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

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Quarterly Report  
July 1, 2021 - September 30, 2021  
to the  
Agency of Administration  
submitted by  
Michael Fisher, Chief Health Care Advocate  
Office of the Health Care Advocate

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October 21, 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 until the spring of 2022. The HCA Helpline now has seven advocates working to resolve issues.

The HCA has focused on medical debt for years, and this quarter we launched a medical debt story telling project to gain a deeper understanding of how medical debt impacts Vermonters. Hundreds of Vermonters responded and shared often difficult stories of how medical debt often impacts their ability to get timely care. Many consumers told us that they have delayed or skipped medical care because of their fear of medical debt. Many of these consumers had insurance at the time they went into debt. The HCA will continue its work on this project by bringing these Vermont voices to the policy table in the State House this year. There are reasonable steps the Legislature can take to reduce the burden of medical debt on Vermont families.

During this quarter, we again saw a significant number of cases related to the American Rescue Plan Act (ARPA). ARPA increases the amount of Advance Premium Tax Credit (APTC) most Vermont households are eligible for, which makes Vermont Health Connect (VHC) plans more affordable. It also removes the income eligibility cut-off for APTC, which makes some households newly eligible for APTC. Additionally, it paid for COBRA subsidies for eligible employees, from April to September 2021. The HCA gave consumer education about ARPA to 30 households. We commented on one notice that VHC sent consumers about ARPA subsidies. In addition, we spoke to 13 households about the Special Enrollment Period (SEP) for uninsured Vermonters. We also had 194 pageviews on our website about that SEP.

The HCA is also working with VHC and other stakeholders to prepare for the premium payment transition. Starting in 2022, VHC enrollees will start to pay their premiums directly to the insurance carrier, instead of to VHC. The HCA has been working with VHC on consumer education and outreach about the transition. We plan to cover the topic on our website and in our townhalls. We also started our preparation for Open Enrollment and submitted comments on three Open Enrollment notices that VHC plans on sending to consumers.

### Roger's Story

After Roger lost his job, he had signed up for a plan that he found advertised online. Roger believed he was buying full coverage insurance. But when he went to the doctor's office and tried to use it, the doctor could not bill it. He called the HCA because he needed medical care and could not afford it without insurance. The HCA advocate investigated and found that Roger had not really signed up for an insurance plan at all. The "plan" that he purchased had practically no coverage at all. This meant Roger was uninsured. Because VHC has had a special enrollment period for uninsured Vermonters this quarter, the HCA advocate helped Roger sign up for a plan. With the increased American Rescue Plan Act subsidies, Roger was able to find an affordable plan that would help cover his medical care.

The HCA helpline had 737 calls this quarter. Medicaid eligibility remains the top issue. We had 182 calls about all types of Medicaid eligibility. We had 2,253 pageview on our website on Medicaid eligibility. Advocates also helped Vermonters with 10 cases involving a VHC eligibility error.

The HCA is also working with other stakeholders to consider changes to the Vermont Essential Health Benchmark plan on Vermont Health Connect. The group is considering whether the plan can be updated and expanded within the regulatory framework to cover items such as dental care for adults, fertility services, or hearing aids. During this quarter, we met and heard from stakeholders and advocates about possible changes.

The HCA helpline continues collaborating with other projects within 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 will again advocate for the use of one-time Federal funds to improve access to dental care and dentures for lower income Vermonters and plans to continue to advocate for increased dental access in the coming year. 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 the COVID-19 pandemic stretches on, we know that Vermonters are still confronting the economic and health impacts of the pandemic. The HCA will continue to work to make health care more accessible for all Vermonters, and to make the system more equitable, responsive, and affordable.

