
Vermont Legal Aid
Office of the Health Care Advocate

Quarterly Report
July 1– September 30, 2022
to the
Agency of Administration
submitted by
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Office of the Health Care Advocate

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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, who are also working on a hybrid schedule.

This quarter, the HCA continued to focus on Medicare affordability. We assisted with creating a survey for Medicare enrollees, asking them about their coverage, premiums, and enrollment issues. We also promoted participation in the survey by writing to people who called us about Medicare costs. In the next quarter, we will continue to participate in the work group on Medicare and Medigap enrollment. Every quarter, the HCA gets a substantial number of calls from consumers who cannot afford Medicare costs. We spoke to 55 households about Medicare Savings Programs, which help with Medicare premium costs. We advised another 10 households about their eligibility for VPharm, the state's pharmacy program that helps with Part D premiums and copayments, and 7 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. In August, we also provided training to advocates who work with Medicare enrollees, on eligibility for programs that can reduce Medicare out of pocket costs such as Medicare Savings Programs, Medicaid, and VPharm, and Low-Income Subsidy.

We also spoke to 218 households about all types of Medicaid eligibility. We also continued to get a sizable number of calls about provider complaints (123 calls). On the website, the Medicaid eligibility page had 2,462 page views. Overall, the HCA helpline had 820 calls this quarter.

This quarter the Immigrant Health Insurance Plan also launched. The HCA worked closely with DVHA to prepare for the launch, and it continues to participate on the Communication Council for IHIP. HCA advocates participated in an outreach event in July, and it is planning more direct outreach. The HCA also worked with VHC to develop an educational outreach flier about health care options for immigrants in Vermont.

HCA advocates also worked directly with consumers to help them apply for IHIP (Immigrant Health Insurance Plan) and Emergency Medicaid.

Libby's Story:

Libby called the HCA because she had major surgery scheduled—and had discovered that her Vermont Health Connect (VHC) plan had been terminated. She expected to be in the hospital for up to a week. She was going to need follow-up care and prescriptions after her release. When she was on her VHC plan, Libby was receiving Advance Premium Tax Credit (APTC), which helped lower her monthly premium. She told the HCA advocate that she had been making timely payments. The HCA advocate investigated why the plan was closed. She found that VHC had sent Libby some notices, asking her to verify information. The VHC notices said that if Libby did not provide the information, the plan would terminate. Libby was confused by the VHC notices and did not respond to them immediately. The advocate also discovered that after VHC sent the notices asking for information, it sent another notice finding Libby eligible for increased APTC. The contradictory notices created a confusing situation for Libby because the notice finding her eligible for APTC made her think that the verification issues mentioned in the prior notices had been resolved. The advocate argued that VHC had created this confusion by the conflicting notices, and it needed to reinstate. VHC agreed to reinstate the plan, which meant that Libby had her coverage in place for her surgery.

As Vermont prepares for its fourth winter with COVID, its health care system is under stress. Vermonters continue to call the HCA because they cannot find a provider. Many must wait months for a medical or dental appointment. Our calls about Vermonters having trouble accessing dental care increased again this past quarter (42 calls vs. 34 calls last quarter). We also had 22 calls from consumers who could not access primary care, and 23 having trouble finding a specialist. We spoke to 18 consumers who experienced delayed care because they could not find a provider. Our webpage on dental services had 1080 page views. Consumers must also contend with increasing costs of gas, food, housing, childcare, 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.

Paul's Story:

Paul called the HCA because he was having trouble getting his prescriptions filled at his new pharmacy. Paul had Medicaid for Children and Adults, which meant that his prescription copayments should have cost \$1 to \$2. The last time he had picked up his prescriptions, one had been over \$100, and he was not able to pick up the other because he was told it needed prior authorization. The HCA advocate researched both prescriptions. She found for the first one, Paul's prior authorization had expired. This meant that the provider needed to submit a new prior authorization, and then the prescription would be covered for \$1 or \$2. The HCA advocate discussed this issue with the pharmacy, and the pharmacy agreed to re-bill once the prior authorization had been approved. After it was re-billed, Paul would get a refund on the over \$100 he had spent. For the other prescription, the HCA advocate found that it should be covered *without* requiring prior authorization. She discussed that with the pharmacist also, who agreed that Paul should have been able to fill the prescription. That meant that Paul was able to pick up that prescription that day.

