

Office of the Health Care Advocate



SFY 2022 Annual Report

July 1, 2021 – June 30, 2022

A Special Project of



Leadership and Staff

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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 cannot afford to pay their monthly health care premiums, get an appointment with a doctor, or are unable to pick up their prescriptions. 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. Every case is different, and Vermonters often feel overwhelmed by a complicated, inflexible, and unaffordable system. The HCA is working to make that 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 thousands of Vermont households over this year, helping consumers navigate a complicated and changing field.

In State Fiscal Year (SFY) 2022, the HCA engaged in a broad range of projects to make health care more affordable and accessible for Vermonters. Over 20% of our callers are on Medicare, and they frequently struggle with both premiums and cost-sharing. First, 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. We also have proposed studying an annual enrollment period for Medigap plans. An annual enrollment period with guaranteed issue, could protect Vermonters who have enrolled in a Medicare Part C plan, and want to switch back to Original Medicare with a Medigap plan. In addition, it would help Vermonters who are confused during the Medicare enrollment period and fail to enroll in a Medigap plan. The HCA is participating in a work group on this issue in SFY 22 and SFY 23.

Testimonial from a Vermonter

From a Client Satisfaction
Questionnaire

"I couldn't believe such a service existed for no cost. It took so much anxiety away from a physically and financially traumatic time! I am forever grateful to have this connection and so happy to be able to tell you thank you! "

At the end of SFY 22, the state of Vermont implemented a change in the VPharm program that will also help Medicare enrollees. The HCA had proposed the change to the program several years ago, but it had to be first approved in the State of Vermont's new Global Commitment Waiver. VPharm is the state's prescription assistance program for low-income Vermonters on Part D plans. It assists with Part D premium and keeps the copayments at \$1 to \$2. The program has three levels depending on household income. Previously, VPharm 2 and VPharm 3 coverage was limited to maintenance medications, over-

the-counter medications, and diabetic supplies. The change eliminates this limitation, which means VPharm enrollees can now get the \$1 to \$2 copayment on more medications. Now all three levels of VPharm have the same drug coverage.

With the goal of making individual plans on Vermont Health Connect (VHC) more affordable, the HCA is proposing a Silver Plan Premium Alignment. This is a strategy that standardizes and maximizes the “silver load” on exchange plans. By maximizing the silver load, the premiums for the benchmark plan will increase. The benchmark plan is used to calculate how much APTC each household is eligible for, and by maximizing the silver load, it means Vermonters will be eligible for more APTC. They can use the increased APTC to purchase gold plans, which have lower cost-sharing and out-of-pocket maximums.

During the public health emergency (PHE) in SFY 22, Vermont Medicaid was again not closing or doing reviews for Medicaid or other state health care programs such as VPharm or Medicare Savings Programs, the HCA helped hundreds of households learn about their insurance eligibility or obtain insurance during SFY 22, and Vermont Health Connect also launched a new special enrollment period for households under 200 FPL (Federal Poverty Level). We have worked on educating consumers about this special enrollment period, and we expect that it will be used more in SFY 23 when Medicaid renewals and closures start again. We are also working with the State of Vermont and community partners to prepare for the unwinding of the PHE.

Our website continued to get heavy traffic. We had over 8,400 page views on Medicaid Income limits. Our online Help Tool addresses some of the most popular questions posed to the HCA. It was used 500 times in SFY 22. Some of the top issues included questions about Medicaid, dental services, and filing a complaint about your provider.

The HCA continued its work to expand care coverage to all Vermonters. In SFY 21, the HCA worked on the passage of H.430-Act-48, the Immigrant Health Insurance Plan Act (IHIP). IHIP provides medical, prescription and dental coverage like Dr. Dynasaur to children and pregnant Vermonters regardless of their immigration status. During SFY 22, the HCA commented on the proposed rules for the programs, notices, and the application. We also partnered with DVHA (Department of Vermont Health Access) and other stakeholders to develop an outreach plan for the new program. The HCA also produced an educational pamphlet on health care options for immigrants in Vermont to share with our community partners.

The HCA has long recognized the impact of medical debt on Vermonters. In SFY 21, the HCA engaged Vermonters directly to learn more about how medical debt impacts access to health care. In SFY 22, we continued to work on raising awareness of the impact of medical debt on access to care. With the goals of advancing Vermonter’s stories about how medical debt impacts their lives and to create a tool for

more people to tell their stories, we have created the website <https://www.vtmedicaldebt.org>.

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: <https://vtlawhelp.org/hca-reports>.