**Anel's Story**

Anel called the HCA after he tried to pick up a 90-day supply of a prescription at the pharmacy. He could not afford the cost. When the HCA advocate spoke with him, she discovered that Anel was on Medicare, but he was not enrolled on a Part D prescription plan. He was past the enrollment period for Part D, and because he had not enrolled when he was first eligible, he would also have a late enrollment penalty. For the immediate prescription, the HCA advocate directed Anel to the Health Assistance Program at UVMHC to get assistance paying for that prescription. The HCA advocate then investigated and found that Anel was eligible for a Medicare Savings Program called Q1-1. This program would pay for his Part B premiums. In 2021, Part B costs \$148.50 per month. It covers outpatient medical services. Being on a Medicare Savings Program also meant that Anel would be deemed eligible for a program called Extra Help (also called Low Income Subsidy). Extra Help pays for the Part D premium and keeps copayments low. By being deemed eligible, he would be enrolled in a Part D plan, outside of the open enrollment period. This also waived his Part D late enrollment penalty. The HCA advocate helped Anel complete the application, and he was found eligible for Q1-1 and deemed eligible for Extra Help. This meant he would be able to afford his prescriptions going forward and have help paying the Part B premium.

**Liam's Story**

Liam needed help from the HCA because he was trying to report an income change to VHC, but each time he put his new income into the online portal, he would get an error message. Liam's income had dropped significantly, and he was having trouble making his monthly premium payments. After the HCA advocate learned that his income had dropped, she explained that he would be eligible for more Premium Tax Credit (PTC) to help pay his premium. The amount of PTC you are eligible for is based on your household size and income. Also, under the American Rescue Plan Act (ARPA), many Vermont households are eligible for increased PTC. When the HCA advocate reported the change, she was able to get a new eligibility determination that reflected Liam's new income and the more-generous ARPA subsidies. VHC was also able to figure out why Liam could not report changes to his portal, and they fixed the issue so he could use it to report any future changes. When VHC was able to update his income information, Liam's monthly premium dropped from over \$300 per month to less than \$50.

**Marcene's Story**

Marcene called the HCA because she did not have any prescription coverage. She was on Medicare but had not been able to pay for her Medicare Part D prescription plan. Her plan was terminated for non-payment at the start of the year, and now she needed to fill a prescription. Each year, Part D has an annual open enrollment in the fall when you can sign up or change plans. You need a special enrollment period to sign up outside the annual enrollment period. After talking to Marcene, the HCA advocate discovered that she would be eligible for VPharm. VPharm is the state program that helps pay Part D premiums and reduces copayments. Being enrolled in a state pharmacy assistance program also gives you a special enrollment period to change or enroll onto a Part D plan. However, one barrier for Marcene was that to be eligible for VPharm you need to be enrolled in a Part D plan. The HCA advocate explained that Marcene should still apply and get a letter of "conditional eligibility," which would state that she would be eligible for VPharm if she were on a Part D plan. She could then use that notice to enroll on a Part D plan, and finally enroll in VPharm to get assistance with the premium and copayments.

## 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 737 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:

- **31.09%** about **Access to Care**
- **10.67%** about **Billing/Coverage**
- **2.24%** about **Buying Insurance**
- **13.97%** about **Complaints**
- **8.17%** about **Consumer Education**
- **17.79%** about **Eligibility** for state and federal programs
- **13.57%** 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 135 of our cases had eligibility for state and federal healthcare programs listed as the primary issue, an additional 296 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 – September 2021 includes:

- This narrative
- Seven data reports, including three based on the caller's insurance status:
  - **All Calls/All Coverages: 737**
  - **Department of Vermont Health Access (DVHA) beneficiaries: 258**

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

- **Commercial Plan Beneficiaries:** 107
- **Uninsured Vermonters:** 36
- **Vermont Health Connect (VHC):** 109

## 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 737 (vs. 747 last quarter)

1. Complaints about Providers 101 (87)
2. MAGI Medicaid Eligibility 90 (98)
3. Medicaid eligibility (non-MAGI) 54 (48)
4. Medicare Consumer Education 54 (52)
5. Buy-in programs/Medicare Savings Programs 52 (42)
6. Information/Applying for DVHA programs 50 (64)
7. Access to Prescription Drugs/Pharmacy 48 (39)
8. Access to Nursing Home & Home Health 38 (43)
9. Other issues (Not Health-related) 36 (33)
10. Other Issues (Health-related) 35 (30)
11. Access to Dental Care 33 (27)
12. Premium Tax Credit Eligibility 33 (56)
13. Hospital Financial Assistance 27 (34)
14. Special Enrollment Period 26 (37)
15. Access to Specialty Care 24 (30)
16. Information about HCA 24 (23)