Noel's Story

Noel called the HCA because she was confused about notices that she was getting from Vermont Health Connect (VHC). Noel had Medicaid for Children and Adults, but she received a letter from VHC saying that they were over income for the program. She was not sure what this meant and was worried about losing coverage. Noel was also preparing to go onto Medicare in the coming months. The HCA advocate explained that Noel's Medicaid coverage was not going to close because of the COVID-19 public health emergency (PHE). Since the PHE was declared in 2020, VHC has not been closing Medicaid or other state health care programs. The HCA advocate explained that when the PHE ends, VHC will start reviewing and closing Medicaid. Noel would get a written notice from VHC before their coverage was closed. Noel also had questions about transitioning to Medicare, and the HCA advocated explained Medicare and how a different type of Medicaid worked with Medicare. The advocate showed Noel how to apply for programs that would reduce the out pockets costs of Medicare costs. Noel planned to apply for those programs when she became Medicare eligible in the coming year.

Adele's Story

Adele moved to Vermont for a new job. Her job, however, did not offer health care coverage for the first six months, and she discovered that she was pregnant soon after starting her job. Adele called the HCA because she needed to see a provider, and she did not know if she was eligible for health care coverage. The HCA advocate discovered that Adele was over-income for Dr. Dynasuar for pregnancy, but she was

eligible for Advance Premium Tax Credit (APTC) to help pay for a Vermont Health Connect plan. Normally, if you have an offer of employer insurance, you are not eligible for APTC. But because Adele's job had a six-month waiting period before she could get on her employer sponsored insurance, Adele was eligible to get APTC. She also had a special enrollment to sign up for a VHC plan outside of Open Enrollment because she had just moved to the state of Vermont. VHC also has a special enrollment period for pregnancy. This meant Adele could sign for a VHC plan and get subsidy to help pay for it, so she would have coverage for her pregnancy. When she became eligible for her employer coverage, she would be able to transition off the VHC plan. The HCA advocate helped Adele apply and sign up for a plan, and Adele was able to schedule an appointment with a provider.

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 820 calls^[1] 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:

- **31.58%** about **Access to Care**
- **9.88 %** about **Billing/Coverage**
- **1.83 %** about **Buying Insurance**
- **12.07%** about **Complaints**
- **11.83%** about **Consumer Education**
- **22.07%** about **Eligibility** for state and federal programs
- **9.76%** 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 181 of our cases had eligibility for state and federal healthcare programs listed as the primary issue, an additional 326 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.

^[1] The term "call" includes cases we receive through the intake system on our website

The full quarterly report for July – September 2022 includes:

- This narrative
- Five data reports, including three based on the caller’s insurance status:
 - **All Calls/All Coverages:** 820
 - **Department of Vermont Health Access (DVHA) beneficiaries:** 275
 - **Commercial Plan Beneficiaries:** 128
 - **Uninsured Vermonters:** 62
 - **Vermont Health Connect (VHC):** 130

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 820 (vs. 794 last quarter)

1. Complaints about Providers 123 (100)
2. MAGI Medicaid Eligibility 107 (84)
3. Medicare Consumer Education 73 (73)
4. Other Issues (Not Health-related) 55 (45)
5. Medicaid Eligibility (non-MAGI) 55 (64)
6. Buy-in Programs/Medicare Savings Programs 55 (60)
7. Information/Applying for DVHA Programs 50 (53)
8. Premium Tax Credit 50 Eligibility (28)
9. Complaints about Hospital 47 (40)
10. Special Enrollment Period Eligibility 42 (42)
11. Access to Prescription Drugs/Pharmacy 39 (49)
12. Long Term Care Medicaid & Choices for Care Eligibility 36 (26)
13. Other Issues (Health-related) 35 (33)
14. Quality of Care 29 (15)
15. Mental Health Treatment 28 (28)

Vermont Health Connect Calls 130 (vs. 83 last quarter)