Case Examples

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

Liam's Story: Liam needed help from the HCA because he was trying to report an income change to VHC, but each time he put his new income into the online portal, he would get an error message. Liam's income had dropped significantly, and he was having trouble making his monthly premium payments. After the HCA advocate learned that his income had dropped, she explained that he would be eligible for more Premium Tax Credit (PTC) to help pay his premium. The amount of PTC you are eligible for is based on your household size and income. Also, under the American Rescue Plan Act (ARPA), many Vermont households are eligible for increased PTC. When the HCA advocate reported the change, she was able to get a new eligibility determination that reflected Liam's new income and the more generous ARPA subsidies. VHC was also able to figure out why Liam could not report changes to his portal, and they fixed the issue so he could use it to report any future changes. When VHC was able to update his income information, Liam's monthly premium dropped from over \$300 per month to less than \$50.

Rosie's Story: Rosie called the HCA because she received a bill for over \$15,000 from a recent hospital stay and could not pay for it. When the HCA advocate spoke to Rosie, she found that Rosie had been on Medicaid when she was hospitalized. The HCA advocate investigated and found that Rosie gave her insurance information to the hospital. The hospital submitted the bill to Vermont Medicaid. Medicaid providers are subject to balance billing provisions, and once they have billed Medicaid, they cannot bill the patient for the service. The HCA advocate pointed this out to the hospital, and it agreed that the bill had been sent in error and Rosie was able to disregard it. When talking to Rosie, the HCA advocates learned that she was turning 65 in the next month and was worried about the costs of Medicare. The HCA advocates advised Rosie she would be eligible for a program called the Medicare Savings Program, which would help pay for Medicare premiums and showed her how to apply for it. This meant Rosie would be able to afford her premiums when she turned 65 and went onto Medicare.

Zach's Story: Zach found a new doctor, but he had no way to get to any appointments. He did not have a car or anyone who could drive him. The HCA advocate investigated and found that Zach was on Medicare. Medicare does not have non-emergency transportation benefits, but Medicaid does. The advocate discovered that Zach would qualify for Medicaid for the Aged, Blind and Disabled (MABD) with a small spend down. If you are slightly above the MABD limit, you can request a spenddown. The spenddown is calculated by taking the amount your monthly income is over the monthly limit for MABD and multiplying it by six. Your spenddown amount acts like a deductible. You need to spend that amount or owe that amount in healthcare before your MABD can become active. Zach was only slightly above the MABD limit, so he had a small spenddown. He was able to meet the spenddown with what he was spending for over-the-counter medications. Once he met the spenddown, his MABD was active. Zach was then able to access Medicaid transportation and get rides to his medical appointments.

Jack's Story: Jack had surgery scheduled for later in the month, but he was losing his employer insurance. Because he had used up all his leave time, his employer was putting him on unpaid leave. That meant he was no longer going to be eligible for insurance through his employer. He was also not getting paid. Jack did not want to reschedule the surgery because it had already been delayed due to the COVID pandemic, and he needed surgery to return to work. The HCA advocate investigated and found that because Jack was on unpaid leave, he would now be income-eligible for Medicaid. She helped him

with the application and requested that it be expedited because of the scheduled surgery. Jack was approved for Medicaid for Children and Adults (MCA). This meant that he could go forward with his surgery, and he hopes to be able to return to his job in the coming months.

Deedee's Story: Deedee was new to Medicare, and she could not afford the premiums. She had not realized that when she signed up for Medicare Part B, the \$170.10 monthly premium would be deducted from her Social Security. Medicare Part B covers outpatient treatment, and the monthly cost increased significantly in 2022. Deedee did not have enough money for her monthly bills after the premium was deducted and had been forced to borrow from family members. She was considering disenrolling from Part B. The HCA advocate explained that if she disenrolled, she would not have a special enrollment period to enroll again if she needed Part B coverage. That would mean she could have a gap in coverage. Also, if she tried to enroll in the future, she could have a late enrollment penalty, which would make Part B even more expensive. The HCA advocate investigated and found that Deedee was eligible for a Medicare Savings Program called QMB (Qualified Medicare Beneficiary), that would pay for both her premiums and her Medicare cost-sharing. She helped Deedee with the application, and Deedee was found eligible for the Medicare Savings Program, which meant that the premium would no longer be deducted from her Social Security.