### Vermont Health Connect Calls 109 (125)

1. MAGI Medicaid Eligibility 43 (51)
2. Premium Tax Credit eligibility 31 (53)
3. Buying QHPs through VHC 23 (33)
4. ARPA (American Rescue Plan Act) Consumer Education 16 (40)
5. Information about DVHA 16 (25)
6. ARPA Eligibility 14 (30)
7. Eligibility for Special Enrollment Periods 14 (22)
8. Eligibility for COVID-19 Special Enrollment Period 13 (9)
9. Termination of Insurance 13 (24)
10. Eligibility for Fair Hearing Appeals 12 (6)
11. IRS Reconciliation Education 12 (27)

**DVHA Beneficiary Calls 258 (vs. 230 last quarter)**

1. MAGI Medicaid Eligibility 50 (48)
2. Complaints about Providers 38 (9)
3. Medicaid Eligibility (non-MAGI) 38 (26)
4. Information about DVHA 28 (28)
5. Information about Medicare 26 (12)
6. Eligibility for MSPs/Buy-In Programs 26 (19)
7. Access to Prescription Drugs/Pharmacy 18 (16)
8. Access to Dental Care 15 (15)
9. Access to Transportation 15 (15)
10. Access to Nursing Home & Home Health 14 (6)

**Commercial Plan Beneficiary Calls 107 (vs. 132 last quarter)**

1. Premium Tax Credit Eligibility 20 (32)
2. Eligibility for MAGI Medicaid 16 (17)
3. Premiums Billing 14 (16)
4. Buying QHPs through VHC 14 (21)
5. ARPA Consumer Education 12 (32)
6. ARPA Eligibility 12 (24)
7. Hospital Financial Assistance 11 (11)
8. Access to Prescription Drugs 10 (4)
9. Special Enrollment Period Eligibility 10 (22)
10. Termination of Insurance 10 (23)

The HCA received **737** 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”): 35% (258 calls)
- **Medicare<sup>2</sup> beneficiaries** (Medicare only, Medicare Advantage Plans, Medicare and a Medicare Supplemental Plan aka Medigap, Medicare and Medicaid also known as “dual eligible,” Medicare and Medicare Savings Program also called Buy-In program, Medicare and Part D, or Medicare and VPharm): 25.6% (189 calls)
- **Commercial plan beneficiaries** (employer-sponsored insurance, small group plans, or individual plans) 14.5% (107 calls)
- **Uninsured:** 4.9 % (36 calls)

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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.

## Dispositions of Closed Cases

**All Calls:** We closed 760 cases this quarter. Overall, 319 were resolved by brief analysis and advice. Another 297 were resolved by brief analysis and referral. There were 68 complex interventions involving complex analysis and more than two hours of an advocate's time, and 36 cases that involved at least one direct intervention on behalf of a consumer. The HCA provided consumer education in 504 cases. We also estimated eligibility for insurance coverage and helped enroll people onto coverage in 62 cases. We saved consumers \$12,477.11 this quarter.

## Consumer Protection Activities

### Health Insurance 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 four premium price change requests during the quarter from July 1, 2021, through September 1, 2021. Additionally, there is one premium price change request pending as of the end of this quarter. The four matters decided all relate to changes to the premium of plans sold on Vermont Health Connect (VHC). There are four filings, as opposed to two, due to legislative action that split the individual and small group market in 2022.

