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

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Quarterly Report  
October 1, 2020 - December 31, 2020  
to the  
Agency of Administration  
submitted by  
Michael Fisher, Chief Health Care Advocate  
Office of the Health Care Advocate

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January 20, 2021



## 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, state agencies, and the state legislature.

Since Governor Scott's "stay at home" order on March 24, 2020, the HCA has been operating remotely and it anticipates operating remotely through the spring of 2021, at least. The HCA helpline now has eight advocates working to resolve issues during this crisis. During this quarter, both Vermont Health Connect and Medicare Part D had their open enrollment periods. The advocates focused on consumer education and advising Vermonters about their eligibility for 2021. We talked to 117 households about Medicaid eligibility and 92 about eligibility for Premium Tax Credit. We provided consumer education about Medicare for 82 households. On our website, our page on Medicaid eligibility had over 2,000 pageviews. Our Medicare pages also saw a large amount of web traffic. The Medicare Savings Programs, State Pharmacy Assistance programs, and Dual-eligibility pages had almost 900 page views in total. We also had 109 online help requests from our website.

The HCA also held an hour-long virtual Town Hall event on VHC Open Enrollment and plan design. Viewers were given the opportunity to ask the presenters questions. This presentation had 170 views from November 1 - December 15, 2020. All of the HCA's virtual town halls are available for further viewings. The HCA continued to do regular, periodic outreach on social media and post ads on Front Porch Forum to reach more consumers.

The HCA helpline had 810 calls this quarter. During the COVID-19 crisis, the State of Vermont has not been conducting Medicaid reviews or closing state health care programs. Medicaid eligibility is typically a top issue for the HCA, so it is not surprising to see a decrease in some of those calls. As the state of Vermont starts processing some changes in 2021, we expect to see an increase in calls.

The HCA helpline continues collaborating with other parts of Vermont Legal Aid to make sure the community understands the impact on health care programs of both new unemployment programs, hazard pay, and the stimulus checks created by the CARES ACT and second stimulus package. We are continually working on updating our website so consumers can access the latest information on how these programs will impact their Medicaid and other public benefits. The HCA is participating with the Disability Law Project at Vermont Legal Aid on a workgroup to make sure that Vermonters on

### **Vivian's Story:**

Vivian called the HCA because she was having trouble signing up for a plan on Vermont Health Connect (VHC). Vivian had lost her job and her employer-based insurance. That meant she had a special enrollment period to get a health plan on VHC. When she applied online, however, it said she was not eligible because she had Medicare. Vivian was only in her thirties and had never been on Medicare. The HCA contacted VHC and alerted it to this glitch. The HCA advocates had noticed multiple consumers having the same issue as Vivian. VHC discovered a software issue was causing it. They were able to resolve it, so Vivian was able to complete the application. She was found eligible for Advance Premium Tax Credit to help reduce her monthly premium and was able to enroll on the plan.

Medicaid for the Working Disabled who have temporarily lost their jobs due to COVID-19 will not lose their Medicaid coverage.

The HCA policy team also participates on the Vaccine Implementation Advisory Committee convened by the Vermont Department of Health. We have advocated for a balance between directing this scarce resource to people most likely to have severe illness or death, and Vermont populations in correctional facilities and in our BIPOC communities.

As the COVID-19 pandemic stretches on and Vermonters confront its ongoing economic and health impacts, we will continue to advocate for accessible and affordable coverage for all.

### **Ramona's Story**

Ramona was having trouble with her Medicare costs. She was paying over \$50 per month for her Part D plan, which covered her prescriptions. Unfortunately, Ramona called after the end of the annual open enrollment period for Part D. During the open enrollment, you can sign up for a different Part D plan. When the HCA advocate investigated the situation, she discovered that Ramona was eligible for VPharm, the state pharmacy assistance program. If she applied for VPharm, she would get help with her monthly Part D premium costs, and her prescription co-payments would be \$1 to \$2. Being enrolled in VPharm also makes you eligible for a special enrollment period for a Part D plan. With the SEP, Ramona would be able to switch to a Part D plan that had a lower premium. The HCA advocate helped Ramona apply for VPharm—and she was approved for the program.

