
Vermont Legal Aid
Office of the Health Care Advocate

Quarterly Report
July 1, 2020 - September 30, 2020
to the
Agency of Administration
submitted by
Michael Fisher, Chief Health Care Advocate
Office of the Health Care Advocate

October 16, 2020



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 end of 2020, at least. The HCA helpline is fully staffed continues to advocate and resolve issues during this crisis.

The HCA continued to focus on consumer outreach. The HCA tax attorney and an HCA advocate conducted a "virtual town hall" on Advance Premium Tax Credits and tax questions related to health care. We had 10 people watching it live and had 275 people who viewed it later. We hosted five town halls this quarter. The APTC town hall was directly related to health care, and the others related to social determinants of health. We also hosted an unemployment town hall and discussed how unemployment compensation impacted Medicaid and other health care programs.

The HCA also conducted a virtual training on state health care programs for advocates working with seniors. We reviewed the eligibility requirements for state health care programs such as Medicaid for Aged Blind and Disabled, VPharm, and Medicare Savings Programs and answered questions from advocates.

The HCA again focused on making Vermonters aware of their healthcare coverage options. This quarter we talked to nearly 165 households about Medicaid eligibility. We talked to another 67 households about eligibility for other state of Vermont health programs. We also continue to focus on special enrollment periods. We talked to 50 households about eligibility for special enrollments periods. The COVID SEP which allowed uninsured Vermonters to enroll in a Qualified Health Plan, ended during this quarter, but we were able to talk to an additional 10 households about the COVID SEP before it ended.

We continued to do regular, periodic outreach on social media and post ads on Front Porch Forum to reach more consumers. We are planning to increase our outreach and education efforts as open enrollment for VHC approaches.

The HCA helpline had 738 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. We expect calls to continue to increase as Open Enrollment for Vermont Health Connect starts and for Medicare Part D plans later in the fall.

Vermont Legal Aid also resolved and recovered from its computer network incident that had occurred in the past quarter. This meant we had full access to our databases this quarter.

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 in the CARES ACT. 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 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 continues to advocate for accessible COVID testing.

As Vermont continues to grapple with the COVID-19 crisis, we will continue to advocate for accessible and affordable coverage for all.

Case Stories:

Jason's Story

Jason called the HCA because he was returning to college to complete his degree. He had no insurance, and his school was telling him that he needed to have proof of coverage before the start of the semester. The school plan cost nearly \$2,000 and had a limited network of providers. He needed some advice on whether he should enroll in that plan, which would mean more student loan debt. The HCA advocate investigated and found that Jason was eligible for Medicaid for Children and Adults. The advocate helped him complete the application. Jason was found eligible which meant that he did not need to enroll in the expensive student plan and take on more student loan debt.

Elaine's Story

Elaine called the HCA because her entire family had been quarantining—and they needed to get a COVID-19 test. When she spoke to her provider, she found out that they did not have Medicaid coverage. The HCA advocate investigated and discovered that Elaine had applied and been approved for Medicaid and her children were approved for Dr. Dynasaur. But because of a glitch in the system, her coverage was not showing as active. The HCA advocate asked for the coverage to be expedited. VHC was able to get the coverage activated by the next day—and Elaine and her children were able to get their COVID-19 tests and ultimately get out of the quarantine.

Richard's Story

Richard called the HCA because he needed help paying his Medicare premiums. He could not afford his monthly \$144.60 Part B premium, and he was told by the State of Vermont that he did not qualify for a Medicare Savings Program (MSP) to help pay for the premium. Medicare Savings Programs help pay for Part A and/or Part B premiums for eligible Vermonters. When the HCA advocate investigated, she found that Richard should have been found eligible for the MSP to help with his costs. Richard had been receiving \$600 per week in Pandemic Unemployment Compensation (PUC). The income had been counted when he applied for the MSP and was found ineligible. This income, however, should not have been counted for Medicaid or Medicare Savings Program eligibility. Even more importantly, Richard was no longer receiving the weekly PUC. The HCA advocate helped Richard re-apply, and he was found eligible for the MSP which meant that the State of Vermont will pay his Part B premium for him.