MVP submitted two premium price change requests decided by the Board this quarter: the 2022 MVP Small Group filing and the 2022 MVP Individual filing. Both filings relate to plans sold on VHC or directly by the carrier. The MVP Small Group filing impacts roughly 21,850 Vermonters. MVP requested an average premium price increase of 5%. The MVP Individual filing impacts roughly 15,350 Vermonters. MVP requested an average premium price increase of 17%. On August 5, 2021, the Board issued a decision in these two filings. The Board approved a premium price increase of 12.7% for the 2022 MVP Individual filing and 0.8% for the 2022 MVP Small Group filing. The HCA appeared on behalf of Vermonters in these matters and filed various motions, questions, and memoranda. Additionally, the HCA appeared at the public hearing on these two matters.

BCBSVT submitted two premium price change requests decided by the Board this quarter: the BCBSVT Small Group filing and the 2022 BCBSVT Individual filing. Both filings relate to plans sold on VHC or directly by the carrier. The BCBSVT Small Group filing impacts roughly 18,750 Vermonters. BCBSVT requested an average premium price change of -7.8%. The BCBSVT Individual filing impacts roughly 15,800 Vermonters. BCBSVT requested an average premium price increase of 7.9%. On August 5, 2021, the Board approved an average premium price change of -6.7% for the 2022 BCBSVT Small Group filing and 4.7% for the 2022 BCBSVT Individual filing. The HCA appeared on behalf of Vermonters in these matters. The HCA appeared on behalf of Vermonters in this matter and filed various motions, questions, and memoranda. Additionally, the HCA appeared at the public hearing on these matters.

There is one premium price change request pending at the end of this quarter: the 2022 MVP Large Group HMO. This filing impacts roughly 2,100 Vermonters. MVP has proposed an increase to the manual rate for this book of business by approximately 8.5%. The HCA appeared on behalf of Vermonters in this

matter and will file all appropriate motions, questions, and memoranda to represent the interests of Vermonters.

Lastly, Blue Cross Blue Shield of Vermont (BCBSVT), appealed the Board's orders in both filings decided this quarter to the Supreme Court of Vermont. The HCA is a party to the ongoing litigation related to BCBSVT's appeal.

### **Hospital Budgets (SP)**

The HCA reviews and analyzes all hospital budget submissions to the Green Mountain Care Board (GMCB), prepares questions for the hospital budget hearings, and submits a post-hearing memo with recommendations to the Board. This year's memo focused on issues of affordability, access, and health equity for Vermonters. The HCA consulted with community stakeholders and advocated for race equity to be prioritized by the Board and the hospitals, and pushed for increased budgetary commitments and institutional attention to diversity, equity, and inclusion (DEI) efforts both during and after the budgetary hearings.

### **Certificate of Need Review Process (SP)**

In the last quarter, the HCA entered an appearance in a Certificate of Need for a new collaborative surgery center to be housed in Colchester.

### **Oversight of Accountable Care Organizations (SP)**

The HCA participates in the Board's annual ACO budget review process. We will be meeting with the GMCB Staff on the ACO Team to discuss the budget for OneCare Vermont (OCV) in the coming weeks. Our team will focus on issues of affordability and access.

The HCA also worked with GMCB Board Staff to finalize budgetary guidance for Medicare-only ACOs. This guidance was presented at the GMCB meeting on October 13<sup>th</sup> and will likely be voted on by the GMCB likely later this month. Our additions to the budgetary guidance included requests for theory-of-change research, information on how ACO's approach addresses racial disparities in health, disclosures of potential conflicts of interests, and detailed information regarding ACO member attribution in their business models.

### **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, and weekly Prescription Drug Technical Advisory subgroup meetings (which includes the Out-of-Pocket Costs and Pharmacy Benefit Manager subgroups).

### **Act 140 Workgroups**

The HCA participates in two workgroups convened as part of Act No. 140 (H.960) – An act relating to miscellaneous health care provisions. These workgroups are led by the Green Mountain Care Board and the Department of Financial Regulation. We have been particularly involved in the prior authorization component of the legislation. The HCA discussed the impact that prior authorization procedures often have on Vermonters' ability to access the right care at the right time, highlighting that delayed or denied

care ultimately makes future treatment more difficult and expensive. We encouraged stakeholders to build on the shared goal of simplifying and streamlining the PA process, and to start by focusing on PA approvals for medications and procedures for common, routine chronic medical conditions.

