
Vermont Legal Aid
Office of the Health Care Advocate

Quarterly Report
January 1, 2021 - March 31, 2021
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, 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 early summer of 2021, at least. The HCA helpline now has eight advocates working to resolve issues during this crisis. During this quarter, we saw a high number of cases involving access to care for dental care (42) and prescription drugs (43). The advocates also are also getting calls about COVID testing and treatment (13) and COVID vaccines (9). Medicaid eligibility remained our top issue, accounting for 19% of all HCA cases this quarter (148).

The passage of the American Rescue Plan Act will have a direct impact on many Vermonters. It will increase the amount of Advance Premium Tax Credit (APTC) most households are eligible for. It will also make some households newly eligible for APTC, by removing the eligibility cut off for APTC. It also waived repayment of excess APTC for 2020 and waived \$10,200 of unemployment income for 2020. We had 35 calls about repayment of APTC to the IRS, and 48 calls this quarter from Vermonters with questions and issues related to unemployment and health care coverage. The HCA is planning on doing significant outreach and consumer education on ARPA in the next quarter.

The HCA helpline had 768 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, and we had over 2,000 pageviews on our website about Medicaid eligibility this quarter. As the state of Vermont starts processing some changes in the next quarter, we expect to see an increase in calls about this issue.

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 the American Rescue Plan 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 try to ensure that Vermonters on Medicaid for the Working Disabled can maintain their coverage.

Bradley's Story

Bradley had been injured in an accident and had gone to Urgent Care. But he found that he did not have any coverage, even though he was unemployed and had applied for Medicaid. When the HCA advocate investigated, she found that he had applied for Medicaid early in the winter when he lost his job. The application had not been completed, because Bradley did not have his former spouse's tax or income information. Their divorce was not final, but they lived separately and did not file taxes together. VHC did not screen Bradley for Medicaid at that time, even though he should have been screened as a household of 1 and would have been eligible. The HCA advocate was able to get Medicaid reinstated back to the month Bradley first applied, and his bills from the Urgent Care visit were covered by Medicaid.

The HCA has been active this quarter in Legislative considerations on various topics including expanding coverage for children and pregnant individuals without regard to immigration status, and considerations about our health insurance marketplace organization. The HCA advocated for the use of one-time Federal funds to improve access to dental care and dentures for lower income Vermonters. We continue to participate on the Vaccine Implementation Advisory Committee convened by the Vermont Department of Health as well as various other boards and work groups.

As vaccine availability increases, we are hopeful that COVID infection rates will start to wind down. We know, though, that Vermonters will continue to grapple with the impact of this disease for years to come. The HCA will consider the lessons learned during this public health emergency and will advocate for accessible and affordable coverage that recognizes the needs of all Vermonters.

Glenn's Story

When Glenn filed his federal taxes, he discovered that he owed over \$3000 in re-payment for Advance Premium Tax Credit (APTC). APTC helps reduce monthly premiums. The amount of APTC you receive during the year is based on your projected income. In 2020, Glenn's income ended up higher than he was expecting because he had been assigned some extra shifts in the final months of the year due to the COVID pandemic. This resulted in too much APTC during the year, and thus he was going to have to repay all of it. Fortunately for Glenn, the American Rescue Plan Act (ARPA) had been passed, and it included a provision about waiving APTC overpayment for 2020. The HCA advocate explained that for 2020 only, people did not have to re-pay excess amount of APTC. This meant that Glenn would save the \$3,000. The HCA advocate also worked with Glenn to update his income for 2021, so he would receive the correct amount of APTC.

Camden's Story:

Camden called the HCA because he had lost his job and was without any coverage. He had missed his special enrollment period to sign up on Vermont Health Connect (VHC). If you lose employer coverage, you have a 60- day special enrollment period to enroll on a VHC plan, but you can apply for Medicaid at any time. Camden was over the income limit for Medicaid eligibility. VHC, however, has a new, temporary, special enrollment period for uninsured Vermonters that allows them to enroll outside of the Open Enrollment period. The HCA advocate advised Camden that he would be able to apply and enroll in a VHC plan. Camden was found eligible for Advance Premium Tax Credit (APTC) to help pay for the monthly premium. He enrolled in a bronze plan, so he could have coverage while he continued to look for a new job.

Phoebe's Story:

Phoebe called the HCA when she received a much higher premium bill than she was expecting. Phoebe expected the premium to be about \$100 a month, and instead her bill was for more than \$400. When she called VHC about it, it discovered the problem but told her it could not be changed for at least two months. She called the HCA because she could not afford the higher price in the meantime. The HCA advocate investigated and found that Phoebe had called VHC to report a drop in her income at the end of 2020. With the change in her income, her premium should have decreased but the change was never applied, which explained why Phoebe got the incorrect premium bill. The HCA advocate was able to get the premium fixed back to January, which meant that Phoebe did not have to wait and could afford to pay the premium.