## Overview

The HCA provides assistance to 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 810 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:

- **24.08%** about **Access to Care**
- **11.12%** about **Billing/Coverage**
- **5.13%** about **Buying Insurance**
- **12.71%** about **Complaints**
- **11.61%** about **Consumer Education**
- **22.37%** about **Eligibility** for state and federal programs
- **12.10%** were categorized as **Other**, which includes Medicare Part D, communication problems with providers or 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 183 of our cases had eligibility for state and federal healthcare programs listed as the primary issue, an additional 453 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 Vermont Health Connect and Medicaid programs fell into all three insurance status categories.

The full quarterly report for October-December 2020, includes:

- This narrative

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

- Seven data reports, including three based on the caller's insurance status:
  - **All Calls/All Coverages:** 810
  - **Department of Vermont Health Access (DVHA) beneficiaries:** 275
  - **Commercial Plan Beneficiaries:** 170
  - **Uninsured Vermonters:** 57
  - **Vermont Health Connect (VHC):** 179
  - **Reportable Activities (Summary & Detail):** 22 activities and 1 document

## 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 810 (vs. 738 last quarter)

1. MAGI Medicaid Eligibility 117 (vs. 100 last quarter)
2. Information/applying for DVHA programs 95 (67)
3. Premium Tax Credit Eligibility 92 (42)
4. Complaints about Providers 88 (123)
5. Medicare Consumer Education 82 (42)
6. Medicaid eligibility (non-MAGI) 73 (65)
7. Access to Prescription Drugs/Pharmacy 63 (50)
8. Buy-in programs/Medicare Savings Programs 60 (44)
9. Eligibility for Special Enrollment Periods 59 (50)
10. Buying QHPs through VHC 55 (14)
11. Nonfinancial Eligibility Requirements 48 (34)
12. Complaints about Hospitals 42 (35)
13. Not health related 40 (43)
14. Information about HCA 39 (35)
15. ACA Tax issues 38 (9)
16. Termination of Insurance 38 (35)

### Vermont Health Connect Calls 179 (137)

1. Premium Tax Credit eligibility 87 (40)
2. MAGI Medicaid Eligibility 76 (67)
3. Buying QHPs through VHC 54 (13)
4. Information about DVHA 42 (29)
5. ACA Tax issues 38 (9)
6. Eligibility for Special Enrollment Periods 38 (38)
7. Information about ACA 33 (21)
8. IRS Reconciliation Education 32 (23)
9. Termination of Insurance 27 (25)
10. Complaints about VHC Eligibility Error 22 (4)

**DVHA Beneficiary Calls 275 (vs. 230 last quarter)**

1. MAGI Medicaid Eligibility 53 (34)
2. Information about DVHA 43 (22)
3. Medicaid Eligibility (non-MAGI) 40 (37)
4. Access to Prescription Drugs/Pharmacy 33 (22)
5. Complaints about Providers 25 (31)
6. Medicare Consumer Education 25 (7)
7. Access to Dental Care 17 (8)
8. Not Health Related 17 (13)
9. Access to Transportation 14 (13)
10. Nonfinancial Eligibility Requirements 14 (8)

**Commercial Plan Beneficiary Calls 170 (vs. 116 last quarter)**

1. Premium Tax Credit Eligibility 49 (18)
2. MAGI Medicaid eligibility 32 (23)
3. Buying QHPs through VHC 27 (6)
4. Special Enrollment Period Eligibility 26 (19)
5. Medicare Consumer Education 24 (10)
6. IRS Reconciliation Education 20 (13)
7. ACA Tax issues 19 (4)
8. Termination of Insurance 18 (20)
9. Information about ACA 16 (13)
10. Information about DVHA 16 (14)

