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Vermont Legal Aid  
**Office of the Health Care Advocate**

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Quarterly Report  
April 1, 2022 – June 30, 2022  
to the  
Agency of Administration  
submitted by  
Michael Fisher, Chief Health Care Advocate  
Office of the Health Care Advocate

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July 21, 2022



## 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. The Helpline advocates are working on a hybrid schedule now.

This quarter, the HCA started to participate on a workgroup focusing on Medicare costs, specifically supplemental coverage and enrollment, and Medicare Part C. The HCA gets a significant number of calls from consumers who can't afford Medicare costs. We spoke to 60 households about Medicare Savings Programs, which help with Medicare premium costs. We also spoke to another 14 households about purchasing Medicare supplemental coverage. We advised another 13 households about their eligibility for VPharm, the state's pharmacy program that helps with Part D premiums and copayments, and 10 households about the Low-Income Subsidy, which is the federal program that helps reduce Part D costs. We also gave 73 households consumer education about Medicare.

We also spoke to 197 households about all types of Medicaid eligibility. We also continued to get a significant number of calls about provider complaints (100 calls), and from consumers who faced delays getting care (19 calls). On the website, the Medicaid eligibility page had 2,257 page views. Overall, the HCA helpline had 794 calls this quarter.

The HCA has also been working closely with DVHA to prepare for the launch of the Immigrant Health Insurance Plan. The HCA reviewed the application for the program and four other notices and met with community stakeholders to help develop outreach plans. The HCA also developed its own outreach materials to share with consumers and community stakeholders. HCA plans on doing multiple outreach events and trainings for the new program.

Vermont's health care system is still under a great deal of stress. During the coming months, the Green Mountain Care Board will make decisions about how much to raise insurance rates, and how much hospitals can raise their commercial rates. The proposed rate increases if approved will price more and more Vermonters out of the care they need. Vermonters are still having trouble accessing the care they need. Many must wait months for a medical or dental appointment. We had 34 calls from households having trouble accessing dental care, 23 about primary care, and 23 having trouble finding a specialist. Our webpage on dental services had over 1000

### Allie's Story

Allie was leaving her job, so she could go back to school and pursue a degree that would increase her employment prospects. But leaving her job, meant that she was going to lose her employer-based insurance. Her school required that she have proof of health insurance coverage, and she needed to show proof of coverage before she could start classes. Allie could not afford the school insurance coverage. She was going to need to take out additional student loans to pay for the insurance costs. When the HCA advocate spoke with Allie, she explained that eligibility for Medicaid for Children and Adults (MCA) was based on current monthly income. Because Allie no longer had the income from her job, she would be eligible. The HCA advocate helped Allie apply and expedite the application. This meant that Allie had proof of insurance by her school's deadline, and she would save thousands of dollars in insurance premiums while she was in school.

pageviews. Consumers must also contend with increasing costs of gas, food, housing, and find a way to pay for their medical care. The HCA will continue to work to make healthcare more accessible for all Vermonters, and to advocate for a system that is more equitable, responsive, and affordable.

**Oran's Story:**

Oran called the HCA because he could no longer get Medicaid transportation to his long-time provider. He had been seeing this provider for years, and he did not want to change to a brand-new provider who did not understand his complex medical history. Many providers in his area also were not even accepting new patients. Since Oran did not have access to a car or live near the bus line, Medicaid had been transporting him to the appointments. It had already transported him to multiple appointments this year, but then suddenly he got a notice saying he needed to find the closest provider within his county. The notice said he was no longer eligible to get rides to his current provider. The HCA advocate reviewed the rules and found that the wrong rule had been applied. Under Medicaid transportation rules, you must show that your appointments are medically necessary. But also, that you were seeing an available primary care provider within a 30-mile radius. Oran's provider was in a different county, but under the 30-mile radius. The HCA advocate argued that Oran had already submitted all the necessary proof of medical necessity, and his rides had been denied in error. The HCA advocate reached out to the state's general transportation contractor. The transportation contractor agreed, and the rides were reinstated.

**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.

**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 age 19 and pregnant people, and it has no monthly premiums or copayments for pregnancy coverage. Also, once you are Dr. D 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 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.