1. Medicaid Eligibility – MAGI 70 (43)
2. Premium Tax Credit Eligibility 47 (26)
3. Special Enrollment Period Eligibility 34 (28)
4. Information about DVHA 21 (14)
5. Buying QHPs through VHC 18 (20)
6. Termination of Insurance 16 (17)
7. IRS Reconciliation Education 13 (8)
8. Information about ACA Tax Issues 11 (7)
9. Citizenship & Identity 8 (5)

10. Grace Periods Consumer Education 6 (3)
11. Information about ACA 6 (7)

DVHA Beneficiary Calls 275 (vs. 249 last quarter)

1. Medicaid – MAGI Eligibility 42 (42)
2. Complaints about Providers 30 (30)
3. Information about DVHA 29 (30)
4. Information about Medicare 28 (32)
5. Access to Dental 27 (19)
6. Non-MAGI Medicaid Eligibility 27 (33)
7. Eligibility for MSPs/Buy-In Programs 25 (24)
8. Access to Prescription Drugs 22 (16)
9. Other (Not Health-related) 18 (6)
10. Access to Transition of Care 17 (7)
11. Medicare Eligibility 17 (18)

Commercial Plan Beneficiary Calls 128 (vs. 119 last quarter)

1. Premium Tax Credit Eligibility 31 (16)
2. Eligibility for MAGI Medicaid 19 (24)
3. Eligibility for Special Enrollment Period 19 (15)
4. Buying QHPs through VHC 12 (13)
5. IRS Reconciliation Consumer Education 11 (7)
6. Termination of Insurance 11 (13)
7. Billing – Claim Denials 10 (5)
8. Medicare Consumer Education 9 (7)
9. Billing – Coverage & Contract Questions 8 (4)
10. Billing – Provider Billing 8 (4)
11. ACA Tax Issues Education 8 (5)

The HCA received **820** 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”): 33.54% (275 calls)
- **Medicare¹ 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): 22.07% (181 calls)
- **Commercial plan beneficiaries** (employer-sponsored insurance, small group plans, or individual plans) 15.61% (128 calls)
- **Uninsured:** 7.56 % (62 calls)

¹ Because Medicare beneficiaries can also have commercial or DVHA coverage, these Medicare numbers overlap with the figures for those categories.

Dispositions of Closed Cases and Money Saved

We closed 881 cases this quarter. Overall, 410 were resolved by brief analysis and advice, and another 316 were resolved by brief analysis and referral. There were 100 complex interventions involving complex analysis and more than two hours of an advocate's time, and 493 cases that involved at least one direct intervention on behalf of a consumer. The HCA provided consumer education in 631 cases. We also estimated eligibility for insurance coverage and helped enroll people onto coverage in 55 cases. We saved consumers \$184,342.12 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 seven premium price change requests during the quarter from July 1, 2022, through September 30, 2022. Additionally, there are two 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 Unit Cost Trend Q4 2022 filing. TVHP requested that the medical unit cost trend for the large group manual rate formula be set the same as ordered in the Vermont Health Connect filings. This premium price change request was consolidated with Blue Cross Blue Shield of Vermont's (BCBSVT) Large Group Unit Cost Trend Q4 2022 price change request. On August 18th, 2022, the Board approved the proposed change to the medical unit cost trend. The HCA appeared on behalf of Vermonters in this matter.

BCBSVT submitted four premium price change requests decided by the Board this quarter: the BCBSVT 2023 Small Group filing; the BCBSVT 2023 Individual filing; the BCBSVT Association Health Plan (AHP) filing; the BCBSVT Large Group Unit Cost Trend Q4 2022 filing. As noted above, the BCBSVT Large Group filing was consolidated with the TVHP Large Group filing. The 2023 Individual and 2023 Small Group filings were also treated as one filing. For 2023, as was the case in 2022, there are two filings for individual and small group plans 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 19,581 Vermonters. BCBSVT is requesting an average premium price increase of +12.5%. The BCBSVT Individual filing impacts 16,556 Vermonters. BCBSVT is requesting an average premium increase of +12.3%. After filing these premium price increases, BCBSVT amended their requested premium price increase of +15.4% for the Small Group filing and +14.9% for the Individual filing. The HCA appeared on behalf of Vermonters in this matter. Representing Vermonters' interests in these matters including, but was not limited to, developing and implementing a public comment platform, participating the rate hearing, and filing a post hearing memorandum.