The HCA received 810 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”): 34% (275 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): 28% (226 calls)
- **Commercial plan beneficiaries** (employer-sponsored insurance, small group plans, or individual plans 21% (170 calls)
- **Uninsured:** 7% (57 calls)

**Dispositions of Closed Cases**

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

**All Calls:** We closed 832 cases this quarter. Overall, 362 were resolved by brief analysis and advice. Another 233 were resolved by brief analysis and referral. There were 97 complex interventions involving complex analysis, and more than two hours of an advocate's time and 45 cases that involved at least one direct intervention on behalf of a consumer. The HCA provided consumer education to more than half of all the cases (456). We also estimated eligibility for insurance coverage and got people onto coverage in 100 cases. We saved consumers \$20,111.72 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 one premium price change request during the quarter from October 1, 2020 through December 31, 2020. Additionally, there is one COVID-19 consumer premium rebate request pending as of the end of this quarter.

MVP Health Plan, Inc. (MVP) submitted the only premium price change request decided by the Board this quarter: the MVP 2021 Large Group HMO Filing. This premium price change request affected approximately 2,100 Vermonters. MVP proposed changing premiums by, on average, -1.2% for this book of business. Under the proposed change request, effected large employers would experience between a -6.91% to 6.07% change in their premium. The HCA appeared on behalf of Vermonters and submitted a memorandum in lieu of hearing in this matter. The Board ordered MVP to reduce the average premium charged by -4.3%, a 3.1% reduction below the -1.2% change MVP proposed.

There is one COVID-19 consumer rebate request pending at the end of this quarter: Cigna Health and Life Insurance Company COVID-19 Medical Premium Credit. Cigna Health and Life Insurance Company proposes to give a premium rebate to its guaranteed cost large group policyholders with effective dates from May 2019 to April 2020 considering decreased medical utilization due to COVID-19 and various related public health restrictions. The HCA will appear on behalf of Vermonters in this matter. Further, we intend to file all appropriate memoranda and other documents to represent the interests of Vermonters in this matter.

**You can find this year's HCA Qualified Health Plan post hearing memos here:**

BCBS [https://ratereview.vermont.gov/sites/dfr/files/PDF/GMCB%20005-20rr\\_HCA\\_PostHearingMemorandum.pdf](https://ratereview.vermont.gov/sites/dfr/files/PDF/GMCB%20005-20rr_HCA_PostHearingMemorandum.pdf)

MVP [https://ratereview.vermont.gov/sites/dfr/files/PDF/GMCB-006-20rr\\_HCA\\_PostHearingMemorandum.pdf](https://ratereview.vermont.gov/sites/dfr/files/PDF/GMCB-006-20rr_HCA_PostHearingMemorandum.pdf)

## Hospital Budget Review

The HCA participates in the Board's annual hospital budget review process, which ends in September. Following this year's budget review, Chief Mike Fisher spoke at the Green Mountain Care Board's public Hospital Budget Debrief session. Chief Fisher thanked the hospitals for their hard work during the Covid-19 epidemic, but stressed the need for Vermonters to be able to access affordable health care.

## Oversight of Accountable Care Organizations

The HCA participates in the Board's annual ACO budget review process. This quarter, the HCA reviewed OneCare Vermont's annual budget submission, including its responses to Board and HCA questions. We also participated in OneCare's budget hearing before the Board, submitted follow-up questions to OneCare, and met separately with OneCare and Board staff to discuss questions and concerns we had about the budget submission and process. Finally, we submitted comments to the Board which reviewed our analysis of OneCare's budget. Our comments can be found by following this [link](#). They focused largely on our concerns regarding OneCare's changes to its risk model, its low investment in care management, and its lack of a clear conceptual model for measuring population health investment impacts.

## Other Green Mountain Care Board and other agency workgroups

Over the last quarter, the HCA attended the Board's weekly board meetings and monthly Data Governance meetings. In addition, we began attending the Board's newly-formed Prescription Drug Technical Advisory Group meetings.