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 738 calls¹ 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:

- **24.63%** about **Access to Care**
- **11.23%** about **Billing/Coverage**
- **1.76%** about **Buying Insurance**
- **16.64%** about **Complaints**
- **9.88%** about **Consumer Education**
- **22.87%** about **Eligibility** for state and federal programs
- **12.87%** 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 169 of our cases had eligibility for state and federal healthcare programs listed as the primary issue, an additional 332 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 July-September2020, includes:

- This narrative

¹ 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:** 738
 - **Department of Vermont Health Access (DVHA) beneficiaries:** 230
 - **Commercial Plan Beneficiaries:** 116
 - **Uninsured Vermonters:** 62
 - **Vermont Health Connect (VHC):** 137
 - **Reportable Activities (Summary & Detail):** 16 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 738

1. Complaints about Providers 123
2. MAGI Medicaid Eligibility 100
3. Information/applying for DVHA programs 67
4. Medicaid eligibility (non-MAGI) 65
5. Eligibility for Special Enrollment Periods 50
6. Buy-in programs/Medicare Savings Programs 44
7. Not health related 43
8. Medicare Consumer Education 42
9. Premium Tax Credit Eligibility 42
10. Complaints about Hospitals 35
11. Information about HCA 35
12. Termination of Insurance 35
13. Nonfinancial Eligibility Requirements 34
14. Medicare Eligibility 32
15. Hospital Billing & Financial Assistance 30

Vermont Health Connect Calls 137

1. MAGI Medicaid Eligibility 67
2. Premium Tax Credit eligibility 40
3. Eligibility for Special Enrollment Periods 38
4. Information about DVHA 29
5. Termination of Insurance 25
6. IRS Reconciliation Education 23
7. Information about ACA 21
8. Nonfinancial Eligibility Requirements 20
9. Buying QHPs through VHC 13
10. COVID-19 SEP Eligibility 10

DVHA Beneficiary Calls 230

1. Medicaid Eligibility (non-MAGI) 37
2. MAGI Medicaid Eligibility 34
3. Complaints about Providers 31
4. Access to Prescription Drugs/Pharmacy 22
5. Information about DVHA 22
6. Complaints about VHC Notices 20
7. Access to Nursing Homes & Home Health 14
8. Access to Transportation 13
9. Buy-In Programs/MSPs eligibility 13
10. Not Health Related 13

Commercial Plan Beneficiary Calls 116

1. MAGI Medicaid eligibility 23
2. Termination of Insurance 20
3. Special Enrollment Period Eligibility 19
4. Premium Tax Credit Eligibility 18
5. Information about DVHA 14
6. Information about ACA 13
7. IRS Reconciliation Education 13
8. Nonfinancial Eligibility Requirements 11
9. Information about HCA 9

The HCA received 738 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”): 31.2% (230 calls)
- **Medicare² 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): 35.6% (263 calls)
- **Commercial plan beneficiaries** (employer-sponsored insurance, small group plans, or individual plans 15.7% (116 calls)
- **Uninsured:** 8.4% (62 calls)

Dispositions of Closed Cases

All Calls We closed 681 cases this quarter. Overall, 276 were resolved by brief analysis and advice. Another 259 were resolved by brief analysis and referral. There were 73 complex interventions

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

involving complex analysis, and more than two hours of an advocate's time and 33 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 (392). We also estimated eligibility for insurance coverage and got people onto coverage in 75 cases. We saved consumers \$239,144.88 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. Insurers typically request an increase in the premium prices that Vermonters must pay.

The Board decided five premium price increase requests during the quarter from July 1, 2020 through September 30, 2020. Additionally, there is one premium price increase request pending as of the end of this quarter.

Blue Cross Blue Shield of Vermont (BCBSVT) submitted three of the premium price increase requests decided by the Board this quarter, namely, the VT Health Connect 2021 Filing, the Association Health Plan Rate Filing, and the Large Group Rate Filing.