The two other premium price change requests by BCBSVT this quarter were the Large Group Unit Cost Trend Q4 2022 filing and the AHP filing. The HCA appeared on behalf of Vermonters in both matters.

MVP submitted two premium price change requests decided by the Board this quarter: 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 two filings for individual and small group plans instead of two, because the legislature opted to keep the individual and small group markets unmerged for another year.

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%. After filing these premium price increases, BCBSVT amended their requested premium price increase of +23.44% for the Small Group filing and +24.45% for the Individual filing. The HCA appeared on behalf of Vermonters in this matter. Representing Vermonters' interests in these matters including, but was not limited to, developing and implementing a public comment platform, participating the rate hearing, and filing a post hearing memorandum.

The two premium price change requests pending as of the close of this quarter are the MVP 22023 Large Group HMO filing and the Cigna Health and Life Insurance Company Large Group filing. The HCA has appeared on behalf of Vermonters in these matters and will provide all appropriate representation to represent Vermonters' interests in this matter.

Hospital Budgets

The HCA participated in hospital budget hearings and submitted written comments with recommendations to the GMCB. Our hearing questions and post-hearing comments focused specifically on hospitals' commitment to health equity, financial transparency, consumer affordability and access, as well as cost accounting and health care prices. We look forward to working with the hospitals to support reforms aligned with Act 119, which relates to improving patient financial assistance policies.

Certificate of Need Review Process

The HCA has statutory authority to assert interested party status in certificate of need (CON) proceedings before the GMCB. In the last quarter, one new CON application was received by the Board. As the application met the requirements for expedited review, the HCA did not intervene. We will continue to actively monitor certificate of need applications as they are submitted and assert party status when the interests of Vermonters are clearly implicated.

Oversight of Accountable Care Organizations

The HCA provided written questions and recommendations that were incorporated in written follow-up questions and review for two upcoming ACO budget processes for OneCare Vermont (OCV) and Gather Health. Our questions focus 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. The HCA looks forward to focusing on these areas in the hearings in October and November and collaborating with the GMCB ACO Budget team in their oversight of ACOs operating in Vermont.

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, quarterly Prescription Drug Technical Advisory meetings, and several other legislatively established workgroups focused on affordability and access.

H.489 Market Structure and Affordability Workgroup

This workgroup was formed with a particular charge by the legislature to consider what policy options should be evaluated if the ARPA enhanced premium tax credits were not extended. The workgroup focused on whether the individual and small groups should be merged/unmerged and if the enhanced subsidies were not extended and what actions could be taken to protect the individual market for the 2023 plan year. The workgroup met three times during the quarter to consider perspectives of the small group, and the individual market. The premium tax credits were extended, and the pressure was taken off the group for the current year. Current law will maintain a notwithstanding of the merged market statute for the 2023 plan year. There was broad agreement that the merged market statutes should continue to be not withstood if the enhanced premium tax credits are maintained by the Federal government.

The HCA raised additional concerns about the adverse selection dynamics between the self-funded market and the QHP small group. We note that in the current environment, the QHP small group can be used as a safety net for small groups with higher morbidity and that healthier small groups would migrate to the self-funded market. The workgroup recognized the relatively narrow charge of this workgroup, and therefore did not engage in this area of health policy. The HCA will continue to raise this concern in future policy discussions.

S.239 Medicare Supplemental DFR workgroup

This work group was created in response to a policy proposal that the HCA brought to the Legislature last biennium. The workgroup met three times during the quarter. The HCA participated in these meetings, assisted in the development of a consumer survey. The survey focused on Vermonters' experiences with Medicare supplemental coverage and Medicare Part C coverage. The survey also focused on Vermonters without any secondary coverage. We helped with the distribution of the survey. In addition, we brought a proposal to the workgroup to increase Medicare Savings Plan eligibility limits to the Connecticut levels for these programs. The workgroup will continue to evaluate reasonable steps to take both for improved access to supplemental plans as well as expand eligibility for Medicare Savings Plans.