Ava's Story: Ava called the HCA because she was pregnant and did not have any insurance coverage. The HCA advocate explained that Vermont Health Connect (VHC) has a special enrollment period (SEP) for pregnancy. The SEP allows new enrollees who are pregnant to apply and enroll on a VHC plan at any time during the year. After reviewing Ava's household income, however, the advocate found that she was very close to the Dr. Dynasaur limit. Dr. Dynasaur covers children up to the age of 19 and pregnant people, and it has no monthly premiums or copayments for pregnancy coverage. Also, once you are Dr. Dynasaur coverage for pregnancy, you stay on it for your entire pregnancy and post-partum period, even if your income increases. Dr. Dynasaur eligibility is based on your taxable income. Ava had been planning on contributing to a traditional IRA (individual retirement account) already. Contribution to traditional IRAs (Individual Retirement Accounts) reduce taxable income. The HCA advocate advised Ava to slightly increase that contribution. The increased contribution lowered her taxable income for the month and made her eligible for Dr. Dynasaur. The HCA advocate assisted with the application, and Ava was found eligible for Dr. Dynasaur for her pregnancy and post-partum period.

Jake's Story: Jake needed his rescue inhaler for his asthma. He had applied to Medicaid when he recently moved to Vermont, but the inhaler was still being denied. He could not afford to pay out-of-pocket. Medicaid has \$1 or \$2 co-payments for prescriptions, but without coverage, the inhaler would cost nearly \$40. He needed to have the rescue inhaler in case he had a sudden attack. When the HCA advocate investigated, she found that Medicaid had the incorrect date of birth for Jake, and that was causing the prescriptions to be denied. When his Medicaid application was submitted, it had listed an incorrect date of birth. The HCA advocate was able to get the date of birth corrected. The system updated that day, and Jake was able to pick up his inhaler.

Cecily's Story: Cecily called the HCA because she wanted help understanding her eligibility for Premium Tax Credit (PTC) to help pay for a plan on Vermont Health Connect (VHC) Cecily was over 65 years old, and most people over 65 lose their eligibility for PTC when they become eligible for premium free Medicare Part A. Cecily, however, was not eligible for Premium free Medicare Part A, and this meant that she could stay on a VHC plan and continue to get PTC to help pay for her plan. With the passage of

American Rescue Plan Act (ARPA) in 2021, many Vermont households were eligible for increased subsidies to help pay for VHC plans. When the HCA advocate reviewed Cecily's income, she discovered that VHC did not have the correct income listed. When the HCA advocate reported the new income, and Cecily was found eligible for more PTC because of ARPA, her monthly premium was reduced to less than \$5. She was also now eligible for more cost-sharing assistance, which meant that her deductible and maximum out-of-pocket also decreased.

Accountability to Vermonters

The satisfaction of our clients is extremely important to us. To monitor how consumers feel about the way we provide our services, we send a Client Satisfaction Questionnaire (CSQ) to every client on whose behalf we intervene directly. We try to contact every client who requests follow-up on the returned CSQ to resolve complaints or outstanding issues, but sometimes that is not possible due to high call volumes or challenges reaching the client.

Here is a sampling of the comments on this year's CSQs:

- I have had trouble getting accurate information from Vermont Health Connect. My advocate was very knowledgeable about VHC, and she did an excellent job explaining the confusing rules about income. She also followed up with VHC to make sure that they had my tax material.
- Thank you, HCA Advocate, and Vermont Legal Aid for Helping me with a confusing situation.
- The help was excellent. Everything that was explained to me was clear and kind.
- My advocate was always courteous and patient listening to me to give me effective solutions. She deserves a raise!
- Thank you so much for offering this service. You provide a vital resource to this community in your reassuring support for the people who need it most.
- You could clone my advocate (with her permission of course).
- Thank you for treating my situation (for my daughter) with respect, clarity, follow through and empathy. It means a lot.
- My advocate's understanding of my unique circumstance and the implications to our health care in and of itself was incredibly validating and clarifying.
- Helped enormously with my ability to assess and understand our predicament and identify realistic steps to take action on. My advocates response to me was a huge assistance that I could not / cannot access elsewhere. Thank you!
- My advocate did a great job of helping me with my case!!! She took the time to explain all of my options. We went over all of what was necessary and stayed right on top of it as a team!

- What a valuable resource for Vermonters. Please keep up the good work and make it easy to donate on your website.
- My advocate was able to take care of my Medicare Part B enrollment during the open enrollment period.
- I couldn't believe such a service existed for no cost. It took so much anxiety away from a physically and financially traumatic time! I am forever grateful to have this connection and so happy to be able to tell you thank you!
- I felt I had someone in my corner to help me navigate a very complicated system.

