) – 237
18. Choices for Care Income Limits – 235
19. Advance Directive forms – 218
20. Choice for Care Resource Limits – 208*
21. Medical Debt – 201

This quarter we had these additional news items:

- Medicaid Renewal Starts Again – 73 pageviews
- It's Open Enrollment Time for Health Care Plans – 63
- People Impacted by Flood Can Sign Up for Health Coverage. Those Who Lost Medicaid Can, Too – 52

Outreach and Education

The Office of the Health Care Advocates (HCA) engaged in both in-person and virtual outreach activities this quarter to raise awareness about our offices' services and provide accessible information about health insurance options in Vermont.

Our messaging continued to prioritize providing accurate and accessible information on the Medicaid renewal process. Additionally, our communications efforts focused on sharing content about the Medicare and Vermont Health Connect Open Enrollment Periods.

We strive to break down the barriers that Vermonters face in understanding and utilizing insurance. This goal is especially important now as many members of our community are evaluating their health insurance options for 2024 this quarter. We use a hybrid outreach model to advance this goal. We feel that both in-person and virtual resources make our services more accessible to those who face challenges utilizing traditional intake systems such as seniors, people with disabilities, and those with language needs.

We partnered with 11 organizations and participated in 8 outreach presentations this quarter. Our partnerships included work with the **Family Room, Bridges to Health, and the Howard Center**.

The HCA utilized Facebook, Instagram, and Youtube to connect with community members, legislators, and partner organizations. We used these platforms to share important updates pertaining to Medicaid renewals and the Vermont Health Connect Open Enrollment Period. We continued to circulate educational videos on common health insurance terms and plan selection for Qualified Health Plans. These videos have received over 450 views this past quarter. We also utilized Facebook and Instagram to share updates related to the Medicare Open Enrollment Period and Special Enrollment Periods through Vermont Health Connect. This content was shared by 8 organizations across Vermont.

The HCA also continued in-person outreach and service delivery through a legal help partnership with Vermont Legal Aid and the Old North End Community Center. The Old North End Community Center hosts organizations such as AALV, the Family Room, the New American Clinic, and the Champlain Senior Center. The HCA organized two clinics where community members connected with legal advocates to get free and confidential advice. Childcare and in-person interpretation were available to support people seeking our assistance. These clinics are primarily designed to connect seniors and those with language needs with legal support.

Office of the Health Care Advocate

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<https://vtlawhelp.org/health>