### **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 to identify and reach critical populations, promote COVID-19 vaccination, develop crisis and risk communication messaging, and to carry out the vaccine implementation plan. The Advisory committee did not meet this quarter but will continue to meet from time to time as there are needs to discuss vaccine rollouts to new populations.

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

The Advisory Committee met two times this quarter. The content of this quarter's meetings included ongoing discussions about the impacts of the American Rescue Plan Act on Vermont's Medicaid and Exchange programs, the implementation of H.430 (Act48) of 2021 which expanded health coverage to children and pregnant women who are not eligible for Medicaid due to their immigration status, and an update on the Federal Medical Assistance Percentage (FMAP) 10% increase opportunity for Home and Community Based Services. In addition the Advisory Committee discussed its budget priorities for the upcoming budget year.

### **Mental Health Integration Council**

The HCA is a member of this newly formed council. The council met two times this quarter focusing on its initial organization, defining its purpose and goals, and the creation of subgroups to look at the challenges and success of true integration in different parts of the health care landscape.

### **EHB Benchmark Plan Workgroup July 16<sup>th</sup>, July 30<sup>th</sup>**

The HCA participated in two meetings of the Essential Health Benefits Plan Workgroup. During this quarter we defined the service areas that should be costed out in consideration of updating our EHB. The workgroup also started to take testimony from stakeholders and advocates about these service areas.

### **Legislative Advocacy**

During the summer months of this quarter, the HCA met with various legislators in response to their requests for information and started the process of legislative outreach for the coming legislative year. The HCA also testified before the Legislative Task Force on Affordable, Accessible Health Care about the early findings of the medical debt story telling project.

**Medical Debt Story Telling Project**

The HCA has long recognized the impact of medical debt on Vermonters. This year, in addition to the ongoing casework and the regulatory work, we engaged in a proactive outreach project with specific goals in mind.

First, we want to help diminish the stigma that people experience when they owe medical debts beyond their ability to pay. Vermonters and their policymakers must understand that these debts are related to structural problems in our health care system. Many families, even those with insurance, are exposed to unreasonable medical charges for preventive, routine, and emergency medical care, given their income.

Second, the HCA wanted to learn more about how medical debt impacts Vermonters. We heard directly from Vermont families whose medical debt prevents them from seeking medical care.

This quarter's activities included a significant amount of outreach to Vermonters through paid media, social media, community organizations, and legislators. We engaged Vermonters first through a simple survey. The main goal of this survey tool was to engage a broader set of Vermonters and to hear directly from them in their own words.

This project will continue with additional phases of more in-depth discussions with a smaller set of people to help us deepen our understanding of how Vermont households experience medical debt. We plan to share our findings publicly with Vermonters and the Legislature, as well as other major stakeholders in the health policy arena.

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## Collaboration with Other Organizations

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

- American Civil Liberties Union of Vermont
- AFL-CIO
- Bi-State Primary Care
- Bridges to Health
- Blue Cross Blue Shield of Vermont
- Department of Financial Regulation
- Families USA
- IRS Taxpayer Advocate Service
- 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)
- RISPnet Group
- Rural Vermont
- South Royalton Legal Clinic
- Spectrum Youth and Family Services
- SHIP, State Health Insurance Assistance Program
- 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* – 2,253 pageviews
2. *Health* - section home page – 1,572
3. *Dental Services* – 680
4. *Services Covered – Medicaid* – 467
5. *Medicaid* – 465
6. *Long-Term Care* – 425
7. *HCA Help Request Form* – 332 pageviews and 120 online help requests
8. *Medicare Savings Programs* – 332
9. *Resource Limits - Medicaid* – 299
10. *Medical Decisions: Advance Directives* – 282 (up 44% from the last quarter)
11. *News: Coronavirus and Long-Term Care* – 269
12. *Medicaid, Dr. Dinosaur & Vermont Health Connect* – 268
13. *Choices for Care* – 258
14. *Transportation for Health Care* – 224
15. *Vermont Health Connect* – 211
16. *Choices for Care Income Limits* – 207
17. *Advance Directive forms* – 202
18. *Dr. Dinosaur* – 190
19. *Prescription Help – State Pharmacy Programs* – 179 (up 50% from the last quarter) \*
20. *Vermont Long-Term Care Ombudsman Project* – 170