The BCBSVT VT Health Connect 2021 Rate Filing affected approximately 39,200 Vermonters who obtain coverage through their small employers, Vermont Health Connect, or directly through BCBSVT. BCBSVT proposed increasing the premium by, on average, 6.3% for this book of business. The HCA appeared on behalf of Vermonters, filed questions to the carrier, filed various motions, represented the interests of Vermonters at the public hearing for this filing, and submitted a post-hearing memorandum in this matter. As we discuss below, the HCA also engaged in multiple strategies to facilitate public comment on this filing including, but not limited to, the development and implementation of web-based public comment tools. The Board reduced BCBSVT's average premium increase to an average 4.2%.

The BCBSVT Association Health Plan Rate Filing affected 0 Vermonters as this book of business had no members. The HCA appeared on behalf of Vermonters, filed questions to the carrier, and objected to a broad request to treat elements of the rate filing as confidential in this matter.

The final BCBSVT premium price increase request decided this quarter, the BCBSVT Large Group Rate Filing, was decided in combination with the TVHP Large Group Rate Filing. The two filings affected approximately 7,900 Vermonters. BCBSVT requested changes to the manual rate that would increase premium prices for this book of business by 5.9%. The HCA appeared on behalf of Vermonters, filed questions to the carrier, filed various motions, and submitted a memorandum in lieu of hearing in the combined matter. The Board reduced the average premium price increase to 4.7%.

MVP Health Plan, Inc. (MVP) submitted one premium price increase request decided by the Board this quarter, the MVP VT Health Connect 2021 Filing. This premium price increase affected approximately 36,980 Vermonters who obtain coverage through their small employers, Vermont Health Connect, or directly through MVP. MVP proposed increasing premiums by, on average, 7.3% for this book of business. The HCA appeared on behalf of Vermonters, filed questions to the carrier, filed various motions, represented the interests of Vermonters at the public hearing for this filing, and submitted a

post-hearing memorandum in this matter. As discussed below, the HCA engaged in multiple strategies to facilitate public comment on this filing including, but not limited to, the development and implementation of web-based public comment tools. The Board reduced MVP's average premium to approximately 2.7%.

The final premium price increase request the Board decided this quarter was the TVHP Large Group Filing. As discussed above, this premium price increase request was decided together with the BCBSVT Large Group Filing. The HCA's activities in connection with this combined premium price increase request are detailed above.

The HCA engaged in substantial efforts during the reporting quarter to facilitate increased public comment on both the BCBSVT and MVP VT Health Connect 2021 Filings. Activities included direct outreach, development and deployment of web-based public comment tools, media public awareness campaigns, and outreach to consumer interest organizations. The number of submitted public comments on the two "Exchange" filings increased substantially this year. In 2016, Vermonters submitted 120 written comments on the "Exchange" filings. Vermonters submitted 114 written comments in 2017, 168 written comments in 2018, and 620 comments in 2019. This year, Vermonters submitted 969 written comments.

There is one premium price increase request pending at the end of this quarter, the MVP 2021 Large Group HMO. The HCA appeared on behalf of Vermonters in this matter. We intend to file all appropriate memoranda and other documents to represent the interests of Vermonters in this matter.

Hospital Budget Review

The HCA participates in the Board's annual hospital budget review process, which took place this quarter. First, the HCA reviewed the fourteen hospital budgets submitted to the Board. These submissions included answers to our first set of written questions which were included in the Board's budget guidance. Our questions focused on hospitals' commercial prices compared to Medicare reimbursement, COVID-19-related changes to hospitals' Financial Assistance Policies and practices, and provider recruitment using the J-1 visa program. After reviewing the materials, we submitted follow-up questions as needed. The HCA participated in each hospital's budget hearing, including asking questions of the hospitals and making oral comments.

Following the hearings, we submitted written comments thanking the provider community for its efforts during the COVID-19 pandemic and outlining our concerns about the budgets. We highlighted the economic crisis faced by Vermonters and the racial disparities in health care that have been exacerbated by COVID-19. We argued that large commercial rate increases in the context of COVID-19 are unjustifiable, and specifically requested that the Board disapprove the large increases requested by UVM Medical Center, Northwestern Medical Center, and Copley Hospital. We once again asked the Board to implement its rate setting authority, and to further standardize the data it collects from each hospital.