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.

One of our main goals is to help individuals get access to care. We give highest priority to individuals who are having difficulty getting immediate health care needs met, are uninsured, or are about to lose their insurance. 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. 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 worked on passing H.430-Act-48, which allows children and pregnant Vermonters to be eligible for the Immigration Health Insurance Plan (IHIP). In fiscal year 2022, it worked with DVHA and other stakeholders on implementing 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 22, the HCA commented on the IHIP proposed rules, notices, and its application. It also met with community partners and DVHA to prepare outreach strategies for the program's launch.

American Rescue Plan Act Outreach

The American Rescue Plan Act (ARPA) increased the amount of Advance Premium Tax Credit (APTC) most Vermont households are eligible for, which makes Vermont Health Connect (VHC) plans more affordable. It also removes the income eligibility cut-off for APTC, which makes some households newly eligible for APTC. Previously, households over 400% of the Federal Poverty Level were not eligible for any APTC. In both SFY 2021 and 2022, the HCA has focused on consumer education and outreach to educate Vermonters about the new opportunities on VHC. We worked to make sure consumers who were directly enrolled with the carriers understood that they could now be eligible for APTC.

VHC Premium Processing Change

The HCA worked with VHC and other stakeholders to prepare consumers for the premium processing change for VHC plans. In January of SFY 2022, consumers started to pay their health care premiums directly to the carriers, instead of making payments to VHC. HCA worked to develop the outreach. We also worked on our website to alert Vermonters to the change and advised individuals consumers who called our helpline.

HCA proposal to expand 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 23.

Medical Debt Storytelling Project

The HCA has long recognized the impact of medical debt on Vermonters. This year, in addition to the ongoing casework and the regulatory work, we engaged in this new project to hear directly from Vermonters to learn more about how medical debt is impacting Vermonters.

This project serves to reduce the stigma and isolation that people experience when they owe medical debts beyond their ability to pay. Vermonters and their policymakers must understand that these debts are related to structural problems in our health care system. Many families, even those with insurance, are exposed to unreasonable medical charges for preventive, routine, and emergency medical care.

This project included a significant amount of outreach to Vermonters through paid media, social media, community organizations, and legislators. We engaged Vermonters first through a simple survey. The main goal of this survey tool was to engage a broader set of Vermonters and to hear directly from them in their own words.

In SFY 22, the HCA shared its findings with community partners and the Legislature. Our work on medical debt informed our advocacy for a new Patient Financial Assistance bill.

Description of Caseload

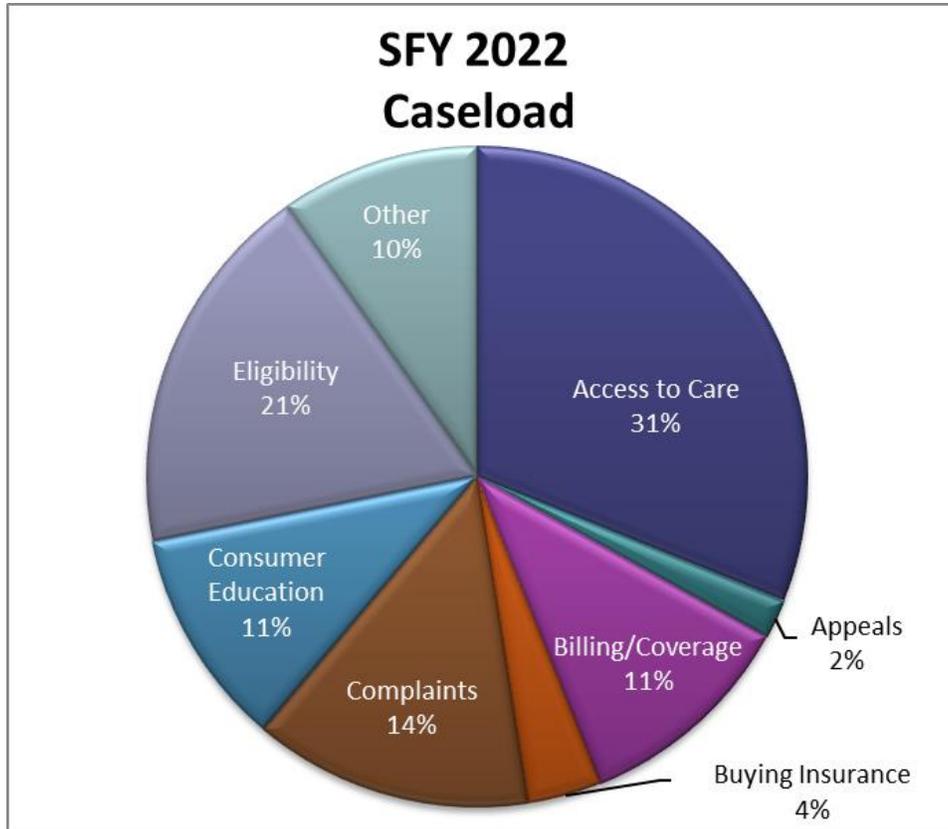
In SFY 2022, we handled 3,164 calls to our statewide hotline, compared to 3,084 calls in SFY 2021. We closed 3,174 cases during this period and had 137 cases pending at the end of June 2022. A total of 438 (14%) of the calls were related to Vermont Health Connect, compared to 595 (19%) in the previous year.