## 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.

The HCA received 794 calls<sup>1</sup> this quarter. We divided these calls into broad categories. The figures below are based on the All-Calls data. The percentage and number of calls in each issue category, based on the caller's primary issue, were as follows:

- **33.50%** about **Access to Care**
- **10.33%** about **Billing/Coverage**
- **2.27 %** about **Buying Insurance**
- **12.97%** about **Complaints**
- **10.58%** about **Consumer Education**
- **18.26%** about **Eligibility** for state and federal programs
- **10.20%** were categorized as **Other**, which 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.

We have a customized case management system that allows us to track more than one issue per case. This enables us to see the total number of calls that involved multiple issues. For example, although 145 of our cases had eligibility for state and federal healthcare programs listed as the primary issue, an additional 363 cases had eligibility listed as a secondary concern.

In each section of this narrative, we indicate whether we are referring to data based on primary issues only or primary and secondary issues combined. Determining which issue is the "primary" issue is sometimes difficult when there are multiple causes for a caller's problem. This has proven to be particularly true for Vermont Health Connect (VHC) cases. See the breakdowns of the issue numbers in the individual data reports for a more detailed look at how many callers had questions about issues in addition to the "primary" reason for their call.

The most accurate information about eligibility for state programs is in the All-Calls data report because callers who had questions about VHC and Medicaid programs fell into all three insurance status categories.

The full quarterly report for April– June 2022 includes:

- This narrative
- Five data reports, including three based on the caller's insurance status:
  - **All Calls/All Coverages: 794**
  - **Department of Vermont Health Access (DVHA) beneficiaries: 249**

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<sup>1</sup> The term "call" includes cases we receive through the intake system on our website.

- **Commercial Plan Beneficiaries:** 119
- **Uninsured Vermonters:** 54
- **Vermont Health Connect (VHC):** 83

## The Top Issues Generating Calls

The listed issues in this section include both primary and secondary issues, so some of these may overlap.

### All Calls 794 (vs. 819 last quarter)

1. Complaints about Providers 100 (103)
2. MAGI Medicaid Eligibility 84 (82)
3. Medicare Consumer Education 73 (92)
4. Medicaid Eligibility (non-MAGI) 64 (57)
5. Buy-in Programs/Medicare Savings Programs 60 (52)
6. Information/Applying for DVHA Programs 53 (70)
7. Access to Prescription Drugs/Pharmacy 49 (61)
8. Access to Nursing Home & Home Health 48 (43)
9. Other Issues (Not Health-related) 45 (58)
10. Part D Plan Eligibility 42 (24)
11. Special Enrollment Period Eligibility 42 (46)
12. Complaints about Hospital 40 (38)
13. Medicare Eligibility 39 (34)
14. Termination of Insurance 34 (21)
15. Access to Dental Care 34 (31)

### Vermont Health Connect Calls 83 (vs. 118 last quarter)

1. Medicaid Eligibility – MAGI 43 (48)
2. Special Enrollment Period Eligibility 28 (27)
3. Premium Tax Credit Eligibility 26 (45)
4. Buying QHPs through VHC 20 (28)
5. Termination of Insurance 17 (16)
6. Information about DVHA 14 (20)
7. Nonfinancial Eligibility Requirements 9 (8)
8. IRS Reconciliation Education 8 (16)
9. Information about ACA 7 (10)
10. Information about Medicare 6 (9)
11. Employer Sponsored Insurance 6 (4)

**DVHA Beneficiary Calls 249 (vs. 86 last quarter)**

1. Non-MAGI Medicaid Eligibility 33 (12)
2. Information about Medicare 32 (13)
3. Information about DVHA 30 (5)
4. Medicaid – MAGI Eligibility 28 (6)
5. Eligibility for MSPs/Buy-In Programs 24 (7)
6. Complaints about Providers 23 (8)
7. Part D Plan Eligibility 21 (7)
8. Access to Dental 19 (3)
9. Medicare Eligibility 18 (2)
10. Access to Prescription Drugs 16 (6)

**Commercial Plan Beneficiary Calls 119 (vs. 160 last quarter)**

1. Eligibility for MAGI Medicaid 24 (16)
2. Premium Tax Credit Eligibility 16 (27)
3. Eligibility for Special Enrollment Period 15 (15)
4. Termination of Insurance 13 (11)
5. Buying QHPs through VHC 13 (20)
6. Billing – Hospital Billing & Financial Assistance 12 (15)
7. Information about DHVA 9 (10)
8. Private Insurance – Covered Service Appeals 7 (5)
9. IRS Reconciliation Consumer Education 7 (12)
10. Medicare Consumer Education 7 (12)