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 768 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:

- **28.61%** about **Access to Care**
- **15.71%** about **Billing/Coverage**
- **2.43%** about **Buying Insurance**
- **14.05%** about **Complaints**
- **8.68%** about **Consumer Education**
- **20.82%** about **Eligibility** for state and federal programs
- **7.94%** 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 163 of our cases had eligibility for state and federal healthcare programs listed as the primary issue, an additional 253 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 January-March 2021, includes:

- This narrative
- Seven data reports, including three based on the caller's insurance status:
 - **All Calls/All Coverages: 768**
 - **Department of Vermont Health Access (DVHA) beneficiaries: 252**

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

- **Commercial Plan Beneficiaries:** 145
- **Uninsured Vermonters:** 44
- **Vermont Health Connect (VHC):** 150
- **Reportable Activities (Summary & Detail):** 36 activities and 2 documents

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 468 (vs. 819 last quarter)

1. Complaints about Providers 109 (vs. 88 last quarter)
2. MAGI Medicaid Eligibility 78 (117)
3. Information/applying for DVHA programs 64 (95)
4. Medicare Consumer Education 52 (82)
5. Premium Tax Credit Eligibility 50 (92)
6. Buying QHPs through VHC 47 (55)
7. Complaints about Hospitals 46 (42)
8. Access to Prescription Drugs/Pharmacy 43 (63)
9. Billing Premiums 43 (25)
10. Access to Dental Care 42 (33)
11. Hospital Billing & Financial Assistance 42 (29)
12. Medicaid eligibility (non-MAGI) 41 (73)
13. Eligibility for Special Enrollment Periods 40 (59)
14. Buy-in programs/Medicare Savings Programs 37 (60)
15. Access to Nursing Home & Home Health 35 (26)
16. IRS Reconciliation Education 35 (32)

Vermont Health Connect Calls 150 (182)

1. Premium Tax Credit eligibility 47 (87)
2. MAGI Medicaid Eligibility 46 (76)
3. Buying QHPs through VHC 43 (54)
4. IRS Reconciliation Education 31 (32)
5. ACA Tax issues 28 (38)
6. Eligibility for Special Enrollment Periods 27 (38)
7. Information about DVHA 22 (42)
8. Premiums Billing 21 (7)
9. Information about ACA 21 (33)
10. Termination of Insurance 20 (27)

DVHA Beneficiary Calls 252 (vs. 277 last quarter)

1. MAGI Medicaid Eligibility 48 (53)
2. Information about DVHA 32 (43)

3. Complaints about Providers 28 (25)
4. Access to Dental Care 19 (17)
5. Medicaid Eligibility (non-MAGI) 19 (40)
6. Access to Prescription Drugs/Pharmacy 17 (33)
7. Balance Billing 15 (13)
8. Eligibility for MSPs/Buy-In Programs 15 (22)
9. Prior Authorization Criteria for Healthcare Access 14 (11)
10. Access to Transportation 13 (14)
11. Coordination of Benefits for Billing 13 (10)

Commercial Plan Beneficiary Calls 145 (vs. 173 last quarter)

1. Premium Tax Credit Eligibility 32 (49)
2. Buying QHPs through VHC 29 (27)
3. IRS Reconciliation Education 24 (20)
4. Special Enrollment Period Eligibility 24 (26)
5. ACA Tax issues 22 (19)
6. Medicare Consumer Education 24 (10)
7. Premiums Billing 18 (14)
8. Termination of Insurance 18 (18)
9. Coverage & Contract Questions 16 (16)
10. VHC – Maximus Complaints 13 (9)

The HCA received **768** 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% (252 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): 24% (181 calls)
- **Commercial plan beneficiaries** (employer-sponsored insurance, small group plans, or individual plans 19% (145 calls)
- **Uninsured:** 8% (44 calls)

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

Dispositions of Closed Cases

All Calls: We closed 763 cases this quarter. Overall, 275 were resolved by brief analysis and advice. Another 266 were resolved by brief analysis and referral. There were 111 complex interventions involving complex analysis and more than two hours of an advocate's time, and 39 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 (435). We also estimated eligibility for insurance coverage and helped enroll people onto coverage in 72 cases. We saved consumers \$68,814.12 this quarter.

Consumer Protection Activities

Hospital Budget Review

The HCA participates in the Board's annual hospital budget review process, which runs from July to September each year. During the last quarter, as usual, we provided feedback to the Board on its draft hospital budget guidance for the upcoming hospital budget submissions. The HCA also submitted a list of our own questions for the hospitals to answer with their hospital budget submissions.