Global Budget Work Group

In response to Act 167 of 2022, the administration formed a workgroup focused on providing input to CMS about the next All Payer Model agreements as well as hospital sustainability. The HCA was not invited to participate in the earlier stages of this workgroup. Two subgroups were subsequently formed, one on Total Cost of Care and one on Global Budgets. The HCA has been invited to participate in these two workgroups. The first meeting of the Global Budget work group was held during this quarter.

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 a DVHA and Medicaid orientation, presentations and discussions about the new Global Commitment 1115 waiver, Personal Care Assistant Services, Interoperability and Patient Access and a preview of the coming year's open enrollment communications strategies.

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 was not in session this quarter. This being an election year, the HCA reached out to candidates for the General Assembly to offer to be a resource for the people who reach out to candidates with individual access to care concerns as well as to assist candidates who are considering health policy positions. The HCA also asked candidates for assistance in getting the word out about information that could be of assistance to Vermonters.

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, our efforts were largely put hold due to the volume of rate review and hospital budget work. That being said, we implemented a set of back-end changes to www.vtmedicaldebt.org and completed initial planning for a Fall social media campaign to promote the web application.

Collaboration with Other Organizations

The HCA regularly collaborates with other organizations to advance consumer-oriented policy objectives and to conduct outreach and education:

- 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
- Committee on Vermont Elders
- 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

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 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. *Income Limits - Medicaid* – 2,462 pageviews
2. *Health* - section home page – 1,790
3. *Dental Services* – 1,080
4. *Medicaid, Dr. Dinosaur & Vermont Health Connect* – 818
5. *Medicaid* – 619
6. *HCA Help Request Form* – 593 pageviews and 133 online help requests
7. *Services Covered – Medicaid* – 526
8. *Long-Term Care* – 503
9. *Resource Limits - Medicaid* – 447
10. *Medicare Savings Programs* – 394
11. *Choices for Care Income Limits* – 324
12. *Medical Decisions: Advance Directives* – 294
13. *Dr. Dynasaur* – 287
14. *Advance Directive forms* – 275
15. *Choices for Care* – 266
16. *Choices for Care Giving Away Property or Resources* – 255
17. *Choice for Care Resource Limits* – 246 *
18. *Vermont Long-Term Care Ombudsman Project* – 243 *
19. *Requirements for Getting Choices for Care* – 234 *
20. *Buying Prescription Drugs* – 231 *

This quarter we had these additional news items:

- *Your Benefits and the Public Charge Rule for Immigration* – 65 pageviews
- *You May Be Eligible for New Financial Help for Health Insurance (ARPA)* – 9

Outreach and Education

The Office of the Health Care Advocates (HCA) engaged in multiple in person outreach events this quarter. Some highlights include:

- **July 16:** Two HCA advocates attended the Migrant Justice Soccer Tournament to provide consumer education about the HCA and Vermont health care programs.
- **August 11:** The HCA Helpline Director and HCA advocate presenting an online training on Vermont health care programs and eligibility for the Vermont Association Area on the Aging. Over 25 people attended the training and were able to ask questions about the programs.
- **September 7:** UVM Graduate Student Fair. Two HCA advocates spoke to 22 people about health care issues. Specific topics included health coverage for people with disabilities, network adequacy, IHIP, and losing insurance when turning 26. The HCA also networked with community partners at this event.
- **September 18:** Burlington Pride Festival. Two HCA advocates set up a table, in the health resources tent along with community partners like the Dept of Health and Planned Parenthood. The HCA talked to 33 individual people about the HCA and health care as well as handing out business cards and brochures. The HCA advocates advised on health insurance options when you turn 26, getting health insurance when you are new to the state, Medicare, and access to mental health services. The advocates also spoke with providers who will make referrals to the HCA when their patients are having issues or questions.
- **September 24:** Inner Space Wellness Fair. Two HCA advocates tabled in Landry Park, Winooski for the day. This was a smaller event hosted by a new community organization who serves communities of color and aims to decolonize access to health care. This fair's target demographic was wellness specifically for trans youth. The HCA spoke with 6 people about the HCA services and health care.

Office of the Health Care Advocate

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