The HCA received **794** total calls this quarter. Callers had the following insurance status:

- **DVHA program beneficiaries** (Medicaid, Medicare Savings Program also called Buy-In program, VPharm, or both Medicaid and Medicare also known as “dual eligible”): 31.36% (249 calls)
- **Medicare<sup>2</sup> beneficiaries** (Medicare only, Medicare Advantage Plans, Medicare and a Medicare Supplemental Plan aka Medigap, Medicare and Medicaid also known as “dual eligible,” Medicare and Medicare Savings Program also called Buy-In program, Medicare and Part D, or Medicare and VPharm): 25.69% (204 calls)
- **Commercial plan beneficiaries** (employer-sponsored insurance, small group plans, or individual plans) 12.5% (100 calls)
- **Uninsured:** 6.80 % (54 calls)

<sup>2</sup> Because Medicare beneficiaries can also have commercial or DVHA coverage, these Medicare numbers overlap with the figures for those categories.

## Dispositions of Closed Cases & Money Saved

**All Calls:** We closed 826 cases this quarter. Overall, 387 were resolved by brief analysis and advice. Another 291 were resolved by brief analysis and referral. There were 104 complex interventions involving complex analysis and more than two hours of an advocate's time, and 30 cases that involved at least one direct intervention on behalf of a consumer. The HCA provided consumer education in 557 cases. We also estimated eligibility for insurance coverage and helped enroll people onto coverage in 55 cases. We saved consumers \$186,069.91 this quarter.

## Consumer Protection Activities

### Rate Review

The HCA reviews and analyzes all commercial insurance carrier requests to the Green Mountain Care Board (Board) to change premium prices. The Board decided two premium price change requests during the quarter from April 1, 2022, through June 30, 2022. Additionally, there are six premium price change requests pending at the close of the quarter.

The Vermont Health Plan (TVHP) submitted a premium price change request decided by the Board this quarter: the TVHP Large Group filing. The overall price change requested was +7.9%. This premium price change request was consolidated with Blue Cross Blue Shield of Vermont's (BCBSVT) Large Group premium price change request. On May 18, 2022, the Board approved an average premium price change of +7.6% for the consolidated filings. The HCA appeared on behalf of Vermonters in this matter.

BCBSVT submitted one premium price change request decided by the Board this quarter: the BCBSVT Large Group filing. As noted above, the BCBSVT Large Group filing was consolidated with the TVHP Large Group filing. As also noted above, overall premium price change requested was 7.9%. On May 18, 2022, the Board approved an average premium price change of +7.6%. The HCA appeared on behalf of Vermonters in this matter.

There are six premium price change requests pending at the close of this quarter. Four of these pending filings are the 2023 VHC filings: the 2023 BCBSVT Small Group Vermont Health Connect (VHC) filing (BCBSVT Small Group); the 2023 BCBSVT Individual Group VHC filing (BCBSVT Individual); the 2023 MVP Small Group VHC filing (MVP Small Group); and the 2023 MVP Individual Group VHC filing (MVP Individual). For 2023, as was the case in 2022, there are four filings instead of two, because the legislature opted to keep the individual and small group markets unmerged for another year.

The BCBSVT Small Group filing impacts roughly 19,851 Vermonters. BCBSVT is requesting an average premium price increase of +12.5%. The BCBSVT Individual filing impacts roughly 16,556 Vermonters. BCBSVT is requesting an average premium increase of +12.3%. The MVP Small Group filing impacts roughly 20,900 Vermonters. MVP is requesting an average premium increase of +16.6%. The MVP Individual filing affects roughly 15,026 Vermonters. MVP is requesting an average premium price increase of +17.4%. The HCA has appeared on behalf of Vermonters in all four of these matters. Further, the HCA will file all appropriate memoranda and other documents. In addition, the HCA will appear at the hearings on these matters to question the carriers' witnesses and provide affirmative testimony in its role representing the interests of Vermonters in proceedings before the Board.

The two other premium price change requests pending as of the close of this quarter are BCBSVT's and TVHP's Large Group Unit Cost Trend Filing Q4. These two premium price change requests have been

consolidated into a single matter by the Board. The HCA appeared on behalf of Vermonters in these matters.