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 slight changes in the percentage of cases in several categories, the overall distribution of issues remained roughly the same as last year as these numbers show:

- Access to Care (31% compared to 26%)
- Eligibility (18% compared to 22%)
- Billing and Coverage (11% compared to 13%)
- Consumer Education (11% compared to 10%), and
- Other (10% compared to 9%)
- Buying Insurance (4% compared to 3%).

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 984, compared to last year’s total of 808. An additional 592 callers cited access issues as secondary to their primary problem.

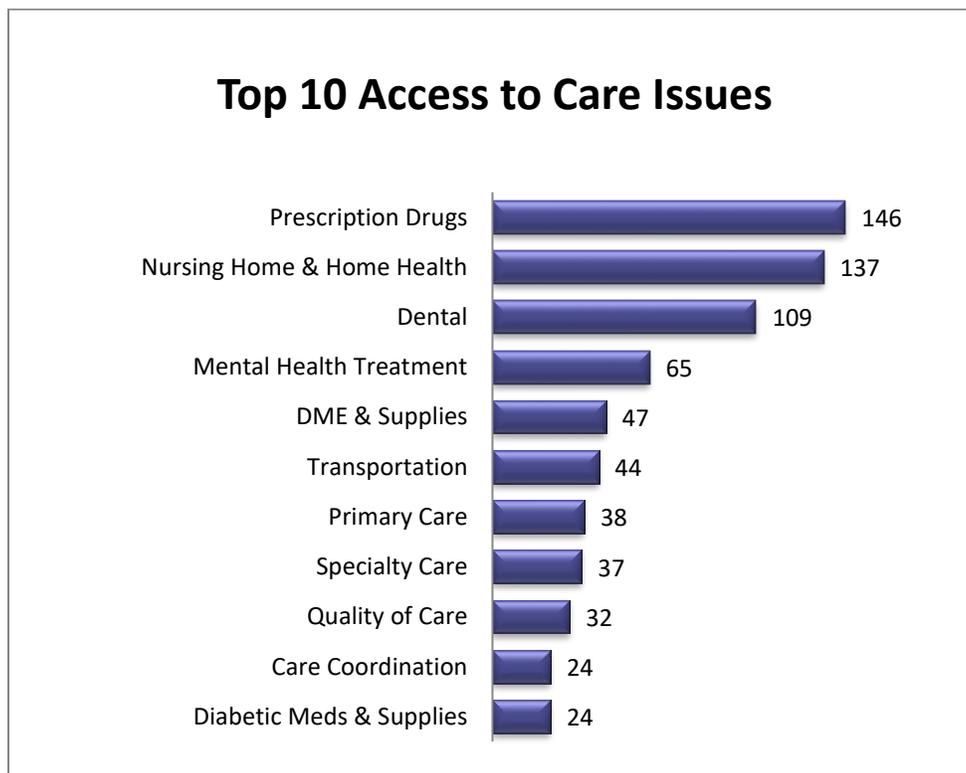
We track 49 subcategories in *Access to Care*.¹ The top four *Access to Care* issues were: Prescription Drugs (146 calls); Access to Nursing Homes and Home Health (137); Dental (109 calls); and Mental Health Treatment (67). Except for Mental Health Treatment, these are the same top issues as SFY 21. In SFY 21, Transportation was the fourth issue, and in SFY 22, it dropped to sixth with 44 calls. We continued to see a high volume of dental calls. Many Vermonters do not have dental insurance and/or

¹ In this fiscal year, we added the category “Provider Directory Problems” as a subcategory.

cannot afford the care they need. We also get calls from Vermonters with dental coverage, but they cannot find a dentist accepting new patients. Prescription access has been a top issue for several years. Access to prescription drugs impacts many different coverage groups including those who have private insurance, Medicare, or employer coverage.