The HCA has continued to participate in a stakeholder work group run by the Department of Financial Regulation (DFR). The DFR work group dealt with ongoing regulatory issues related to the Covid-19 pandemic. We also continued to participate in the Statewide Telehealth Clinical Quality & Audio-Only Telemedicine workgroup organized by VPQHC this quarter. These weekly meetings included presentations by national and local experts who gave testimony on the many dynamics when care is delivered over audio-only and telemedicine platforms and the impacts on quality and cost.

## Vaccine Implementation Advisory Committee

The COVID-19 Vaccine Implementation Advisory Committee serves in an advisory role to the Commissioner of Health. It was given the charge of assisting with four primary activities including identify and reach critical populations, promote COVID-19 vaccination, develop crisis and risk communication messaging, and to carry out the vaccine implementation plan.

The HCA reached out to the Vermont DOH early in the process to advocate for inclusion of representatives from Vermont's communities of color on this committee. The HCA has joined with the majority of the advisory committee and the Commissioner of Health to prioritize Vermont populations who are most likely to experience severe illness or death as a result of a COVID infection.

We also believe that Vermont must prioritize populations in correctional facilities and other congregate living environments where people cannot isolate from each other. In addition, we must take all available steps to offer vaccinations to BIPOC communities who are at increased risk due to a long history of systemic racism that has resulted in unequal access to our health care system and other social determinants that increase their risks.

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

The Medicaid and Exchange Advisory Committee met two times during this quarter. The HCA participated in these meetings which had a focus on results from the Vermont Medicaid Next Generation Program (Medicaid component of the All-Payer Model Agreement), Proposed Recommendations for coverage of health care services delivered by telephone post public health emergency, Global Commitment to Health demonstration waiver and updates on open enrollment.

### **Legislative Advocacy**

The Vermont Legislature was not in session during this quarter.

The HCA reached out to all Candidates for the General Assembly to remind them that the HCA Helpline is an important resource for the people in their communities who are experiencing any kind of access to care challenges. In addition, the HCA worked with key legislators during this time period to assist in the development of legislative strategies for the coming session.

## **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
- Blue Cross Blue Shield of Vermont
- Community Catalyst
- Vermont Department of Financial Regulation
- Families USA
- Georgetown University Health Policy Institute
- IRS Taxpayer Advocate Service
- MVP Health Care
- National Center for Transgender Equality
- NHeLP, National Health Law Program
- OneCare Vermont
- Outright Vermont
- Pride Center of Vermont
- Planned Parenthood of Northern New England

- Rights and Democracy Vermont
- Rural Vermont
- SHIP, State Health Insurance Assistance Program
- United States of Care
- University of Vermont Medical Center
- Vermont Association of Hospitals and Health Systems
- Vermont Businesses for Social Responsibility
- Vermont Care Partners
- Vermont CARES
- Vermont Department of Health
- Vermont Department of Taxes
- Vermont Developmental Disabilities Council
- Vermont Health Connect
- Vermont Medical Society
- Vermont Program for Quality in Health Care
- Vermont Workers' Center
- VPRIG
- 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 — which was during the COVID-19 emergency:

1. *Income Limits - Medicaid* – 2,016 pageviews
2. *Health - section home page* – 1,435
3. *Dental Services* – 647
4. *Medicare Savings Programs* – 497
5. *Medicaid* – 461
6. *News: Coronavirus and Long-Term Care* – 449
7. *Services Covered - Medicaid* – 443 \*
8. *Resource Limits - Medicaid* – 419
9. *Medicaid, Dr. Dynasaur & Vermont Health Connect* – 342
10. *HCA Help Request Form* – 322 pageviews and 109 online help requests
11. *Long-term Care* – 286
12. *Advance Directive forms* – 231
13. *Medical Decisions: Advance Directives* – 208