### **Hospital Budgets**

The HCA is engaged in preparatory review, analysis, and research work for the upcoming FY23 hospital budget hearings in August. As a part of this process, we submitted written questions to all the hospitals and have provided feedback, recommendations, and questions to the GMCB hospital budget team to assist their review and analysis. We are currently reviewing all the hospital budget submissions and focusing on hospitals' commitment to health equity, financial transparency, and consumer affordability and access. The HCA looks forward to participating in the hospital budget hearings in mid-August and engaging on these important consumer-focused areas.

### **Certificate of Need Review Process**

In the last quarter, the HCA monitored several ongoing and new applications. We worked directly with Nick Kahm of the Kahm Clinic (GMCB-009-21con: The Kahm Clinic – New Eating Disorder Treatment Program) as well as the Board to advocate that the clinic accepts Medicaid as a payer. The Board ultimately approved the CON with specific reference to the importance of ensuring access for individuals and families on Medicaid to eating disorder treatment, and the Kahm Clinic reached an agreement to accept Medicaid as a payer. We participated in preliminary conversations with CON applicants as needed to advocate for requiring DEI and trauma-informed training for all staff and leadership. Specifically, we met with senior leadership of Northwestern Medical Center to provide feedback regarding the renovation of their emergency room and mental health patient suite in collaboration with community mental health advocates and psychiatric survivors. We will continue to actively monitor certificate of need applications as they are submitted.

### **Oversight of Accountable Care Organizations**

The HCA provided written questions, edits and general recommendations that were incorporated in both the FY23 Medicare-Only Budget Guidance and FY23 ACO Budget Guidance as issued by the GMCB ACO Budget team. Our comments focused on the importance of establishing clear methods of quantitative and qualitative evaluation of ACO performance, financial transparency, and the prioritization of population health programs rooted in a social determinants of health approach. After the conclusion of the FY23 hospital budget process, the HCA will meet with the GMCB ACO Budget team to discuss how to evaluate the FY23 budget for OneCare Vermont (OCV).

### **Additional Green Mountain Care Board and other agency workgroups**

Over the last quarter, the HCA attended the Board's weekly board meetings, monthly Data Governance meetings, and monthly Prescription Drug Technical Advisory subgroup meetings (which includes the Out-of-Pocket Costs and Pharmacy Benefit Manager subgroups). The HCA also participated in a workgroup focused on identifying metrics for evaluating wait times at Vermont hospitals in collaboration with the GMCB and the Vermont Association of Hospitals and Health Systems (VAHHS). These metrics were ultimately incorporated into the FY23 Hospital Budget Guidance.

### **Vermont Hospital Quality Framework Workgroup**

The HCA continues to participate in the Vermont Hospital Quality Framework Workgroup – whose charge is to “design a framework of meaningful metrics that provides relevant information and accurately reflects the hospital system’s quality of care within the healthcare reform environment in Vermont.” The HCA presented to the workgroup about the importance of inclusion of non-clinical quality measures.

### **The Medicaid and Exchange Advisory Committee**

The Advisory Committee met three times this quarter. The content of this quarter’s meetings included a focus on the Global Commitment negotiations, Advisory committee membership, PHE Unwind Communications Plan, Immigrant Health Insurance (IHIP) Implementation Plan.

### **Mental Health Integration Council**

The HCA is a member of the Mental Health Integration Council. The Chief Advocate participated in meetings of the full council as well as the Pediatric integration subgroup during this quarter. The council continued its work in understanding the efforts already underway and defining potential ways to improve on those efforts.

### **Legislative Advocacy**

The Vermont Legislature came to a close for the biennium during this quarter. Given this, we will highlight the more significant efforts and outcomes of the policy areas that the HCA engaged in. The Chief Advocate spent considerable time in the State House both advocating for changes to Vermont laws, as well as being responsive to legislators and legislative committees. The following bills represent most of our advocacy this year:

*H. 353 (Act 131):* The HCA worked with stakeholders on House Bill H. 353 – which establishes a framework for regulating pharmacy benefit managers (PBMs) and improving transparency. The bill successfully passed the House and after considerable negotiation a compromise was struck between the House and the Senate. We worked with the Department of Financial Regulation regarding specific provisions contained in the bill related to fiduciary responsibilities being considered in the pending legislation. The bill was signed by the governor.