The top ten issues on this year’s Access to Care list are similar to last year. Care Coordination appeared on the list for the third year in a row. Specialty Care is again on the list, Vermonters continue to struggle with access to dental care, specifically access to dentures. Access to COVID testing and treatment is on the list for the first time.

Even though more Vermonters are insured, and a large proportion of Vermonters who purchased VHC plans qualified for cost-sharing reductions, many people find affordability to be a barrier to health care access. In SFY 22, we had 1475 cases where consumers raised affordability issues.

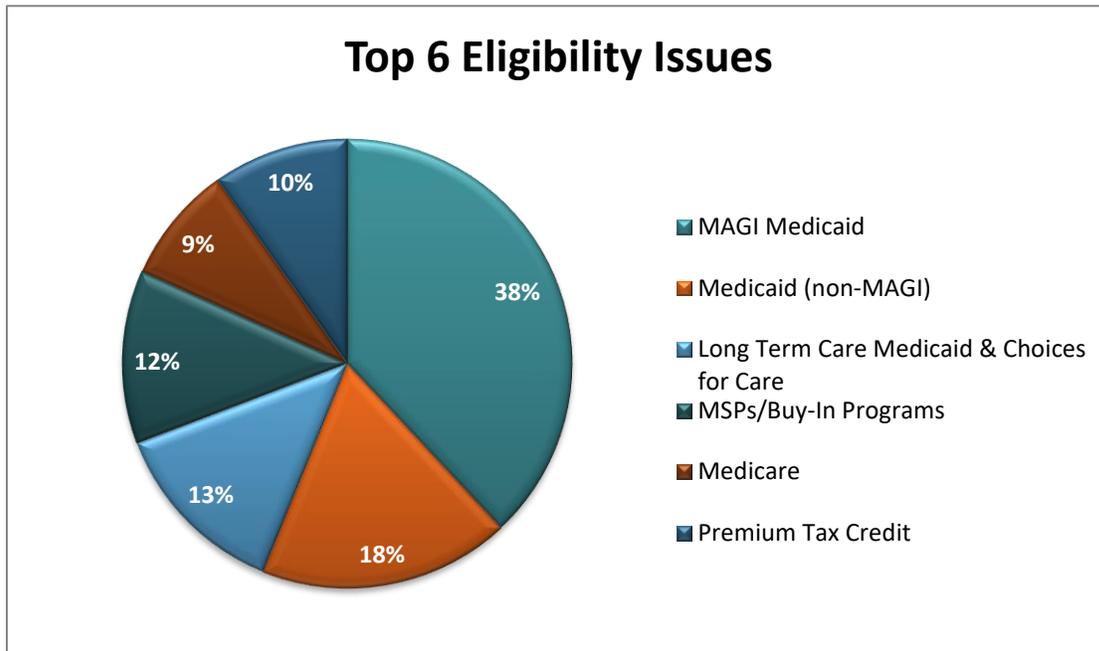


Eligibility

Eligibility received the second most calls out of all the sub-categories. Eligibility was the primary issue for 582 callers, compared to 681 callers the previous year. An additional 1,337 callers named eligibility as a secondary issue, for a total of 1919.

In SFY 22, the top eligibility issues remain similar. 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 top issues for SFY 22. We have many calls from consumers with questions about eligibility for Medicare, including eligibility for special enrollment periods and questions about the Medicare annual enrollment periods.



- MAGI Medicaid (183, compared to 209)
- Medicaid-Non-MAGI (87, compared to 85)
- Long Term Care Medicaid (63, compared to 60)
- Buy-In Programs/MSPs (60, compared to 66)
- Medicare (41)
- Premium Tax Credit, (37 compared to 48.)

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. In order to give higher priority to *Access to Care* and *Eligibility* calls, we often provide advice on ways to resolve billing problems, rather than providing direct intervention. Additionally, we enhanced the information on our website about resolving billing problems. In SFY 2022, we answered 344 calls in this category, compared to 402 last year.

We track 35 subcategories of *Billing and Coverage* calls.

The number of calls about the top 5 issues compared to the number of calls last year were:

- Hospital Billing (55, compared to 61 last year)

- Premiums (41, compared to 53 last year)
- Balance Billing (40, compared to 42 last year)
- Coordination of Benefits (32 compared to 30)
- Claim Denials (24, compared to 32)

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 2022, state health care programs included Medicaid FFS, Medicaid Managed Care, VPharm, and Healthy Vermonters. 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 three years, is shown in the table below.