HCA staff attended the public meetings at which the Board deliberated and then voted on each hospital's budget, as well as the meeting at which the Board reconsidered its previous hospital budget decisions.

Oversight of Accountable Care Organizations

The HCA participates in the Board's annual ACO budget review process. This quarter, the Board released the ACO FY2021 Budget Guidance, which included questions proposed by the HCA. Throughout the quarter, the HCA had regular meetings and communication with the Board's ACO budget staff to prepare for the FY2021 budget review process. We also reviewed the ACO's re-certification materials as well as deliverables related to the ACO's FY2020 budget.

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 reviewed and submitted a first round of comments on the Board's regulatory alignment white papers.

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.

The HCA participated 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.

The Chief Health Care Advocate stepped down as co-chair of the Medicaid and Exchange Advisory Board this quarter but continued to participate in the monthly meetings. The MEAB focused on a number of important access to care issues during the COVID crisis including Medicaid and QHP enrollment numbers, updates from providers and the HCA during the crisis, APM scale agreement and updates on the provider stabilization financial relief grants.

Legislative Advocacy

Advocacy in the Vermont Legislature this session ended this quarter. This was a very complicated and challenging year to represent Vermonters in the Statehouse. The HCA was actively involved in numerous issues and provided testimony in front of many Legislative Committees. We continued in our role of both proposing and advocating for "simple" fixes where we see opportunities that will improve access to care for Vermonters, as well as voicing concern about the more significant obstacles to care in our very complicated health care system. This quarter we were particularly focused on budgetary issues, including the Coronavirus Relief funding, as well as H. 795, an act relating to increasing hospital price transparency, and H.734, an act relating to prohibiting certain provisions in dental insurance contracts with dentists.

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* – 1,610 pageviews
2. *Health* – section home page – 1,380
3. *Medicaid* – 573
4. *News: Health Insurance Premium Increases Public Comment* – 530
5. *Dental Services* – 528
6. *News: Coronavirus and Long-Term Care* – 457
7. *Medicare Savings Programs* – 369
8. *Resource Limits – Medicaid* – 345
9. *Long-term Care* – 337
10. *Advance Directive forms* – 328
11. *Medical Decisions: Advance Directives* – 298
12. *HCA Help Request Form* – 297 pageviews and 77 online help requests (form was down for a time due to an IT problem)
13. *Medicaid, Dr. Dynasaur & Vermont Health Connect* – 283
14. *News: Coronavirus SEP for Vermont Health Connect* – 275
15. *Choices for Care* – 243
16. *Medicaid and Medicare Dual Eligible* – 199
17. *Transportation for Health Care* – 166*
18. *Prescription Help – State Pharmacy Programs* – 164
19. *Vermont Health Connect* – 163*
20. *Federally Qualified Health Centers* – 161*

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

1. *Income Limits – Medicaid* – 158
2. *Health* – section home page – 97
3. *Resource Limits – Medicaid* – 67
4. *Dental Services* – 67
5. *Medicaid* – 61
6. *Medicaid, Dr. Dynasaur & Vermont Health Connect* – 53
7. *Medicare Savings Programs* – 45
8. *Medicaid and Medicare Dual Eligible* – 29
9. *Long-term Care* – 27
10. *Health Care Complaints* – 20

Outreach and Education

Virtual Town Halls and Q&A Sessions from June 1-September 30, 2020. The Office of the Health Care Advocate hosted seven town halls on a variety of timely health care topics and social determinants of health topics.

7/9: Taxes and Health Insurance

7/23: Rental Assistance

8/13: Unemployment Compensation Changes

8/26: Fair Housing Protections

9/24: Money to Move, Rental Assistance and Mortgage Assistance Review.



Vermont Legal Aid: Town Hall...

A free 30-Minute Town Hall and Q&A session with Health Care Advocate Annalee Beaulieu. We answer your questions about health insurance, Medicaid, health care access, and Medicare. Attend and ask questions online: <https://bit.ly/HCATownHall> or here on Facebook...

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:

- October Stuffer for Open Enrollment
- September Stuff for Open Enrollment
- Medicaid Income Verification
- Medicaid Renewal Delay
- Medicaid Resources Notice

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