*H.287 (Act 116):* An act relating to patient financial assistance policies and medical debt protection. Passage of H.287 has been a significant priority for the HCA this biennium. The bill addresses some of the challenges that Vermonters face when seeking patient financial assistance, and that we hear about from consumers who call the HCA helpline. We worked in collaboration with the Vermont Association of Hospitals and Health Systems to find common ground that we presented to the House Health Care Committee. Both the House and the Senate moved the bill with very few changes from the negotiated agreement between the HCA and VAHHS. The bill was signed by the Governor.

*S.239 (Act 99):* An act relating to enrollment in Medicare supplemental insurance policies. This bill as introduced would have created an annual open enrollment period for Medigap plans and created a study group to look at insurance coverage issues impacting Vermonters on Medicare. The HCA has been promoting this bill over the last two biennium. This year, the bill was first taken up by Senate Health and Welfare who passed the bill with only small adjustments to section two of the bill. The bill then moved to Senate Finance where the carriers opposed the bill due to their concern that the creation of an

annual open enrollment period would lead to higher rates. The Senate Finance Committee removed the annual open enrollment period and forwarded the study sections of the bill. The House Health Care Committee moved the bill as passed by the Senate with the inclusion of a study group question about the advisability of updating Vermont's Medicare Savings Plan eligibility standards. The bill was signed by the Governor.

*S.285(Act 167):* An act relating to health care reform initiatives, data collection, and access to home- and community-based services. This bill started in Senate Health and Welfare, motivated significantly by the Green Mountain Care Board's interest in moving forward on a plan to address hospital sustainability. The bill costs \$5 million. The HCA supported the bill due to its promise of public engagement and honest conversations with Vermont communities about the financial and workforce challenges facing Vermont hospitals. The House and the Senate moved on a compromised version of the bill that balanced the perspectives of the administration and the GMCB. The bill was signed by the Governor.

*H.489 (Act 137):* An act relating to miscellaneous provisions affecting health insurance regulation. This bill started as a largely uncontroversial bill from the Department of Financial regulation. The HCA supported it in the House with minor edits that were agreed to. On the Senate side, in the Senate Finance Committee, Blue Cross and Blue Shield proposed permanently unmerging the individual and small group QHP marketplace, whether or not Congress extends the ARPA Premium Tax Credits. The HCA opposed unmerging the market as long as there is no system and funding to support the individual market from the significant rate increases that would result. The House agreed to the Senate changes and the bill was signed by the Governor.

### **Medical Debt Story Telling Project**

The HCA has long recognized the impact of medical debt on Vermonters and health care access issues related to the cost of services. This quarter, in addition to ongoing casework and the regulatory work, we continued to work on a medical debt project to highlight the experiences of Vermonters with these issues.

Our Medical Debt Story Telling Project was an integral part of our legislative strategy to pass H.287 that created a statewide minimum standard for hospital free care policies. This quarter, with our focus on the run up to insurance rate review and hospital budget review, this project was put on standby. People can interact with a web map to view stories by county in addition to being able to filter stories by topic and/or geography. The web application is available at [www.vtmedicaldebt.org](http://www.vtmedicaldebt.org). The stories were drawn from responses to a survey on medical debt that we fielded in 2021.

One of the key takeaways from the stories that came to us, was the number of Vermonters who are on Medicare who struggle with medical debt. We see this project as a way to raise awareness of that dynamic in the future.

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## Collaboration with Other Organizations

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

- American Civil Liberties Union of Vermont
- Bi-State Primary Care
- Bridges to Health
- Blue Cross Blue Shield of Vermont
- Burlington Brigade of Code for America
- Burlington Code Academy
- Department of Financial Regulation
- Families USA
- IRS Taxpayer Advocate Service
- Let's Grow Kids
- Mexican Consulate
- 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
- U.S. Based Committee for Refugees and Immigrants Vermont
- University of Vermont Medical Center
- University of Vermont Migrant Health, Bridges to Health Vermont Association of Hospitals and Health Systems
- Vermont Department of Health
- Vermont Department of Taxes
- Vermont Health Connect
- Vermont Health Care for All
- Vermont Interfaith Action (VIA)
- Vermont Medical Society
- Vermont - NEA
- Vermont Workers' Center
- VPIRG
- You First

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## 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 180 pages of consumer-focused health information maintained by the HCA.