Certificate of Need Review Process

In the last quarter, the HCA entered an appearance in two Certificate of Need matters in order to monitor them for consumer protection issues. The first application was submitted by an out-of-state entity proposing to purchase and operate a Vermont ambulance company. The second application was submitted by the Vermont Department of Mental Health proposing to develop a secure residential mental health treatment program in Essex, Vermont. These applications are pending.

Oversight of Accountable Care Organizations

The HCA participates in the Board's annual ACO budget review process. This quarter, the HCA reviewed the Board's proposed changes to its rule governing the ACO certification and budget review processes. We provided written feedback on the draft rule and met with the Board to discuss our comments. Our concerns mainly revolved around consumer representation, clarity, transparency, and meaningful process.

Other 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, bi-weekly Prescription Drug Technical Advisory Group meetings, and the Board's General Advisory Committee meeting. In the Data Governance meetings, the HCA was an active participant in the development of rules regarding access to VHCURES (Vermont's All-Payer Claims Database) and VHUDDS (Vermont Hospital Unified Discharge Data Set.)

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.

We continue to advocate for a prioritization of populations in correctional facilities and other congregate living environments where people cannot isolate from each other. The HCA joined with others in this Advisory Committee in pushing for a policy statement calling for all inmates in Vermont Correctional facilities to be offered a Covid Vaccine during the phase of distribution at that time. The Advisory Committee agreed with this position and forwarded the recommendation to the Commissioner of Health.

The HCA is supportive of the Administration's move to offer Covid Vaccines to Vermont's 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 HCA participated in three meetings this quarter. These meetings focused on Open Enrollment, APTC tax risk issues, Electronic Visit Verification, integrated Enrollment and Eligibility, and the Medicaid Budget.

The HCA presented to the Advisory Committee this quarter about H. 430. This is a proposal brought to the Legislature this year by the HCA that would expand benefits to pregnant individuals and children who are not eligible for Medicaid due to their immigration status. The Advisory Committee took the active step of voting in favor of this policy proposal.

Legislative Advocacy

Advocating in a fully-remote Legislative session has its challenges. While it is easier to track the work of committees, being a resource to members and to committees is made more difficult because it is so much harder to engage in the informal work that takes place in the Vermont State House. The HCA has attempted to continue the practice of maintaining a presence to support legislators in their policy considerations and to help them understand some of the important complexities of our health care and health finance systems.

The HCA worked on two bills this year before they were introduced. Growing out of our long-term efforts to reduce medical debt and improve hospital financial assistance policies, we worked on the creation of what became H.287, an act relating to patient financial assistance policies and medical debt protection. Due to this year's public health emergency, we asked that legislators not bring this bill up for discussion this year. We are hopeful that the Legislative health care committees will pay attention to these issues in the next legislative year. The HCA also put considerable effort into H.353, an act relating to pharmacy benefit management. We are also hopeful that this bill will be given ample time for consideration next year.

This year, during the budget consideration process, the HCA put a proposal on the table in House Health care to expand Dr Dynasaur coverage for children and pregnant individuals who are not eligible for coverage due to their immigration status. We pulled together a coalition of supporters who did a tremendous job of convincing the committee that this bill was advisable and that it should move forward. The bill, H.430, an act relating to expanding eligibility for Dr. Dynasaur to all income-eligible children and pregnant individuals, regardless of immigration status, passed out of house health care on a unanimous vote. It worked its way through the House Appropriations Committee and through all stages of passage on the house floor. As of the end of this quarter H.430 is in Senate Health and Welfare committee.

As the details of the new Premium Tax Credit rules in the American Rescue Plan Act became apparent, the HCA policy team revisited the old question of whether Vermont's merged market for the small and individual groups continued to make sense. By dividing this market, small group rates could be reduced, and increased federal tax credits due to ARPA would largely shield individuals from the increase in the individual market. After much discussion and consideration, we decided that this question was important enough to warrant a call-to-action letter to key health care focused legislators. The Senate Finance Committee moved quickly with S. 135, an act relating to separating the individual and small group health insurance markets for plan year 2022. The issuers, the Scott Administration, and the business community joined in support of this bill. At the time of this writing, it appears that the language of S.135 will be attached to another bill, S.88. It is looking promising that it will become law.