14. *Vermont Health Connect* – 207
15. *Prescription Help – State Pharmacy Programs* – 205
16. *Choices for Care* – 201
17. *Medicaid and Medicare Dual Eligible* – 178
18. *Transportation for Health Care* – 176
19. *Dr. Dynasaur* – 176 \*
20. *News: Coronavirus SEP for Vermont Health Connect* – 168

We also had this timely news item: *It's Open Enrollment Time for Health Care Plans. Review Your Options!* – 89

The top-10 health pages **during the last week of the quarter:**

1. *Income Limits - Medicaid* – 120
2. *Health - section home page* – 78
3. *Dental Services* – 60
4. *Services Covered - Medicaid* – 34
5. *Long-term Care* – 26
6. *Medicare Savings Programs* – 23
7. *Medicaid, Dr. Dynasaur & Vermont Health Connect* – 20
8. *Medicaid* – 19
9. *Advance Directive forms* – 18
10. *Resource Limits - Medicaid* – 18

## Outreach and Education

The Office of the Health Care Advocates' (HCA) ability to conduct in-person outreach activities was limited this quarter because of the COVID-19 pandemic. By using virtual platforms, we were still able to reach Vermonters with information about our office and health care programs.

**October 29**, the Chief Health Care Advocate, Mike Fisher, gave a presentation to a class of 25 social work policy students. He provided the audience with topical information about the health policy and advocacy in Vermont in addition to promoting the assistance that our healthcare advocates can provide to Vermonters. There was particular focus on questions about corrections populations, reproductive health, issues around homelessness, and racial justice.

**October 29**, the HCA's Communications Coordinator, Alicia Roderigue, collaborated with a member of our Advocacy Team to host an hour-long Town Hall event that provided views with consumer education on the Open Enrollment Period and plan design. Viewers were also given the opportunity to ask the presenters questions. This presentation received 170 views from November 1 - December 15, 2020.

**December 1**, Alicia Roderigue and two advocates gave an interactive presentation in collaboration with Rural Vermont, specifically geared toward providing health insurance literacy and eligibility information to members of the agricultural community. Twenty-three people attended this presentation live, and it has been subsequently viewed 128 times. This presentation also helped us develop a stronger

referral network between our office and members of the agricultural community who often face complicated questions around financial eligibility for health insurance.

**December 8**, Mike Fisher and the HCA's Supervising Attorney, Marjorie Stinchcombe, gave an educational presentation to the OneCare Vermont Patient and Family Advisory Committee which provided consumer education on the policy and advocacy work that our office engages in and the impact of the COVID-19 pandemic on health care programs.

We connected with 11 additional organizations from across Vermont that provide direct service to immigrants in refuges to disseminate information about the free assistance our office can offer. Health insurance eligibility rules can be complicated for this population, so we conducted this outreach in an effort to better meet the needs of this community. We also communicated with restaurants in Chittenden County and provided them with outreach material as we wanted to make an effort to connect with those who may have experienced a change in income because of COVID.

The HCA also spent a considerable amount of time this quarter providing Vermonters with consumer education about the Open Enrollment Period. In late October, we contacted candidates who were running for elected office and highlighted the upcoming Open Enrollment Period in the hopes that they would use us as a referral resource if their potential constituents experienced an issue. In addition, we used Front Porch Forum, Facebook, and listservs to connect with over 1,500 Vermonters to provide information about the Open Enrollment Period and the free help that our office can offer.

We also connected with organizations such as Planned Parenthood of Northern New England and Vermont Access to Reproductive Freedom to develop a stronger referral system.

This has helped our office connect with an array of Vermonters who often have urgent access to care questions.



### 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:

- **Medicaid MAGI verification**
- **VHC Renewal Bump out letter**
- **MABD Renewal Bump out letter**
- **MAND Renewal Bump out letter, version #2**
- **1095-A cover letter**
- **1095-B cover letter**
- **Emergency Medicaid letter**

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