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

### Popular Web Pages

\* Means the page moved into the top 20 this quarter

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

1. *Income Limits - Medicaid* – 2,257 pageviews
2. *Health* - section home page – 1,579
3. *Dental Services* – 1,055
4. *Medicaid, Dr. Dynasaur & Vermont Health Connect* – 776
5. *Medicaid* – 579
6. *Services Covered – Medicaid* – 541
7. *Long-Term Care* – 522
8. *Medicare Savings Programs* – 413
9. *HCA Help Request Form* – 358 pageviews and 115 online help requests
10. *Resource Limits - Medicaid* – 354
11. *Medical Decisions: Advance Directives* – 307
12. *Dr. Dynasaur* – 282
13. *Choices for Care Income Limits* – 276
14. *Prescription Help – State Pharmacy Programs* – 271
15. *Choices for Care* – 254
16. *Federally Qualified Health Centers* – 253 \*
17. *Advance Directive forms* – 250
18. *Choices for Care Giving Away Property or Resources* – 232
19. *Transportation for Health Care* – 228 \*
20. *Vermont Health Connect* – 224

This quarter we had these additional news items:

- *Your Benefits and the Public Charge Rule for Immigration* – 110 pageviews
- *Coronavirus and Long-Term Care* – 25
- *You May Be Eligible for New Financial Help for Health Insurance (ARPA)* – 20
- *More Financial Help Available for Vermont Health Connect Plans for 2022* – 9
- *Sessions Gather Stories of Long Wait Times for Health Services* – 3

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## Outreach and Education

The Office of the Health Care Advocates (HCA) engaged in both in-person and virtual outreach this quarter. This hybrid model has made our services more accessible to community members who are seniors or have limited English proficiency. We engaged with Vermonters via social media. We also partnered with community organizations to develop referral relationships and deliver outreach presentations. The HCA also created and circulated virtual education videos and hosted legal clinics.

We partnered with 21 organizations and participated in 16 outreach presentations to provide accurate and accessible information on insurance eligibility health care policy. These organizations included United Way of Northwestern Vermont, the Vermont Language Justice Project, the Vermont Workers Center, Rural Vermont, the New Leaders Council, Migrant Justice, and the Vermont Professionals of Color Network - just to name a few. These partnerships included the delivery of outreach presentations, the development of streamlined referral systems, and coordinated messaging on important health law topics such as the COVID-19 Public Health Emergency, insurance rate review, and the Immigrant Health Insurance Plan.

Our office continued to use virtual platforms such as Facebook, Zoom, and YouTube to connect with partner organizations and deliver legal education presentations. We used our Facebook page to deliver messaging on a variety of health care related topics, but most notably, we produced and distributed an outreach video that discussed Medicaid and the COVID-19 Public Health Emergency. This video has been viewed 556 times. Additionally, we circulated educational material on transgender and non-binary access to gender affirming care, access to reproductive planning resources in Vermont, and health care affordability.

From April 5<sup>th</sup> to June 15<sup>th</sup> the HCA connected with six organizations from across Vermont that provide direct service to migrant workers, asylum seekers, and other categories of immigrants who traditionally struggle to access healthcare because of their Immigration status. We provided consumer education about our office and its free services by conducting outreach and intake at the Mexican Consulate events in Montpelier, Middlebury, and during a Wellness Collective event on Winooski. We dedicated more outreach capacity to this group in preparation for the implementation of the Immigrant Health Insurance Plan. Additionally, health insurance eligibility rules for those with different lawful immigration statuses can be complicated, so our office continues to prioritize engaging with these populations to advance health equity.

We partnered with organizations such as the AALV, the Family Room, the University of Vermont's Bridges to Health Program, the Open Door Clinic, the Immigrant Assistance Project, and the Community Asylum Seekers Network to deliver education and assistance about immigration status and health insurance eligibility.

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 three 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.

## Promoting Plain Language in Health Communications

During this quarter, the HCA provided feedback and revisions to promote the use of plain language and increase consumers' accessibility to and understanding of important communications from the state and other health organizations regulated by the state. The HCA made plain language edits and edits/comments to improve comprehension of message and ability to resolve the problem being addressed in the following notices/letters/webpages:

**Immigrant Health Insurance Plan Application**

**Immigrant Health Insurance Plan Review Notice**

**Immigrant Health Insurance Plan Verification Macros**

**Immigrant Health Insurance Plan Notice of Decision**

**Welcome to the Immigrant Health Insurance Plan Flyer**

### Office of the Health Care Advocate

Vermont Legal Aid  
264 North Winooski Avenue  
Burlington, Vermont 05401  
800.917.7787

<https://vtlawhelp.org/health>