Insurance	SFY 2022	SFY 2021	SFY 2020	SFY 2019
State Programs	994	757	772	901
Commercial Insurance	446	456	528	639
Uninsured	191	214	342	306
Medicare	454	430	546	552
Dual Eligible ²	227	236	279	294
Dental	6	5	6	7
Other	102	114	114	78
Not Applicable/Unknown	938	868	727	782

When beneficiaries who are Dual Eligible (227) or have VPharm coverage (17) are added into the Medicare total (454), about 22% of the calls were from Medicare beneficiaries in SFY 2022.

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

Vermont Health Connect Calls

Vermont launched its state-based exchange, Vermont Health Connect (VHC), on October 1, 2013. Vermonters seeking subsidies (premium assistance and cost-sharing reductions) must purchase plans through VHC. However, individuals who are not eligible for premium assistance can now enroll in VHC Qualified Health Plans (QHPs) directly through the carriers, as small businesses do.³

In SFY 2022, 438 calls (14%) of the calls received by the HCA were related to Vermont Health Connect. This is a decrease from the proportion in SFY 2021 when 19% of calls related to Vermont Health Connect. During the COVID pandemic in SFY 2021 and SFY 2022, Vermont Health Connect has not been closing Medicaid or doing Medicaid renewals, which impacted the VHC call volume. In January of SFY 2022, VHC changed its premium processing. Consumers now pay premiums directly to the carriers. The HCA did not receive any calls from consumers having trouble due to this change. Overall, VHC calls have dropped significantly in the last five years. The system is now better able to resolve and respond to consumer issues and complaints.

Resolution of Calls

In SFY 2022, the HCA closed 3,174 cases compared with 3,053 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 2021, the HCA saved consumers \$444,229.24

Outcome Summary	SFY 2022	SFY 2021	SFY 2020
Advice or Education	2074	1,736	1,908
Assisted with Application for	12	20	31
Bill Written Off	17	23	22
Claim Paid as a Result of HCA	27	11	12
Client Not Eligible for Benefit	16	14	47
Client Responsible for Bill	35	50	64
Estimated Eligibility for Insurance	168	209	206
Got Client onto Insurance	70	99	269
Obtained Coverage for Services	40	45	66
Other Access/Eligibility Outcome	187	252	268
Other Billing Assistance	79	87	75

³ The HCA only provides help to individuals. We do not assist small businesses.

Hospital Patient Assistance Provided	8	3	11
Prevented Termination or Reduction	14	17	50
Reimbursement Obtained	12	8	14
Service Excluded Under Contract	2	6	6
Service Not Medically Necessary	0	2	2
Other Outcome	399	460	348
Grand Total	3160	3,042	3,408

Geographic Distribution of Calls

The HCA provides services statewide. While proportions varied in some counties, our calls are spread across the state in almost direct proportion to the population of the state. We received 553 calls from Chittenden County, the state's most populous county and 10 calls from Essex County, the least populous one. The HCA focuses on state-wide outreach to make sure more Vermonters from all parts of the state are aware of the HCA.

Public Advocacy

SFY 2022 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 of 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 2022. These quarterly reports can easily be found at the following link: <https://vtlawhelp.org/hca-reports>.

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 22:

- American Civil Liberties Union of Vermont
- Bennington Free Clinic
- Bi-State Primary Care
- Blue Cross Blue Shield of Vermont
- Community Catalyst
- Dartmouth Institute for Health Policy & Clinical Practice
- Families USA
- Health Policy Institute, Georgetown University
- Healthcare Value Hub
- Legal Services Vermont
- IRS Taxpayer Advocate Service
- MVP Health Care
- NHelp, National Health Law Program
- OneCare Vermont
- Outright Vermont
- Pride Center of Vermont
- Planned Parenthood of Northern New England
- Rutland County Free Clinic
- Rutland Regional Medical Center
- SHIP, State Health Insurance Assistance Program
- University of Vermont Medical Center
- Vermont Association of Hospitals and Health Systems
- Vermont Businesses for Social Responsibility
- Vermont Care Partners
- Vermont CARES
- Vermont Defender General's Prisoners' Rights Office
- Vermont Department of Health

- Vermont Department of Financial Regulation
- Vermont Department of Taxes
- Vermont Developmental Disabilities Council
- Vermont Health Connect
- Vermont Medical Society
- Vermont Program for Quality in Health Care
- Vermont Workers' Center You First
- 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 160 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 FY2022 were:

1. *Income Limits - Medicaid* (8,428 pageviews — ↑4% over last year)
2. *Health - section home page* (6,790 — ↑12%)
3. *Dental Services* (3,390 — ↑24%)
4. *Medicaid, Dr. Dynasaur & Vermont Health Connect* (2,481 — ↑100%)
5. *Medicaid* (2,203 — ↑22%)
6. *Services Covered – Medicaid* (2,146 — ↑21%)
7. *Long-Term Care* (1,868 — ↑31%)
8. *Medicare Savings Programs* (1,684 — ↑9%)
9. *HCA Help Request Form* (1,385 pageviews — ↑11%) and online help requests (503 — ↑24%)
10. *Resource Limits - Medicaid* (1,358 — ↓5%)
11. *Medical Decisions: Advance Directives* (1,139 — ↑18%)
12. *Vermont Health Connect* (1,107 — ↑36%)
13. *Dr. Dynasaur* (1,015 — ↑46%)
14. *Prescription Assistance* (1,012 — ↑58%)
15. *Choices for Care Income Limits* (1,002 — ↑44%)
16. *Transportation* (863 — ↑25%)
17. *Advance Directive forms* (839 — ↓21%)
18. *Vermont Long-Term Care Ombudsman Project* (793 — ↑35%)
19. *Choices for Care* (784 — ↓18%)
20. *Choices for Care Giving Away Property or Resources* (753 — ↑80%)

All but three of these most popular pages had increased pageviews – some by quite a margin over last year.

PDF Downloads

Of the list of unique documents that were downloaded from the entire VTLawHelp website, about 23% 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* (503)

- Advance Directive Long Form (399)
- Vermont Dental Clinics Chart (256)
- Vermont Medicaid Coverage Exception Request Standards (85)
- Long-Term Care – Know Your Rights (72)
- Hospital Financial Assistance Fact Sheet (56)
- How to Get Durable Medical Equipment Through VT Medicaid (34)
- Fair Hearing Steps (32)

The Advance Directive Short Form ranks 3rd among all PDF downloads on the VTLawHelp.org website. The Advance Directive Long Form ranks 11th and the Vermont Dental Clinics Chart ranked 13th. 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 527 times this year. Of the 71 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.
- Dental Services - I need help finding a low-cost dentist and paying for dental care.
- Medicaid - I want to apply for Medicaid or Dr. Dynasaur for myself or for my children.
- 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.
- Long-Term Care - I want to go over my long-term care options (nursing homes, in-home care, and more).
- Dental Services - I need help with dentures.

Vermont Legal Aid, Inc.
HCA ANNUAL REPORT SFY 2022
CONTRACT INCOME **\$1,457,406**
Personnel

Project Director	91,285
Attorneys and Health Care Policy Analyst	214,870
Lay Advocates and Para-Professional Staff	352,868
Management and Support Staff	199,637
Other (Fringe Benefits)	<u>279,212</u>
Total Personnel	1,137,872

Other Direct Costs

Office Operations	85,985
Project Space	62,788
Other	<u>16,068</u>
Total Other Direct Costs	164,841

Purchased Services

Actuarial Services	12,420
Legal Services Vermont Subcontract	17,435
Other Professional Services	<u>67,567</u>
Total Purchased Services	97,422

CONTRACT EXPENDITURES **\$1,400,134**

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 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 08: Banking and Insurance**Chapter 107: Health Insurance****Subchapter 001: Generally****§ 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 appeal a decision of the Board approving, modifying, or disapproving the insurer's proposed rate to the Vermont Supreme Court

Title 18: Health**Chapter 220: Green Mountain Care Board****Subchapter 001: Green Mountain Care Board****§ 9374. Board membership; authority**

- The Board shall seek advice from the HCA
- 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

§ 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

Title 18: Health**Chapter 221: Health Care Administration****Subchapter 005: Health Facility Planning****§ 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 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

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

Act 113 of 2016**18 V.S.A. chapter 227 is added to read:****Chapter 227: All-Payer Model****§ 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

18 V.S.A. § 9382 is added to read:**§ 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

S. 243**§ 4255. Controlled Substances and Pain Management Advisory Council**

- The Controlled Substances and Pain Management Advisory Council shall include a representative of the HCA

S. 255**18 V.S.A. § 9456(d) is amended to read:**

- 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

18 V.S.A. § 9414a is amended to read:**§ 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

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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www.vtlawhelp.org/health