This quarter we had these additional news items:

- *News item 1: You May Be Eligible for New Financial Help for Health Insurance (ARPA)* – 199
- *News item 2: Coronavirus SEP for Vermont Health Connect* – 194
- *News item 3: Vermont Health Connect Has a Special Enrollment Period* – 130

## Outreach and Education

The Office of the Health Care Advocate's (HCA) ability to conduct in-person outreach activities was limited this quarter because of the COVID-19 pandemic. To better meet the needs of Vermonters during this time, our office used virtual platforms to connect community members, with accurate and accessible information about health insurance eligibility and health care policy.

Many of the HCA's outreach activities this quarter focused on educating Vermonters on the impacts of American Rescue Plan Act (ARPA.) ARPA made many Vermont households eligible for more financial help to pay their premiums.

We collaborated with **18 organizations and participated in 8 outreach presentations** to provide Vermonters and direct service providers with accurate and accessible information on insurance eligibility health care policy.

The HCA utilized social media platforms such as Facebook and YouTube to produce interactive educational resources to inform Vermonters about the increased financial assistance that is available through Vermont Health Connect.

On **July 1**, the HCA hosted a **Town Hall event on Facebook Live**. Attendees learned about the benefits that ARPA had increased for many Vermonters households. They also learned about the Special Enrollment Period that was available to uninsured Vermonters, and the special rules related to Medicaid and the Public Health Emergency. This live event was attended by **seventeen** Vermonters. The audience was able to ask questions during the town hall. This video has subsequently been viewed 210 times. The HCA also produced a short education video on this subject matter that was published on YouTube.

In addition to hosting live Town Hall events and producing digital educational resources, the HCA also co-hosted education events in collaboration with partner organizations.

On **July 20<sup>th</sup>** our office partnered with UVM Medical Center's Clinical Social Work Team to host an educational event about the services that the HCA can provide to Vermonters in addition to the increased financial assistance and special enrollment period that was available through Vermont Health Connect.

The HCA's Communication Coordinator hosted **seven** more presentations on these subjects during this quarter in collaboration with the Refugee and Immigrant Service Provider Network, Spectrum, the Planned Parenthood Action Fund, the Vermont Association for the Education of Young Children, Pathways, and Outright Vermont. These education presentations were attended by **58 direct service providers**. These collaborations have led to referrals that have helped our office connect with an array of Vermonters who often have urgent access-to-care questions.

In an effort to connect with college age Vermonters, the HCA's Communications Coordinator participated in tabling events at the **University of Vermont, Champlain College, and the**

**Community College of Vermont.** Many students face complicated choices related to their health insurance options, so we made an effort to proactively inform this demographic of the HCA's services. We connected with over **151 students** at these events.

Additionally, we collaborated with six other non-profit organizations to host an event called Community Partners in the Park. We connected with **45 Burlington community members** who were invited to join us in a local park to engage in wellness activities and learn about resources that are available to them.

The HCA also developed digital outreach materials that were distributed on Facebook and Front Porch Forum. These materials provided Vermonters with information on increased financial assistance that is available through Vermont Health Connect for those who received unemployment in 2021 in addition to other increased benefits that are now available for Vermont Health Connect enrollees. We used targeted ads through Facebook to connect over **900 Vermonters** with this information.

### **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:

- **October Open Enrollment Stuffer**
- **Open Enrollment Notice: RE002**
- **Open Enrollment Notice: Re005**
- **ARPA Notice: Unemployment Insurance**

#### **Office of the Health Care Advocate**

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<https://vtlawhelp.org/health>