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
- Department of Financial Regulation
- Economic Equity Fund Group/Vermont Community Foundation
- Families USA
- Georgetown University Health Policy Institute
- IRS Taxpayer Advocate Service
- Migrant Justice
- Milk with Dignity
- MVP Health Care
- NHeLP, National Health Law Program
- OneCare Vermont
- Open Door Clinic
- Pine Tree Legal Services
- Planned Parenthood of Northern New England
- RISPnet Group
- Rural Vermont
- South Royalton Legal Clinic
- Spectrum Youth and Family Services
- SHIP, State Health Insurance Assistance Program
- United States of Care
- University of Vermont Medical Center
- University of Vermont Migrant Health, Bridges to Health
- USCRI
- Vermont Association of Hospitals and Health Systems
- Vermont Department of Health
- Vermont Department of Taxes
- Vermont Health Connect
- Vermont Medical Society
- Vermont Workers' Center
- 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* – 2,002 pageviews
2. *Health* - section home page – 1,792
3. *Dental Services* – 852
4. *Services Covered – Medicaid* – 419
5. *Medicare Savings Programs* – 397
6. *Long-Term Care* – 368
7. *Medicaid* – 350
8. *News: Coronavirus and Long-Term Care* – 351
9. *HCA Help Request Form* – 325 pageviews and 118 online help requests
10. *Medicaid, Dr. Dynasaur & Vermont Health Connect* – 322
11. *Resource Limits - Medicaid* – 321
12. *Advance Directive forms* – 297
13. *Choices for Care* – 272
14. *Medical Decisions: Advance Directives* – 266
15. *Medicaid and Medicare Dual Eligible* – 227
16. *Choices for Care Income Limits* – 198 *
17. *Vermont Long-Term Care Ombudsman Project* – 177 *
18. *Vermont Health Connect* – 173
19. *Federally Qualified Health Centers* – 172 *
20. *Dr. Dynasaur* – 167

We also had this timely news item: *News: Coronavirus SEP for Vermont Health Connect* – 97

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

1. *Health* - section home page – 123
2. *Income Limits - Medicaid* – 106
3. *Dental Services* – 61
4. *Services Covered - Medicaid* – 27
5. *News: You May Be Eligible for New Financial Help for Health Insurance (ARPA)* – 26
6. *Long-term Care* – 24
7. *Medicaid* – 23
8. *HCA Help Request Form* – 23 pageviews and 15 online help requests
9. *Medicaid, Dr. Dynasaur & Vermont Health Connect* – 22
10. *Medicare Savings Programs* – 19

Outreach and Education

The HCA's ability to conduct in-person outreach activities was again limited because of the COVID-19 pandemic. To better meet the needs of Vermonters during this time, our office used virtual platforms to connect with partner organizations and give presentations and establish relationships to build our referral network.

We partnered with **16 organizations and participated in 11 outreach presentation** as a means of providing Vermonters with accurate and accessible information on insurance eligibility health care policy.

On January 13th, Mike Fisher, the Chief Health Care Advocate, gave a presentation to the Vermont Legislature's Social Equity Caucus. He provided the audience, which consisted of 38 attendees, with topical information about the Office of the HCA's individual advocacy policy work as a means of building our referral network.

From February 5th - March 15th, the HCA connected with 8 organizations from across Vermont that provide direct service to immigrants and refugees to disseminate information about the free assistance our office can offer. We dedicated more outreach capacity to this group because health insurance eligibility rules can be complicated for these populations. The HCA's Communications Coordinator, Alicia Roderigue, partnered with organizations such as Pine Tree Legal Services, the South Royalton Legal Clinic, Milk with Dignity, Migrant Justices, the University of Vermont's Bridges to Health Program, and Vermont USCRI, to deliver legal education about immigration status and health insurance eligibility and distribute translated outreach material in Spanish.

On March 25th, we also partnered with the Open Door Clinic to provide legal education to staff members on immigrant eligibility for Advanced Premium Tax Credit. The Open Door Clinic is a free health clinic for uninsured and under-insured adults in Addison County, Vermont. It primarily serves undocumented Vermonters or international workers that hold an H2A status This presentation was specifically tailored to address questions about Advanced Premium Tax Credit eligibility and for H2A workers. We also developed and distributed an educational flyer on this topic.

The HCA continued to develop its referral relationship with Planned Parenthood of Norther New England, Vermont Access to Reproductive Freedom, and Rural Vermont by taking part in topical check-ins and policy proposal conversations. This collaboration 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/webpages:

- **Adverse Action Rule Change Blurb**

- **IFC draft**
- **VHC webpages: Small business credit, Public charge, Notices FAQ, Migrant workers, Medicaid Spenddowns, Income Reporting, Health Insurance basics, Grace period without APTC, Grace Period with APTC, Full Cost Direct Enroll, Financial Help FAQ, Filing Taxes, Exemptions, Cost-sharing reductions, APTC, Appeals, and Affordability.**

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